

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013**Open to Public
Inspection****U** Do not enter Social Security numbers on this form as it may be made public.
U Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Middlesex United Way, Inc.		D Employer identification number 06-0665170
	Doing Business As		E Telephone number 860-346-8695
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,082,723
	100 Riverview Center	230	
City or town, state or province, country, and ZIP or foreign postal code Middletown CT 06457		F Name and address of principal officer: Clifford Straub 100 Riverview Center Suite 230 Middletown CT 06457	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: u www.middlesexunitedway.org		H(c) Group exemption number u	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 1935	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	30	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	11	
	6 Total number of volunteers (estimate if necessary)	939	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,789,943	Current Year 1,786,075
	9 Program service revenue (Part VIII, line 2g)	38,545	39,317
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,525	65,133
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,902,013	1,890,525
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,243,301	1,195,518
	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)	490,586	502,220
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 179,470		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	198,737	214,903
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,932,624	1,912,641
19 Revenue less expenses. Subtract line 18 from line 12	-30,611	-22,116	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,014,714	End of Year 3,163,645
	21 Total liabilities (Part X, line 26)	1,067,770	1,019,119
	22 Net assets or fund balances. Subtract line 21 from line 20	1,946,944	2,144,526

Part II Signature Block

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

Sign Here	Signature of officer Clifford Straub	Date			
	Type or print name and title President				
Paid Preparer Use Only	Print/Type preparer's name Kenneth A. Kron, CPA	Preparer's signature	Date 10/10/14	Check <input type="checkbox"/> if self-employed	PTIN P00412073
	Firm's name } Mahoney Sabol & Company, LLP	Firm's EIN } 06-1289571			
	Firm's address } 95 Glastonbury Boulevard, Ste 201 Glastonbury, CT 06033-4453	Phone no. 860-541-2000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.

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 \$ 1,552,042 including grants of \$ 1,195,518) (Revenue \$)

EDUCATION: Our vision. Students succeed academically. Local investment. Middlesex United Way focuses on school readiness, parent education and family literacy. Middlesex United Way funds and partners with numerous organizations as well as the 15 towns in Middlesex County and their Early Childhood Councils, to increase children's readiness to learn by school entry. With our support, the Early Childhood Councils, which Middlesex United Way helped to develop, have strengthened communication and coordination between parents, pediatricians, daycare providers, preschool and grade-school educators in identifying and servicing at-risk children, birth to five years of age, to enhance their development in social and emotional domains. This effort has improved preschool classroom

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

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

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

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

4e Total program service expenses u 1,552,042

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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 XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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)(3) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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, Parts 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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-tables for 1a/1b, 2a, 7d, 10a/10b, 11a/11b, and 13a/13b.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u DOLORES TULINSKI 100 RIVERVIEW CENTER MIDDLETOWN CT 06457 860-346-8695**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Allison Dowe	5.00									
Treasurer	0.00	X					0	0	0	
(2) Gary Simonsen	5.00									
At Large	0.00	X					0	0	0	
(3) Clifford Straub	5.00									
President	0.00	X					0	0	0	
(4) Wilfredo Nieves	5.00									
At Large	0.00	X					0	0	0	
(5) William Holder	5.00									
First VP	0.00	X					0	0	0	
(6) William Wrang	5.00									
At Large	0.00	X					0	0	0	
(7) Deborah Bochain	5.00									
Second VP	0.00	X					0	0	0	
(8) Jean D'Aquilla	5.00									
Board Member	0.00	X					0	0	0	
(9) Christine Fahey	5.00									
Board Member	0.00	X					0	0	0	
(10) Judith Felton	5.00									
Community Impact	0.00	X					0	0	0	
(11) David Reynolds	5.00									
Honorary Director	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kristen Roberts	5.00									
Marketing	0.00	X						0	0	0
(13) Martha Temple	5.00									
Board Member	0.00	X						0	0	0
(14) Harry Burr	5.00									
Honorary Director	0.00	X						0	0	0
(15) Jean Adams Shaw	5.00									
Honorary Director	0.00	X						0	0	0
(16) Rosario Rizzo	5.00									
Honorary Director	0.00	X						0	0	0
(17) Faith Jackson	5.00									
Personnel	0.00	X						0	0	0
(18) Patricia Charles	5.00									
Board Member	0.00	X						0	0	0
(19) Shirley Dickes	5.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								101,206		
d Total (add lines 1b and 1c)								101,206		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Vin Capece	5.00									
Board Member	0.00	X						0	0	0
(13) Jay Mills	5.00									
Investment	0.00	X						0	0	0
(14) Lindsay Parke	5.00									
Board Member	0.00	X						0	0	0
(15) Floresia Allen	5.00									
Board Member	0.00	X						0	0	0
(16) Scott Carlson	5.00									
Board Member	0.00	X						0	0	0
(17) Cindi Gondek	5.00									
Board Member	0.00	X						0	0	0
(18) Toral Maher	5.00									
Board Member	0.00	X						0	0	0
(19) Jeff Pierce	5.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
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 in reportable compensation from the organization **u**

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

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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Que Phipps	5.00									
Board Member	0.00	X					0	0	0	
(13) Joe Santaniello	5.00									
Board Member	0.00	X					0	0	0	
(14) Greg Treacy	5.00									
Board Member	0.00	X					0	0	0	
(15) Kevin Wilhelm	35.00									
Executive Director	0.00					X	101,206	0	0	
(16)										
(17)										
(18)										
(19)										
1b Sub-total							101,206			
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 in reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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 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 **u**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,786,075				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u		1,786,075			
Program Service Revenue	2a Program Service Revenue	Busn. Code	39,317	39,317			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		39,317			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	29,839			29,839
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
		d Net rental income or (loss)	u				
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	227,492			
		b Less: cost or other basis & sales exps.		192,198			
		c Gain or (loss)		35,294			
		d Net gain or (loss)	u	35,294	35,294		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events		u					
9a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u		1,890,525	74,611	0	29,839	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,195,518	1,195,518		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	401,299	196,637	100,324	104,338
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,329	15,841	8,082	8,406
9 Other employee benefits	34,039	16,679	8,510	8,850
10 Payroll taxes	34,553	16,931	8,638	8,984
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,675	5,720	2,919	3,036
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,639		8,639	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,656	6,201	3,164	3,291
12 Advertising and promotion	33,604	16,466	8,401	8,737
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	33,900	16,611	8,475	8,814
17 Travel	5,298	2,596	1,325	1,377
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,384	4,108	2,096	2,180
20 Interest				
21 Payments to affiliates	26,536	19,132	3,630	3,774
22 Depreciation, depletion, and amortization	6,816	6,578	78	160
23 Insurance	7,322	3,588	1,830	1,904
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	23,028	11,284	5,757	5,987
b Printing and Publications	11,083	5,431	2,770	2,882
c Rental/Main. of Equipment	10,803	5,293	2,701	2,809
d Postage and Shipping	6,798	3,331	1,700	1,767
e All other expenses	8,361	4,097	2,090	2,174
25 Total functional expenses. Add lines 1 through 24e	1,912,641	1,552,042	181,129	179,470
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	74,138	1	67,845
	2 Savings and temporary cash investments	314,922	2	305,833
	3 Pledges and grants receivable, net	574,258	3	526,226
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,559	9	17,283
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,509		
	b Less: accumulated depreciation	10b 57,025	10c	19,484
	11 Investments—publicly traded securities	1,401,040	11	1,553,835
	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	624,091	15	673,139
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,014,714	16	3,163,645	
Liabilities	17 Accounts payable and accrued expenses	62,798	17	75,090
	18 Grants payable	1,004,972	18	935,475
	19 Deferred revenue		19	8,554
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,067,770	26	1,019,119
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,195,314	27	1,328,812
	28 Temporarily restricted net assets	80,200	28	95,237
	29 Permanently restricted net assets	671,430	29	720,477
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,946,944	33	2,144,526	
34 Total liabilities and net assets/fund balances	3,014,714	34	3,163,645	

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	1,890,525
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,912,641
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,946,944
5	Net unrealized gains (losses) on investments	5	219,698
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,144,526

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

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 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 11, 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.)
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 X 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)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of monetary support. Sub-columns for Yes/No for (iv), (v), and (vi).

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,985,792	1,963,284	1,876,450	1,789,943	1,786,075	9,401,544
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	1,985,792	1,963,284	1,876,450	1,789,943	1,786,075	9,401,544
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)						77,241
6 Public support. Subtract line 5 from line 4.						9,324,303

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,985,792	1,963,284	1,876,450	1,789,943	1,786,075	9,401,544
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,440	27,323	28,588	29,247	29,839	140,437
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						9,541,981
12 Gross receipts from related activities, etc. (see instructions)					12	39,317
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.72 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	92.37 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

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

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Middlesex United Way, Inc.	Employer identification number 06-0665170
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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	\$ 187,086	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Pratt & Whitney 400 Aircraft Road MS 401-15 Middletown CT 06457	\$ 179,012	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Pratt & Whitney - East Hartford 400 Main Street East Hartford CT 06105	\$ 44,534	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Wesleyan University Wesleyan Station Middletown CT 06457	\$ 82,388	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Connecticut State Employees 30 Laurel Street, Suite 2 Hartford CT 06106	\$ 49,835	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Middlesex Hospital 28 Crescent Street Middletown CT 06457	\$ 98,254	Person <input type="checkbox"/> Payroll <input checked="" 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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors... Yes/No, 6 Did the organization inform all grantees, donors, and donor advisors... Yes/No

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes/No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 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)? Yes/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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	84,872	78,129	77,306	65,115	60,548
b Contributions	50,000		1,100	850	200
c Net investment earnings, gains, and losses	7,814	6,743	2,786	12,733	5,652
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			3,063	1,392	1,285
g End of year balance	142,686	84,872	78,129	77,306	65,115

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

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u** **100.00** %
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		76,509	57,025	19,484
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				u 19,484

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Beneficial Interests in Trusts	670,139
(2) Security Deposit	3,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	673,139

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,778,020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	219,698	
b	Donated services and use of facilities	2b	2,564	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	222,262
3	Subtract line 2e from line 1		3	1,555,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,639	
b	Other (Describe in Part XIII.)	4b	326,128	
c	Add lines 4a and 4b		4c	334,767
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,890,525

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

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

1	Total expenses and losses per audited financial statements		1	1,580,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,564	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,564
3	Subtract line 2e from line 1		3	1,577,874
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	8,639	
b	Other (Describe in Part XIII.)	4b	326,128	
c	Add lines 4a and 4b		4c	334,767
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,912,641

Part XIII Supplemental Information

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

Part X - FIN 48 Footnote

The Organization follows FASB ASC 740-10. FASB ASC 740-10 clarifies the accounting for uncertainty in income taxes recognized in financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. After review of the Organization's tax positions and in light of the fact that they are a tax-exempt organization under Section 501(c)(3), no liabilities were recorded for unrecognized tax benefits as of June 30, 2014 or 2013.

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

Amounts raised on behalf of others \$ 326,128

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

Amounts raised on behalf of others \$ 326,128

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	211 Infoline 1344 Silas Deane Highway Rocky Hill CT 06067	06-1084194	3	14,518				211 Infoline Support
(2)	Child Family Agency of SE CT 255 Hempstead Street New London CT 06320	23-7212022	3	30,000				Health/Positive Yout
(3)	Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	GOV	10,000				School Readiness
(4)	Clinton Youth & Fam. Service Bureau 112 Glenwood Road Clinton CT 06413	06-6001973	GOV	8,000				Health/Positive Yout
(5)	Columbus House - Transitional Hous. 586 Ella T. Grasso Boulevard New Haven CT 06519	22-2511873	3	18,378				Affordable Housing
(6)	Community Health Center - Dental 635 Main Street Middletown CT 06457	06-0897105	3	14,690				School Readiness
(7)	Cromwell Board of Education 25 Court Street Cromwell CT 06416	06-0807450	GOV	10,000				School Readiness
(8)	CT Humane Society 701 Russell Road Newington CT 06111	06-0667605	3	12,990				Donor Designations
(9)	Durham/Middlefied Youth & Family 405 Main Street Middlefield CT 06455	06-1402128	3	8,500				Health/Positive Yout

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 48

3 Enter total number of other organizations listed in the line 1 table u 10

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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OMB No. 1545-0047

2013**Open to Public
Inspection****Middlesex United Way, Inc.**

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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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	10,000				School Readiness
(2)	East Haddam Youth & Family Services P.O. Box 572 Moodus CT 06469	06-1410267	3	8,500				Health/Positive Yout
(3)	East Hampton Board of Education 94 Main Street East Hampton CT 06424	06-6001608	GOV	10,000				School Readiness
(4)	Gilead Community Services P.O. Box 1000 Middletown CT 06457	06-0851549	3	38,000				Health/Positive Yout
(5)	Girl Scouts of Connecticut 340 Washington Street Hartford CT 06106	06-0662134	3	8,050				Health/Positive Yout
(6)	Hope Partnership 121 Main Street Old Saybrook CT 06475	20-1683627	3	35,000				Affordable Housing
(7)	John J Driscoll United Labor Agency 56 Town Line Road Rocky Hill CT 06067	06-0987695	3	13,600				Self Sufficiency
(8)	Kuhn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819	3	20,800				Self Sufficiency
(9)	Literacy Volunteers - Valley Shore 25 Middlesex Turnpike Essex CT 06426	30-0229759	3	13,600				Self Sufficiency

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

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OMB No. 1545-0047

2013

**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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MARC - Community Resources P.O. Box 126 Portland CT 06480	06-6011968	3	51,000				Self Sufficiency
(2)	Middlesex Hospital Opportunity Knoc 28 Crescent Street Middletown CT 06457	06-0646718	3	10,000				School Readiness
(3)	Middlesex Hospital Perinatal Prog. 28 Crescent Street Middletown CT 06457	06-0646718	3	37,500				Health/Positive Yout
(4)	Middletown Adult Education 398 Main Street Middletown CT 06457	06-6001872	3	12,071				School Readiness
(5)	Middletown Youth Services 370 Hunting Hill Avenue Middletown CT 06457	02-3486665	GOV	8,500				Health/Positive Yout
(6)	MX City - Coalition on Homelessness 100 Riverview Center Middletown CT 06457	06-0665170	3	10,000				Affordable Housing
(7)	MX Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	12,500				Affordable Housing
(8)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	9,542				Donor Designations
(9)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	33,260				Health/Positive Yout

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2013**Open to Public
Inspection****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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058	GOV	10,000				School Readiness
(2)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058	GOV	8,500				Health/Positive Yout
(3)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	8,500				Health/Positive Yout
(4)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	10,000				School Readiness
(5)	Regional School District #13 135A Pickett Lane Durham CT 06422	06-0855660	GOV	10,000				School Readiness
(6)	Regional School District #4 P.O. Box 187 Deep River CT 06417	06-6002456	GOV	10,000				School Readiness
(7)	Rushford Center 883 Paddock Avenue Meriden CT 06450	06-0932875	3	8,560				Health/Positive Yout
(8)	Rushford Center Treatment Services 883 Paddock Avenue Meriden CT 06451	06-0932875	3	31,071				Health/Positive Yout
(9)	Shoreline Soup Kitchens & Pantries P.O. Box 804 Essex CT 06426	06-1412728	3	9,100				Self Sufficiency

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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OMB No. 1545-0047

2013**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**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	St. Luke's Eldercare - Senior Trans 760 Saybrook Road Middletown CT 06457	06-0653129	3	18,000				Health/Youth. Dev.
(2)	St. Vincent DePaul - Amazing Grace 617 Main Street Middletown CT 06457	06-1387081	3	12,700				Donor Designations
(3)	St. Vincent DePaul - Food Pantry 617 Main Street Middletown CT 06457	06-1387081	3	21,602				Self Sufficiency
(4)	The Connection - Eddy Shelter 955 South Main Street Middletown CT 06457	06-0886125	3	29,700				Affordable Housing
(5)	The Connection - Housing Advocate 955 South Main Street Middletown CT 06457	06-0886125	3	14,000				Affordable Housing
(6)	The Connection - Mtown/O. Saybrook 955 South Main Street Middletown CT 06457	06-0886125	3	28,500				Health/Positive Yout
(7)	Tri-Town Youth Services P.O. Box 897 Deep River CT 06417	22-2537187	3	8,000				Health/Positive Yout
(8)	United Way of Central & NE CT 30 Laurel Street Hartford CT 06106	06-0646653	3	9,313				Donor Designations
(9)	United Way of Greater New Haven 370 James Street New Haven CT 06513	06-0646761	3	5,385				Donor Designations

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

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

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	United Way of Greater Waterbury 60 North Main Street Waterbury CT 06723	06-0646634	3	5,537				Donor Designations
(2)	United Way of SE CT 1868 Route 12 Gales Ferry CT 06335	06-0771393	3	10,280				Donor Designations
(3)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	10,000				School Readiness
(4)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	8,500				Health/Positive Yout
(5)	Women & Families Center - SACS 169 Colony Street Meriden CT 06451	06-0646994	3	31,000				Health/Positive Yout
(6)	YMCA of No. Middlesex City 99 Union Street Middletown CT 06457	06-0646981	3	88,920				Health/Positive Yout
(7)	YMCA of North.Middlesex-KK&AS 99 Union Street Middletown CT 06457	06-0646981	3	5,539				Donor Designations
(8)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	8,000				Health/Positive Yout
(9)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	10,000				School Readiness

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

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

Schedule I (Form 990) (2013)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**

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

curriculums, instruction, assessments, behavior management techniques and professional training opportunities throughout the county. Middlesex United Way is also a national partner in the Born Learning initiative along with the Ad Council, Civitas, and the Families & Work Institute. Parents and caregivers know the early years are important, but are unsure of how to encourage early learning. 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 the trails, which can be installed in any public setting. Middlesex United Way has worked to install 10 Born Learning Trails in Middlesex County.

INCOME: Our vision. Individuals and families are economically stable. Local investment. Middlesex United Way focuses on job and literacy training, basic needs and tax preparation assistance. Middlesex United Way funds and partners with numerous organizations throughout Middlesex County to ensure individuals and families are economically stable. We ensure that necessary programs are in place to provide job and literacy training, basic needs, and tax preparation assistance. Middlesex United Way provides leadership and support to the Middlesex VITA (Volunteer Income Tax Assistance) Coalition. VITA sites, including one at the Middlesex United Way office, provide free income tax preparation services to low-income families and increase the number of individuals and families accessing available tax credits which they have earned. Volunteers, trained and certified by the IRS, helped prepare taxes for 513 Middlesex County

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residents who received a total of \$929,554 in tax refunds.

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, personal safety, support for seniors, substance abuse prevention and treatment, mental health services, and services for individuals with disabilities. Middlesex United Way supports the Healthy Communities-Healthy Youth (HCHY) Initiative in 13 towns throughout Middlesex County to help reduce the rate of risky behaviors among youth. HCHY brings together youth and family service providers, schools, town officials, parents and students around a single coordinated effort utilizing the Search Institute's Profiles of Student Life: Attitudes and Behaviors to 40 Developmental Assets. The 40 Developmental Assets (e.g. Parent Involvement, Family Boundaries, Adult Role Models) are evidence-based, positive experiences and qualities that help influence choices young people make, and help to influence the type of adult they will become. In the 13 towns that have been surveyed at least twice through HCHY, youth reporting substance abuse decreased 25%, violence decreased 24%, and anti-social behavior decreased 11%. Middlesex United Way has also funds and partners with numerous community health and human service organizations throughout Middlesex County to help improve the health and increase the safety of individuals and families. We ensure that services are available in times of need or crisis, including mental health services, substance abuse prevention and treatment, support for seniors, and services for individuals with disabilities.

HOUSING: Our vision: Everyone has safe and affordable housing. Local

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investment. Middlesex United Way focuses on supportive and transitional housing, emergency shelter and home repairs, and homelessness prevention. Middlesex United Way funds and partners with several organizations in Middlesex County to increase the ability of individuals and families to attain safe, affordable and stable housing. United Way supports programs throughout the county that provide safe emergency housing as well as services and supports to ensure individuals and families can remain safely and stably housed. Middlesex United Way has provided funding and leadership in the implementation of the Ten Year Plan to End Homelessness by bringing together community leaders, housing advocates, service providers and other concerned residents from throughout Middlesex County. Prevention is a key strategy of the Ten Year Plan and therefore, the Homeless Prevention Fund helps individuals and families who are at-risk of homelessness. To date, more than 300 families at risk of homelessness, including more than 400 children, have been able to remain in their homes thanks to the one-time assistance from the Prevention Fund. Grants are used to pay for rent, utilities, car repairs and other needs while waiting for unemployment to begin, new job wages to start, or other benefits to be provided.

FAMILYWISE PRESCRIPTION DRUG DISCOUNT PROGRAM: Middlesex United Way also partners with the national FamilyWise Prescription Drug Discount program to help individuals and families reduce the cost of prescription medicine. Middlesex United Way is the sole distributor of the cards in Middlesex County, and promotes the program through a distribution networks of corporate partners, social service agencies, and community collaboratives and to pharmacies and Middlesex Hospital. Here in Middlesex County, 2,588 people have saved more than \$331,000 since the program began. In the area

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of mental health alone, people in Middlesex County have saved \$119,000 on their prescriptions. 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 821,000 calls in fiscal year 2013, including more than 16,000 calls from Middlesex County. Top requests statewide are for housing/shelter, utilities/heat, outpatient mental health care, and financial assistance.

COMMUNITY COLLABORATIVES: United Way participates in several community collaboratives, including the aforementioned Volunteer Income Tax Assistance program and Middlesex County Ten Year Plan to End Homelessness. In addition, United Way participates in the Middletown Community Thanksgiving Project, which assembled and distributes more than 700 Thanksgiving baskets for families in needs in Middletown. Middlesex United Way also provides on-going in-kind and staff support to the Middlesex County Diaper Committee and helped establish Middlesex County as a partner of The Diaper Bank, filling a much-needed gap in service. In partnership with The Diaper Bank, our local Middlesex County Diaper Committee organizes events to collect diapers and raise funds. Prior to this partnership, there was no permanent diaper bank where low- to moderate-income families in need could turn to for help. Diapers are expensive and can cost a family up to \$1,000 a year to diaper a baby properly. The lack of a steady supply can lead to health issues and even abuse. Middlesex United Way and its staff are also involved in many other community collaboratives, including but not limited to: the Credit for Life Fair; Middlesex Coalition for

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Children; Middlesex Area Interagency Council; Middletown School Readiness Council; Middlesex County Coalition on Community Wellness; and Opportunity Knocks steering committee.

WOMEN'S INITIATIVE: The Women's Initiative celebrates the power of women to bring about positive change in our community through philanthropy and service. Through fundraising efforts, the WI distributes small, one-time grants to nonprofit programs that meet one or more of the WI's focus areas: early childhood development, empowering young women, and financial stability.

YOUNG LEADERS SOCIETY: The Young Leaders Society provides community involvement, professional development, and networking for young professionals ages 21 to 40 who live or work in Middlesex County. The group's mission is to create opportunities for young professionals to get involved with Middlesex United Way, connect with colleagues and community leaders, and give back to advance the common good.

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

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INTEREST DISCLOSURE FORM

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE CHARIMAN 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 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 - Reconciliation of Changes - Other

Amounts raised on behalf of others	\$	-326,128
Amounts raised on behalf of others	\$	326,128

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

Middlesex United Way, Inc.

Identifying number

06-0665170

Business or activity to which this 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	500,000
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	2,000,000
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 (business use only)	(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 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	6,816

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 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.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

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	6,816
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 Notice, see separate instructions.