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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public Inspection

Α	For the	2010 ca	llendar year, or tax year beginning $07/01/10$, and ending $06/30/11$			
	Check if ap		C Name of organization Middlesex United Way, Inc.			oyer identification numbe
	Name cha	inge	Doing Business As		06-	-0665170
	Initial retur	-	,	Room/suite	-	hone number
			100 Riverview Center	230	860	<u> -346-8695</u>
Щ	Terminated	d	City or town, state or country, and ZIP + 4			
	Amended	return	Middletown CT 06457		G Gross red	eipts\$ 2,161,445
	Application	n pending	F Name and address of principal officer:	H(a) Is this a g	roup return fo	r affiliates? Yes X No
			Faith Jackson			
			100 Riverview Center Suite 230	H(b) Are all a		list. (see instructions)
			Middletown CT 06457	II IN	u, allacii a	iist. (see iristructions)
			ss: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
			ww.middlesexunitedway.org	H(c) Group e		
		000		ar of formation: $oldsymbol{1}$	935	M State of legal domicile: CT
	Part I		ımmary			
4			escribe the organization's mission or most significant activities:			
Governance			mission of the Middlesex United Way is mobilizing unities to strengthen lives and help people.			ower or
ern	•					
Š	2 C	Check th	is box if the organization discontinued its operations or disposed of more than 2		assets.	
დ ფ	3 N		of voting members of the governing body (Part VI, line 1a)		•	30
es			of independent voting members of the governing body (Part VI, line 1b)		4	30
Activities &	5 T	otal nur	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	9
둉			mber of volunteers (estimate if necessary)		_	918
_	7 a⊤	otal unr	related business revenue from Part VIII, column (C), line 12		7a	
	b N	let unre	lated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea		Current Year
ē	8 C	Contribut	tions and grants (Part VIII, line 1h)	1,985		1,963,284
Revenue			service revenue (Part VIII, line 2g)		1,792	33,201
Še	10 Ir	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		5,974	43,605
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,167	0 040 000
			renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,727	2,040,090
			nd similar amounts paid (Part IX, column (A), lines 1–3)	1,345	238	1,451,755
	l ~		paid to or for members (Part IX, column (A), line 4)	403	3,804	F22 470
penses	15 5	salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	403	0,004	522,478
en	16aP	rotessio	onal fundraising fees (Part IX, column (A), line 11e)			
Exp	1		draising expenses (Part IX, column (D), line 25) 195,226	21.0	2,794	220,553
			penses (Part IX, column (A), lines 11a–11d, 11f–24f) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		$\frac{2}{5},836$	2,194,786
			e less expenses. Subtract line 18 from line 12		7,891	-154,696
5,0	ואַ פּוּ	ve veriue	, 1000 CAPOTIOGO. OUDITAGE TO HOITH IIIIG 12	Beginning of Cur	rrent Year	End of Year
Net Assets or	20 T	otal ass	sets (Part X, line 16)	2,980		3,162,353
t As	21 T	otal liab	pilities (Part X, line 26)	1,125	5,821	1,173,826
9 <u>E</u>	22 N	let asse	ts or fund balances. Subtract line 21 from line 20	1,854	1,252	1,988,527
F	Part II	Sig	gnature Block			
	•		perjury, I declare that I have examined this return, including accompanying schedules and statemen			nowledge and belief, it is
tr	ue, corre	ct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledo	ge.	
٠.		_				
Si		S	Signature of officer		Date	
не	ere	=	· · · · · · · · · · · · · · · · · · ·			
			Type or print name and title	Ι,	10.	# p===
Pai	id		pe preparer's name Preparer's signature	Date	Check	\Box
	eparer		TH A. KRON			mployed P00412073
	e Only	Firm's n		F	irm's EIN ▶	06-1289571
Joi	Comy		95 Glastonbury Boulevard, Ste 201			060_E/1 2000
N/a	v tha ID		ddress Glastonbury, CT 06033-4453 ss this return with the preparer shown above? (see instructions)	P	Phone no.	860-541-2000
ıvıd	y uie iR	S uiscu	ss uns return with the preparer shown above? (see instructions)			X Yes No

m 990 (20 ⁻	10) Middlesex U	nited Way,	Inc.	06-0665170	Page
art III	Statement of Progr	am Service Acc	complishments		
			sponse to any questi	on in this Part III	
	lescribe the organization's r		real car read 2		
				s mobilizing the	caring power
Commu	nities to str	engthen 11	ves and neip	beobre.	
Did the	organization undertake any	v significant program	services during the year w	hich were not listed on the	
	000 000 F70		· .		Yes X N
	describe these new service	es on Schedule O.			
	organization cease conduct		ant changes in how it con	ducts, any program	
services			_		Yes X N
If "Yes,"	describe these changes or	n Schedule O.			
Describe	e the exempt purpose achie	evements for each o	f the organization's three la	argest program services by expense	es. Section
501(c)(3	3) and 501(c)(4) organizatio	ons and section 4947	(a)(1) trusts are required t	o report the amount of grants and a	Illocations to
others, t	the total expenses, and reve	enue, if any, for eacl	n program service reported	i.	
a (Code:			including grants of\$	1,451,755) (Revenue	\$
See a	ttached state	ment			
h (Codo:	\ /Evnoncos ¢		including grants of) (Revenue	¢
o (Code.) (Εχρείίδεδ ψ		. Including grants of) (itevende	Ψ
(Code:) (Expenses \$		including grants of\$) (Revenue	\$
Other pr	rogram services. (Describe	in Schedule O.)			
	200 ¢	including grap	to of¢	\	1
(Expens	rogram service expenses	including gran 1,820) (Revenue \$)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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 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 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 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V	
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	v
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9 Did the organization report an amount in Part X, line 21; 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	v
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complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	v
	X
endowments? If Yes, complete Schedule D, Part V	
44. If the experimentary appropriate any of the following questions is "Ves." then complete Cohedule D. Dorte VI	
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	
 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 11b 	x
	Λ
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	х
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	- 21
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e	Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	22
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, XII, and XIII	
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, XII, and XIII is optional	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	X
4.4a. Did the experimetion maintain on office, ampleyees, or arounts systems of the United Otates O	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	
business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	
organization or entity located outside the United States? 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 assistance	
to individuals located outside the United States? 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?	
16194 11 11 11 11 11 11 11 11 11 11 11 11 11	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	
Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b	

Form 990 (2010) Middlesex United Way, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			77
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		х
20	If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		Λ
28				
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		Λ
b	Schodula I Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
C	was an efficient director, trustee, or direct or indirect owner? If "Voe." complete Schodule I. Dort IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	and a marking and all the state of the state	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•		31		х
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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 Yes X No			
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010) Middlesex United Way, Inc. 06-06

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this

	Check it Schedule O contains a response to any question in this Pa	art v				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	id				
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return \dots	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax $\frac{1}{2}$		s?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions and 2a is greater than 250, you may be required to e-file.)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? $_{\rm .}$			3a		Х
b	• • •			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of		•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finar	icial			37
	account)?			4a		X
b	If "Yes," enter the name of the foreign country:					
E o	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finar Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	u : neacti	 nn?	5b		X
C				5c		Λ
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and company that the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have annual gross receipts that are normally greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$100,000, and company the organization have a greater than \$			30		
oa				6a		х
b	organization solicit any contributions that were not tax deductible?			Ju		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
	and services provided to the payor?	_		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which					
	required to file Form 8282?	,		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal beneat			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a		on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponso	ring				
0	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			8		
9	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		• • • • • • • • • • • • • • • • • • • •	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ایدا				
_	the organization is licensed to issue qualified health plans	13b				
C 14a	Enter the amount of reserves on hand Did the ergonization receive any payments for indeer tenning convices during the tay year?	13c		140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Vee " has it filed a Form 720 to report those payments? If "No " provide an explanation in Scho			14a 14b		Х
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	Juuie (140		<u> </u>

Form 990 (2010) Middlesex United Way, Inc.

1a Enter the number of voting members of the governing body at the end of the tax year

Did any officer director tructoe or key employee have a family relationship or a busine

06-0665170

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 to any question in this Part VI. Section A. Governing Body and Management

Enter the number of voting members included in line 1a, above, who are independent

X

No

Yes

30

30

1a

1b

2	Did any officer, director, trustee, or key employee have a family relationship of a business relationship with			
	any other officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>e Co</u>	<u>de.)</u>
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶ CT

organization's exempt status with respect to such arrangements? .

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 - X Own website X Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ DOLORES TULINSKI 100 RIVERVIEW CENTER

CT 06457

860-346-8695

Form 990 (2010) Middlesex United Way, Inc.

06-0665170

Page **7**

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

Check if Schedule O contains a response to any question 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.

X Check this box if neither the org			elate	ed or	gan	izatio	ns d	compensated any current	officer, director, or truste	е.
(A) Name and Title	(B) Average hours per				all t	that ap		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Faith Jackson									_	
President	5.00	X						0	0	0
(2) Gary Simonsen First VP	5.00	x						0	0	0
(3) Clifford Straub Second VP	5.00	x							0	0
(4) Linda Morales	5.00	_ A						0	0	<u> </u>
Personnel	5.00	x						0	0	0
(5) Russell Carter										
Treasurer	5.00	X						0	0	0
(6) David Giuffrida										
Campaign	5.00	X						0	0	0
(7) Wilfredo Nieves									•	
Community Impact	5.00	X						0	0	0
(8) Christopher Ril		3,5						0	^	0
Marketing (9)William Holder	5.00	Х						0	0	0
EC At Large	5.00	x						0	0	0
(10) Kelly Smith	3.00	22						<u> </u>		
EC At Large	5.00	x						0	0	0
(11) William Wrang								<u> </u>		
EC At Large	5.00	X						0	0	0
(12) Deborah Bochain										
Board Member	2.00	X						0	0	0
(13)Jean D'Aquilla										
Board Member	2.00	X						0	0	0
(14)David Director										
Board Member	2.00	X						0	0	0
(15) Christine Fahey								_	_	_
Board Member	2.00	X				\sqcup		0	0	0
(16) Judith Felton	0.00								•	•
Board Member	2.00	X						0	0	0

Page 8

(A) Name and Tide N	Part VII Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees,	and Highest Compensa	ted Employees (continue	ed)			
Pour feet Pour			Posit	tion (that a	vlaar						
(17) Frank Kuan		hours per week (describe hours for related organizations in Schedule		Institutional			Highest compe employee	Former	compensation from the organization	compensation from related organizations	C	amour othe ompens from t organiz and rel	nt of er sation the ation lated	
(19) Cliff O'Callahan M.D. Board Member 2.00 X 0 0 0 (29) Andrew Rapp 0 0 0 (20) Andrew Rapp 0 0 0 0 (21) David Reynolds 0 0 0 0 (21) David Reynolds 0 0 0 0 0 0 (21) David Reynolds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00	7,				ited							
(19) C1.iff O'Callaham M.D. Board Member 2.00 X 0 0 0 0 (20) Andrew Rapp 2.00 X 0 0 0 0 (21) David Reynolds Board Member 2.00 X 0 0 0 0 (21) David Reynolds Board Member 2.00 X 0 0 0 0 (22) K1.ster. Roberts Board Member 2.00 X 0 0 0 0 (23) Matthew Stillman Board Member 2.00 X 0 0 0 0 (24) Martha Temple Board Member 2.00 X 0 0 0 0 (24) Martha Temple Board Member 2.00 X 0 0 0 0 (25) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Board Member 2.00 X 0 0 0 0 0 (26) Harry Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2.00	X						0	0				
			X						0	0				(
Roard Member	Board Member		х					<u> </u>	0	0				(
Deard Member		2.00	x						0	0				(
(22) Kristen Roberts Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00	v						0	0				
23) Matthew Stillman 2.00 X 0 0 0 (24) Martha Temple 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (26) Marry Burr 2.00 X 0 0 0 (26) Marry Burr 2.00 X 0 0 0 (27) ROSARIO RIZZO (28) Flizabeth Morin 2.00 X 0 0 0 (27) ROSARIO RIZZO (28) Elizabeth Morin 2.00 X 0 0 0 (28) Elizabeth Morin 2.00 X 0 0 (28) Elizabeth Morin 2.00 (28) Elizabeth Morin 2.00 X 0 0 (28) Elizabeth Morin 2.00 0 (28) Elizabeth Morin 2.00 2.00 2.00 2.00 2.00 2.0	(22) Kristen Roberts	3												
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Sound Member 2.00 X	Board Member		X					<u> </u>	0	0				(
State Sta		2.00	х						0	0				(
2.00 X 0 0 0 0 0 0 0 0		2.00	x						0	0				(
27 Rosario Rizzo 2.00 X 0 0 0 0 0 0 0 0	(26) Jean Adams Shaw	J												
2.00 X		2.00	X						0	0				
Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-		X						0	0				(
Total from continuation sheets to Part VII, Section A	Board Member		x						0	0				(
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶1. Yes No Jid 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 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 Jid to services rendered to the organization? If "Yes," complete Schedule J for such person Jid to reservices rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who		eets to Part VII.	 Sec	tion	 . A			>	100,654					
reportable compensation from the organization PL Yes No 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 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 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 Tomplete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who	d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·				<u></u>			100,654					
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 5 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. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	•				to th	ose	liste	d ab	pove) who received more	than \$100,000 in				
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 5 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. (B) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who													Yes	No
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 5 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. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	employee on line 1a? If "Yes	s," complete Sch	redul	e J f	for s	uch	indiv	vidua	al			3		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 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. (A) Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	organization and related organization	anizations great	er th	an \$	3150	,000)? If '	"Yes	s," complete Schedule J fo	or such				
For services rendered to the organization? If "Yes," complete Schedule J for such person	individual	1a receive or a	ccrue	e co	 mpe	nsa	iion f	 from	any unrelated organization	on or individual		4		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	for services rendered to the	organization? If	"Yes	s," co	ompl	lete	Sche	edule	e J for such person			5		X
Name and business address Description of services Compensation Compensation Compensation Compensation Compensation	1 Complete this table for your	five highest con	npen	sate	d in	depe	ende	nt co	ontractors that received m	ore than \$100,000 of				
2 Total number of independent contractors (including but not limited to those listed above) who									Descrir	(B) otion of services		Сс	(C)	ation
	_													
								<u> </u>						
								<u> </u>						
	-			-										

га	(A) Name and Title	(B) Average			((C)	that a		(D) Reportable	(E) Reportable	,u)	(F)		
		hours per week (describe hours for related organizations in Schedule O)	or director				Highest compensated employee		componentian	compensation from related organizations (W-2/1099-MISC)	CC	amour othe ompens from to organiz and rel organiza	nt of er sation the ation ated	
	Kevin Wilhelm ecutive Director	35.00					X		100,654	0				0
(18)														
(19)														
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(25)														
(26)														
(27)														
(28)														
	Sub-total							>	100,654					
c d	Total from continuation sh Total (add lines 1b and 1c)							>						
2	Total number of individuals (including but no	t lim	ited				d at	bove) who received more	than \$100,000 in	,			
3	Did the organization list any	former officer	direc	tor o	r tru	stee	ke.	v em	onlovee or highest compe	insated			Yes	No
	employee on line 1a? If "Yes	s," complete Sch	nedu	le J f	for s	uch	indiv	, /idua	al			3		
4	For any individual listed on li organization and related org	ine 1a, is the su anizations great	m of ter th	repo an \$	ortab 3150	,000	omp)? If '	ensa "Yes	ation and otner compensa s," complete Schedule J fo	tion from the or such				
5	individualDid any person listed on line	1a receive or a	ccru	e co	 mpe	nsa	iion 1	from	any unrelated organization	on or individual		4		
Soc	for services rendered to the ction B. Independent Contraction		"Yes	s," cc	ompl	ete	Sche	edul	e J for such person			5		
1	Complete this table for your compensation from the orga	five highest con	npen	sate	d inc	depe	ende	nt c	ontractors that received m	ore than \$100,000 of				
		(A) d business address							Descrip	(B) tion of services		Со	(C) mpensat	ion
2	Total number of independen	t contractors (in	cludi	ng b	ut n	ot lir	nited	d to	those listed above) who					
DAA	received more than \$100,00			-								_	aan /	(00.15)

Pa	rt V	III Statement of I	Revenu	Э					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a						,,
gra	b	Membership dues	416						
ons, gifts, g similar am	С	Fundraising events							
	d	Related organizations	1d						
	е	Government grants (contributions)	1e						
er s	f	All other contributions, gifts, grants	S,						
ള		and similar amounts not included a	above 1f	1,	963,284				
age of	g	Noncash contributions included in	lines 1a-1f:	\$					
<u>ة</u> ق	h	Total. Add lines 1a-1f .				1,963,284			
'n					Busn. Code				
eve	2a	Program Service	Revenu	e		33,201	33,201		
e R	b								
Σ̈	С								
Program Service Revenue Contributions, gifts, grants Program Service Revenue	d								
	е								
	f	All other program service							
_	g					33,201			
	3	Investment income (inclu	•	lends, inte	erest,				
		and other similar amoun				27,323			27,323
	4	Income from investment			' <u>-</u>				
	5	Royalties			000				
			Real	(II) F	Personal				
	6a								
	b	Less: rental exps.							
	C	Rental inc. or (loss)	\						
		Net rental income or (los Gross amount from	ss) curities		Other				
		sales of assets	.37,637	. ,	Other				
	L		.37,037						
	b	Less: cost or other basis & sales exps. 1	.21,355						
	_		16,282						
		Net gain or (loss)			—	16,282	16,282		
_		Gross income from fundraisi				10/202	10,202		
Other Revenue	- Ou	(not including \$							
) S		of contributions reported on	line 1c).						
Ä		See Part IV, line 18							
the	b	Less: direct expenses							
Ò		Net income or (loss) from		ing events	s >				
		Gross income from gaming a							
		See Part IV, line 19	а						
	b	Less: direct expenses							
	С	Net income or (loss) from	m gaming	activities					
	10a	Gross sales of inventory	, less						
		returns and allowances	a						
	b	Less: cost of goods sold	l b						
	С	Net income or (loss) from	m sales of	inventory	▶				
		Miscellaneous Re	evenue		Busn. Code				
	11a								
	b								
	С								
		All other revenue							
		Total. Add lines 11a–11				0.040.000	40 400	•	0
	12	Total revenue. See insti	ructions			2,040,090	49,483	0	27,323

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must con		· · · · · · · · · · · · · · · · · · ·	, ,, , ,	,
	not include amounts reported on lines 6b, , 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			9 1	,
	organizations in the U.S. See Part IV, line 21	1,451,755	1,451,755		
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				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	424,519	208,014	101,885	114,620
8	Pension plan contributions (include section 401(k)	424,319	200,014	101,003	114,020
0	and section 403(b) employer contributions)	22 196	16 261	7 965	8,960
•		33,186 28,543	16,261 13,986	7,965 6,850	7,707
9	Other employee benefits	36,230	17,753	8,695	9,782
10	Payroll taxes	30,230	17,755	0,093	9,702
11	Fees for services (non-employees):				
a	Management				
b	Legal	0.250	4 522	2 220	2 407
С	Accounting	9,250	4,533	2,220	2,497
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	6 481		C 481	
f	Investment management fees	6,471	0.000	6,471	1 (1 (
g		5,984	2,932 13,988	1,436	1,616 7,707
12	Advertising and promotion	28,546	13,988	6,851	7,707
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	32,400	15,876	7,776	8,748
17	Travel	6,610	3,239	1,586	1,785
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,449	3,160	1,548	1,741
20	Interest				
21	Payments to affiliates	29,617	21,342	3,894	4,381
22	Depreciation, depletion, and amortization _	6,375	3,856	827	1,692
23	Insurance	6,679	3,273	1,603	1,803
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Supplies	30,481	14,936	7,315	8,230
b	Rental/Main. of Equipment	18,206	8,921	4,369	4,916
С	Printing and Publications	13,811	6,767	3,315	3,729
d	Postage and Shipping	8,545	4,187	2,051	2,307
е	Miscellaneous	6,706	3,286	1,609	1,811
f	All other expenses	4,423	2,167	1,062	1,194
25	Total functional expenses. Add lines 1 through 24f	2,194,786	1,820,232	179,328	195,226
26	Joint costs. Check here ▶ if following				, -
-	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA		•		'	Form 990 (2010)

P	art)	X Balance Sheet	_				
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			253,224		122,854
	2	Savings and temporary cash investments			213,378	2	178 , 736
	3	Pledges and grants receivable, net	632,590	3	649,951		
	4	Accounts receivable, net		L		4	
	5	Receivables from current and former officers, direct	tors, trustees	s, key			
		employees, and highest compensated employees.	Complete Pa	art II of			
		Schedule L		5			
	6	Receivables from other disqualified persons (as de	fined under s	section			
		4958(f)(1)), persons described in section 4958(c)(3	B)(B), and cor	ntributing			
		employers and sponsoring organizations of section					
S		employees' beneficiary organizations (see instructi	ons)			6	
Assets	7	Notes and loans receivable, net				7	
S S	8	Inventories for sale or use				8	
Q	9	Prepaid expenses and deferred charges			7,167	9	891
		Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	102,087			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	84,857	16,809	10c	17,230
	11	Investments—publicly traded securities	1,304,427	11	1,570,890		
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 17		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	552,478		621,801		
	16	Total assets. Add lines 1 through 15 (must equal li			2,980,073		3,162,353
	17	Accounts payable and accrued expenses			53,899		45,537
	18	Grants payable			1,067,695		1,124,243
	19	Deferred revenue		4,227	19	4,046	
'n	20	Tax-exempt bond liabilities				20	
<u>ĕ</u>	21	Escrow or custodial account liability. Complete Par				21	
Liabilities	22	Payables to current and former officers, directors, t					
<u>a</u>		employees, highest compensated employees, and					
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated	d third parties	§		23	
	24	Unsecured notes and loans payable to unrelated the	nird parties .			24	
	25	Other liabilities. Complete Part X of Schedule D			1 105 001	25	1 172 026
9	26	Total liabilities. Add lines 17 through 25			1,125,821	26	1,173,826
ပ္ရ		Organizations that follow SFAS 117, check here	and col	mpiete			
Fund Balances	27	lines 27 through 29, and lines 33 and 34.			1,210,418	27	1,278,370
ñ	27	Unrestricted net assets			45,968		42,118
פ	28 29	Temporarily restricted net assets	597,866		668,039		
₹	23	Permanently restricted net assets Organizations that do not follow SFAS 117, chec	k horo	and	337,000	23	000,033
<u>_</u>		complete lines 30 through 34.	ok liele [aliu			
	30	0.301.4.1				30	
ĕ	31	Paid-in or capital surplus, or land, building, or equi				31	
Si	32	Retained earnings, endowment, accumulated incompared in		funds		32	
Net Assets	33				1,854,252		1,988,527
Š	34	Total liabilities and net assets/fund balances			2,980,073		3,162,353

Form **990** (2010)

orn=	1 990 (2010) Middlesex United Way, Inc. 06-0665170				Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
	· · · · · · · · · · · · · · · · · · ·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	04	0,0	90
2	Total expenses (must equal Part IX, column (A), line 25)		2,	19	4,7	786
3	Revenue less expenses. Subtract line 2 from line 1					596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	85	4,2	252
5	Other changes in net assets or fund balances (explain in Schedule O)	5				71
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	1,	98	8,5	527
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a		Х
	Were the organization's financial statements audited by an independent accountant?			2b	х	
	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?		1	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
_	issued on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2010)

3a

Х

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Middlesex United Way, Inc.

Employer identification number 06-0665170

Pa	art I	Reas	on for Public Charity	y Status (All organization	ons mu	st comp	olete t	his pa	rt.) So	ee ins	truct	ions.		
he	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through	11, check	only one	box.)							
1		A church, co	nvention of churches, or as	ssociation of churches describ	ed in sec	tion 170	(b)(1)(A)(i).						
2	П)(A)(ii). (Attach Schedule E.)										
3	П			operative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
-	ш													
5		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
3	Ш	=	170(b)(1)(A)(iv). (Complete Part II.)											
6				Part II.) or governmental unit described in section 170(b)(1)(A)(v).										
6	X		-	=					. 46		م المانيم			
7	Λ	=		a substantial part of its suppor	t iioiii a g	jovernine	entai uni	t or mon	ii iiie ge	enerar	public			
_			section 170(b)(1)(A)(vi).) t									
8		-		170(b)(1)(A)(vi). (Complete F										
9		=		(1) more than 33 1/3% of its s							_	SS		
		-		empt functions—subject to cer										
			=	and unrelated business taxabl				1 tax) fr	om bus	sinesse	S			
			-	30, 1975. See section 509(a)										
10		_	=	d exclusively to test for public	-									
11		_		d exclusively for the benefit of	-						_			
				orted organizations described i							ection	I		
				s the type of supporting organi		-			_					
		a Type		c Type III–Function		•	d		e III–O					
е		-		rganization is not controlled di	-	-	-							
			_	her than one or more publicly	supported	d organiz	ations d	escribe	d in sec	ction 50)9(a)(1	1)		
		or section 50												
f		If the organiz	zation received a written de	etermination from the IRS that	it is a Typ	e I, Type	e II, or T	ype III s	upporti	ing				
		•	, check this box											. 🔲
g		Since Augus	st 17, 2006, has the organiz	zation accepted any gift or con	tribution 1	from any	of the							
		following pe												
				controls, either alone or togeth									Yes	No
		(iii) belo	w, the governing body of th	ne supported organization?								11g(i)		
		(ii) A family	member of a person descr	ribed in (i) above?								11g(ii)		
		(iii) A 35% d	controlled entity of a persor	n described in (i) or (ii) above?								11g(iii))	
h		Provide the	following information about	t the supported organization(s).									
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		Is the		(vii) Amo		
	orga	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	tion in col. Ized in the		supp	ort	
				(see instructions))	governing	uocument?		port?		S.?				
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No				
A)														
B)														
C)														
D)														
E)														
Coto	1													

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

Schedule A (Form 990 or 990-EZ) 2010

Page 2

Schedule A (Form 990 or 990-EZ) 2010 Middlesex United Way, Inc. 06-0665170

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.)

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to ore expended on its behalf and other paid to ore expended on its behalf and other paid to ore expended on its behalf and other paid to organization without charge and organization without charge and organization without charge and organization without charge and organization in the paid to organization organization in the paid to organization organization and organization in the paid to organization organization in the paid to organization in the paid to organization organization in the paid to organization organization in the paid to organization organization in the paid to organization in the paid to organization organization in the paid to organization organization organization in the paid to organization or	Sec	tion A. Public Support						
membership fees received. (Oo not include any "unusual grants.") 2,394,540 2,417,140 2,302,324 1,985,792 1,963,284 11,063,08 1 To verwines levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge. Total, Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support Subtrat line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total support subtratine in the second organization interest, dividends, payments received on securities leans, rents, royalties and income from similar sources 24,075 9 Not income from interest, dividends, payments received on securities leans, rents, royalties and income from similar sources 24,075 9 Not income from unrelated business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines? through 10 Carosa receipts from related activities, etc. (see instructions) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Total support test—2010. If the organization and into the box on line 13, and line 14 is 33 1/3% or more, 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. 10 W-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, 17a, and line 15 is 10% or more, and if the organizat	Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
organization's benefit and either paid to or expended on its behalf of the value of services or facilities furnished by a governmental unit to the organization without charge to the programment of total contributions by ach 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) Public support Subtract line's from line 4 Rose from a contribution of the state of the amount shown on line 11, column (f) Net income from interest, dividends, person of the state of the amount shown on line 1 that exceeds 2% of the amount shown on line 11, column (f) Amounts from line 4 Rose from interest, dividends, person of the state of the sta	1	membership fees received. (Do not	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a contributions) and the contributions of the amount shown on line 11, column (f) 8 Public support. Subtract line 5 from line 4 8 Public support (or fiscal year beginning in) ► 8 Calerdar year (or fiscal year beginning in) ► 9 A Mounts from line 4 9 Caps income from interest, dividands, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, etc. (see instructions) 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV). 1 Total support, Add lines 7 through 10 9 Gross receipts from related activities, etc. (see instructions) 12 33,20 13 First five years. If the Form 990 is for the organization if line 11, column (f)) 14 76,81% 15 Public support percentage from 2008 Schedule A, Part II, line 11, column (f)) 15	2	organization's benefit and either paid						
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) 2,444,277 6 Public support. Subtract line 5 from line 4 8,618,80 Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2008 (d) 2009 (e) 2010 (f) Total (a) 2008 (d) 2009 (e) 2010 (f) Total (a) 2009 (e) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 201	3	furnished by a governmental unit to the						
each person (other than a governmental unit or publicly supported organization) included on line 1 that expeeds 2% of the amount line 2% of the amount line 2% of the amount line 2% of that expeeds 2% of the amount line 2	4	Total. Add lines 1 through 3	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7. Amounts from line 4 2,394,540 2,417,140 2,302,324 1,985,792 1,963,284 11,063,08 8. Gross income from interest, dividends, payments received on securities loans, renits, royallies and income from similar sources 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 23. 32. 32. 33. 32. 33. 32. 33. 33. 33.	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 2, 394,540 2,417,140 2,302,324 1,985,792 1,963,284 11,063,08 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Ges.25% 16 33 1/3% support test—2010. 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 17 10 Mo-facts-and-circumstances test—2010. 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 qualifies as a publicly supported organization part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, ch								2,444,276
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 2, 394,540 2, 417,140 2, 302,324 1, 985,792 1, 963,284 11,063,08 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 12 Total support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 13 31/3% support test—2010. 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. 14 Public support percentage from 2009 Schedule A, Part II, line 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 31/3% support test—2010. 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 10 Office support percentage from 2009 Schedule A, Part II, line 14 15 Fublic support percentage from 2009 Schedule A, Part II, line 14 16 31/3% support test—2010. 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 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, 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 18 Private foundation. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain								8,618,804
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activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar	24,075	49,090	32,580	25,440	27,323	158,508
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
mod dodono	18	Private foundation. If the organization d	id not check a box	on line 13, 16a,	16b, 17a, or 17b,	check this box an	id see	

Schedule A (Form 990 or 990-EZ) 2010 Middlesex United Way, Inc. 06-0665170 Page 3

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.)

500	ction A. Public Support	o quamiy ama	101 1110 10010 111	3.00 S 0.011, p.	ouco compici	o i air iii,	
	ndar year (or fiscal year beginning in)	(a) 2006	(h) 2007	(a) 2009	(4) 2000	(a) 2010	(f) Total
	, , , , , , , , , , , , , , , , , , ,	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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, check this box and stop he	•			•	. , . ,	
Sec	ction C. Computation of Public S						P
<u>360</u> 15	Public support percentage for 2010 (line			olumn (f\)		15	%
16	Public support percentage from 2009 Sch	o, column (1) alvi	line 15, cc	, (i))		16	
	ction D. Computation of Investm	ent Income I	, iiile 13 Percentage			16	70
<u>360</u> 17	Investment income percentage for 2010			2 13 column (f))		17	%
1 <i>1</i> 18	Investment income percentage for 2010 Investment income percentage from 2009						%
10 19a	33 1/3% support tests—2010. If the orga			line 14 and line 1			/0
130	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2009. If the orga	-	-				💆 🔲
	line 18 is not more than 33 1/3%, check t	his box and stor	here. The organ	ization qualifies a	s a publicly suppo	orted organization	▶ □
20	Private foundation. If the organization di	id not check a bo	ox on line 14, 19a.	or 19b, check thi	s box and see ins	tructions	▶ □

Schedule A (I	Form 990 or 990-EZ) 201	O Middlesex	United Wa	ay, Inc.	06-0665170	Page 4
Part IV	Supplemental Info Part II, line 17a or instructions).	ormation. Comp 17b; and Part II	lete this part to I, line 12. Also	provide the ex complete this p	06-0665170 planations required by Part art for any additional inform	II, line 10; ation. (See

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2010

06-0665170 Middlesex United Way, Inc. Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), 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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 2 of Part I

Name of organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
.1	Aetna 171 Farmington Avenue Hartford CT 06156	\$ 65,460	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
. 2	Liberty Bank 315 Main Street Middletown CT 06457	\$ 182,645	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
.3	Pratt & Whitney 400 Aircraft Road MS 401-15 Middletown CT 06457	\$ 239,552	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Pratt & Whitney - East Hartford 400 Main Street East Hartford CT 06105	\$ 70,282	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Wesleyan University Wesleyan Station Middletown CT 06457	\$ 135,861	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6	Zygo Corporation 21 Laurel Brook Road P.O. Box 448 Middlefield CT 06455	\$ 47,456	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 2 of 2 of Part I

Name of organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Connecticut State Employees 30 Laurel Street, Suite 2 Hartford CT 06106	\$ 59,308	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 8	Middlesex Hospital 28 Crescent Street Middletown CT 06457	\$ 118,850	Person Payroll X Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and En + +	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public

Inspection **Employer identification number** Name of the organization Middlesex United Way, Inc. 06-0665170 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements ______ c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, 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. 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 XIV, 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 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

Scho	edule D (Form 990) 2010 Middlesex	United Way	Tnc	06-0665	170	Page 2
00000000000000000	art III Organizations Maintaining					
3	Using the organization's acquisition, accession collection items (check all that apply):			·		
а	Public exhibition	d Loan or	exchange progran	าร		
b	Scholarly research					
С	Preservation for future generations	ш.				
4	Provide a description of the organization's co	ollections and explain how	they further the or	ganization's exempt pu	urpose in Pa	art
	XIV.					
5	During the year, did the organization solicit o					
	assets to be sold to raise funds rather than to	be maintained as part of	the organization's	collection?		Yes No
Pa	rt IV Escrow and Custodial Arra			ization answered	"Yes" to	Form 990, Part IV
	line 9, or reported an amou					
1a	Is the organization an agent, trustee, custodia					□ Vaa □ Na
L	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV	and complete the following	a toblo:			Yes No
D	ii res, explain the arrangement in Part XIV	and complete the following	ig table.			Amount
c	Beginning balance				1c	7 tillount
	Additions during the year					
e	Distributions during the year				1e	
	Ending balance					
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV.					
Pa	rt V Endowment Funds. Compl	lete if organization a	answered "Yes	" to Form 990, Pa	ırt 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	65,115	60,548	79,738		
	Contributions	850	200			
С	Net investment earnings, gains, and	10 533	5 (50	15 026		
	losses	12,733	5,652	-17,836		
	Grants or scholarships					
е	Other expenditures for facilities and					
f	Administrative expenses	1,392	1,285	1,354		
	End of year balance	77,306	65,115	60,548		
	Provide the estimated percentage of the year		33,2			
	Board designated or quasi-endowment ▶					
b	Permanent endowment ▶100.00 %					
	Term endowment ▶ %					
	Are there endowment funds not in the posses	ssion of the organization	hat are held and a	dministered for the		
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on Sc	hedule R?			3b
4	Describe in Part XIV the intended uses of the			10		
Pa	rt VI Land, Buildings, and Equi				atad	(d) Dook
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other b (other)	asis (c) Accumula depreciation		(d) Book value

353 11,003 304 6,227 ► 17,230 Schedule D (Form 990) 2010

65,353 19,504

76,356 25,731

1a Land
b Buildings
c Leasehold improvements

d Equipment

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

Part VII Investments—Other Securities. See Form	990, Part X, line 12.	,	-
(a) Description of security or category	(b) Book value	(c) Method of val	
(including name of security)		Cost or end-of-year m	narket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I)			
	>		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of val	luation:
		Cost or end-of-year m	narket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15		
(a) Description	13.		(b) Book value
(1) Beneficial Interests	in Trusts		618,801
(2) Security Deposit	111 11 45 65		3,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	621,801
Part X Other Liabilities. See Form 990, Part X, lin			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, 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).

	dule D (Form 990) 2010 Middlesex United Way, Inc. U6-U66517		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,040,090
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,194,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-154,696
4	Net unrealized gains (losses) on investments	4	288,971
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	200 071
9	Total adjustments (net). Add lines 4 through 8	9 10	288,971
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		134,275
<u>га</u> 1	Total revenue, gains, and other support per audited financial statements	1	1,947,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a	Net unrealized gains on investments 288,971		
	Donated services and use of facilities 2b 18,206		
	· · · · · · · · · · · · · · · · · · ·		
d	Recoveries of prior year grants Other (Describe in Part XIV.) 2c 2d		
	Add lines 2a through 2d	2e	307,177
3	Subtract line 2e from line 1	3	1,640,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,010,711
а			
b			
	Add lines 4a and 4b	4c	399,346
5		5	2,040,090
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		eturn
1	Total expenses and losses per audited financial statements	1	1,813,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 18,206		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	18,206
3	Subtract line 2e from line 1	3	1,795,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 6,471 4b 392,875		
b	Other (Describe in Part XIV.) 4b 392,875		
С	Add lines 4a and 4b	4c	399,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,194,786
Pa	rt XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and	d 2b;
Part	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa	art to p	provide
•	additional information.		
P	art XI, Line 8 - Reconciliation of Changes - Other		
Αı	mounts raised on behalf of others	Ġ	-392.875
Aı	mounts raised on behalf of others	Ş	392,875
-	The state of the s		
P	art XII, Line 4b - Revenue Amounts Included on Return - (JEN	er
Αı	mounts raised on behalf of others	\$	392,875
		. .	

Schedule D (Form 990) 2010 Middlesex United Way, Inc.	06-0665170	Page 5
Part XIV Supplemental Information (continued)		
Part XIII, Line 4b - Expense Amounts Included	on Return - Other	
Amounts raised on behalf of others	¢	392,875
. I JOHN THE THE THE TENT OF T		5527575

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization							r identification nui	mber
Middlesex						06-06	65170	
Part I General Information								
 Does the organization maintain recor the selection criteria used to award the Describe in Part IV the organization's 	ne grants or assista	ance?				grants or assistar	ice, and	X Yes No
Part II Grants and Other As	sistance to Go ne 21, for any i	overnments a recipient that	and Organic received	anizations in the dimore than \$5,0	e United States. (1000. Check this be	ox if no one r	ecipient recei	ved more than \$5,000. P <u>a</u>
1 (a) Name and address of orga or government	nization	(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) Miscellaneous Grants un	der \$5,000							
· · · · · · · · · · · · · · · · · · ·				454,033				Various
(2) YMCA of No. Middlesex C	City							
99 Union Street								Health/Positive Yout
		06-0646981	3	82,800				
(3) MARC - Community Resour	ces							
P.O. Box 126								Self Sufficiency
Portland CT	06480	06-6011968	3	52,034				
(4) American Red Cross								
97 Broad Street								Health/Positive Yout
Middletown CT	06457	53-0196605	3	43,480				
(5) Gilead Community Service	es							
P.O. Box 1000								Health/Positive Yout
		06-0851549	3	40,095				
(6) Middlesex Hospital Peri	natal Prog	•						
28 Crescent Street								School Readiness
	06457	06-0646718	3	40,050				
(7) Oddfellows Playhouse								
128 Washington Street								Health/Positive Yout
Middletown CT	06457	06-0964602	3	38,430				
(8) Hope Partnership								
121 Main Street								Affordable Housing
Old Saybrook CT	06475	20-1683627	3	35,000				
(9) Women & Families Center	- SACS							
169 Colony Street								Health/Positive Yout
Meriden CT	06451	06-0646994	3	31,185				
2 Enter total number of section 501(c)(3) and governmen	t organizations						<u> </u>
3 Enter total number of other organizat								▶ 10
For Denominant Dodination Act Notice on	- 4h lm-4m4l-m-	for Form 000						Cabadula I (Farm 000) (2040)

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Middlesex United V	Way. Inc.					65170	mber
Part I General Information on Grants at		!			100 00	00170	
Does the organization maintain records to substantiat the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Form 990, Part IV, line 21, for any can be duplicated if additional sparents.	e the amount of the stance?	e grants or of grant fu and Org received	nds in the United Sta	tes. e United States.	Complete if the	e organizatio	on answered "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(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) Rushford Center Treatment Service 883 Paddock Avenue Meriden CT 06451	s 06-0932875		30,740		dutory		Health/Positive Yout
(2) The Connection - Mtown/O. Saybroom 955 South Main Street Middletown CT 06457			30,517				Health/Positive Yout
(3) The Connection - Eddy Shelter 955 South Main Street Middletown CT 06457	06-0886125		29,700				Affordable Housing
(4) Child Family Agency of SE CT 255 Hempstead Street New London CT 06320	23-7212022		29,075				Health/Positive Yout
(5) Kuhn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819		20,493				Self Sufficiency
(6) Nehemiah Housing Corporation 668 Main Street Middletown CT 06457	22-2765537		18,378				Affordable Housing
(7) St. Luke's Eldercare 100 Riverview Center Middletown CT 06457	06-0653129	3	18,313				Self Sufficiency
(8) Community Health Center - Dental 635 Main Street Middletown CT 06457	06-0897105	3	17,550				School Readiness
(9) 211 Infoline 1344 Silas Deane Highway Rocky Hill CT 06067	06-1084194		17,353				211 Infoline Support
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations	nt organizations						

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Middlesex United	Way. Inc.					65170	inibei
Part I General Information on Grants a		!			100 00	03170	
 Does the organization maintain records to substantial the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	e the amount of the stance?	e grants or	inds in the United Sta	tes.			
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for any can be duplicated if additional spa	recipient that	receive					
(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) CT Humane Society 701 Russell Road Newington CT 06111	06-0667605	3	16,593				Donor Designations
(2) East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	15,750				School Readiness
(3) The Connection - Housing Advocat 955 South Main Street Middletown CT 06457			14,000				Affordable Housing
(4) Cromwell Board of Education 25 Court Street Cromwell CT 06416	06-0807450		13,500				School Readiness
(5) Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	13,500				School Readiness
(6) Regional School District #13 135A Pickett Lane Durham CT 06422	06-0855660	GOV	13,500				School Readiness
(7) Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	13,500				School Readiness
(8) John J Driscoll United Labor Age 56 Town Line Road Rocky Hill CT 06067	ncy 06-0987695	3	13,365				Self Sufficiency
(9) Literacy Volunteers - Valley Sho 25 Middlesex Turnpike Essex CT 06426	re 30-0229759	3	13,365				Self Sufficiency
 Enter total number of section 501(c)(3) and government Enter total number of other organizations 	ent organizations						

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Middles	ex United W	Jav. Inc.					65170	mber
	tion on Grants ar					00 00	05170	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	records to substantiate rard the grants or assis ation's procedures for n	e the amount of th tance? nonitoring the use	e grants or of grant fu	inds in the United Sta	tes.			
Form 990, Part I'		recipient that						n answered "Yes" to ved more than \$5,000. Part
1 (a) Name and address of or governmen		(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. Vincent DePaul - 617 Main Street Middletown		e 06-1387081	3	13,312				Donor Designations
(2) MX Habitat for Human 9 Pleasant Street Middletown		06-1448284	3	12,500				Affordable Housing
(3) St. Vincent DePaul - 617 Main Street	- Food Pantry	06-1387081		12,474				Self Sufficiency
(4) Rushford Center 883 Paddock Avenue		06-0932875		11,800				Health/Positive Yout
(5) Oddfellows Playhouse 128 Washington Stree	e et	06-0964602		11,465				Donor Designations
(6) Middlesex Hospital (28 Crescent Street Middletown		oc 06-0646718	3	11,250				School Readiness
(7) YMCA of No. Middlese 99 Union Street Middletown		06-0646981	3	10,800				Health/Positive Yout
(8) Clinton Youth & Fam. 112 Glenwood Road Clinton		au 06-6001973		10,000				Health/Positive Yout
(9) East Haddam Youth & P.O. Box 572 Moodus		es 06-1410267	3	10,000				Health/Positive Yout
2 Enter total number of section 503 Enter total number of other organic	01(c)(3) and governmental partitions	nt organizations						

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more than \$5,000. Part IV, line 21, for any recipient received more th	Name of the organization Middlesex IInit	ed Way The					Identification nu	mper
Does the organization maintain records to substandiate the amount of the grants or assistance, the grantest eligibility for the grants or assistance, and be selection criteria used to award the grants or assistance 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. Check this box if no one recipient received more than \$5,000. Provided if additional space is needed (a) Amount of cash government and Organization of 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. Check this box if no one recipient received more than \$5,000. Provided if additional space is needed (a) Amount of cash government organization of government organization organization organization of government organization organizati			ı			100-00	1031/U	
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. P (a) Name and address of organization orgovernment organization orgovernment organization orgovernment organization of general part of the property of the prope	 Does the organization maintain records to subthe selection criteria used to award the grants Describe in Part IV the organization's procedure 	stantiate the amount of th or assistance? res for monitoring the use	e grants or	inds in the United Sta	tes.	-		
1 (a) Name and address of organization or government or growernment or government or g	Form 990, Part IV, line 21, for	or any recipient that	receive	d more than \$5,0	000. Check this b	ox if no one re	ecipient recei	ved more than \$5,000. Par
370 Hunting Hill Avenue Health/Positive You	or government	(b) EIN	section	l ` '	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
322 Main Street	370 Hunting Hill Avenue	02-3486665	GOV	10,000				Health/Positive Yout
(3) Portland Youth Services	322 Main Street			10.000				Health/Positive Yout
(4) Tri-Town Youth Services	(3) Portland Youth Services P.O. Box 71							Health/Positive Yout
(5) Westbrook Public Schools	(4) Tri-Town Youth Services P.O. Box 897			-				Health/Positive Yout
(6) Youth & Family Services of H/K P.O. Box 432 Higganum	(5) Westbrook Public Schools 158 McVeagh Road							Health/Positive You
Middletown	(6) Youth & Family Services of H P.O. Box 432	/K						Health/Positive Yout
P.O. Box 9017 New Haven CT 06532 20-1179912 3 10,000 (9) Shoreline Soup Kitchens & Pantries P.O. Box 804 Essex CT 06426 06-1412728 3 8,910 2 Enter total number of section 501(c)(3) and government organizations	100 Riverview Center		3	10,000				Affordable Housing
P.O. Box 804 Self Sufficiency Essex CT 06426 06-1412728 3 8,910 2 Enter total number of section 501(c)(3) and government organizations ▶	P.O. Box 9017	20-1179912	3	10,000				Self Sufficiency
	P.O. Box 804		3	8,910				Self Sufficiency
								<u> </u>

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Middlesex United	Wav, Inc.					65170	mber
Part I General Information on Grants a					10000	<u> </u>	
 Does the organization maintain records to substantia the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	stance? monitoring the use	of grant fu	inds in the United Sta	tes.			
Form 990, Part IV, line 21, for any can be duplicated if additional spa	recipient that	receive					
(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) Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	GOV	8,550				School Readiness
(2) East Hampton Board of Education 94 Main Street		GOV	0,330				School Readiness
East Hampton CT 06424 (3) Girl Scouts of Connecticut 340 Washington Street	06-6001608	GOV	8,550				Haalth/Dagiting Vant
Hartford CT 06106 (4) Middletown Adult Education	06-0662134	3	8,550				Health/Positive Yout
398 Main Street Middletown CT 06457	06-6001872	3	8,550				School Readiness
(5) Old Saybrook Youth & Family Serv 322 Main Street Old Saybrook CT 06475	ice 06-6002058		8,550				School Readiness
(6) Regional School District #4 P.O. Box 187 Deep River CT 06417	06-6002456	GOV	8,550				School Readiness
(7) Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	8,550				School Readiness
(8) United Way of SE CT 1868 Route 12 Gales Ferry CT 06335	06-0771393	3	7,056				Donor Designations
(9) United Way of Greater Waterbury 60 North Main Street Waterbury CT 06723	06-0646634		6,285				Donor Designations
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations	ent organizations						<u> </u>

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	7.7 T					r identification nu	mber
Middlesex United Part I General Information on Grants a					06-0	665170	
 Does the organization maintain records to substantia the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 	ite the amount of the istance?	ne grants of		tes.			
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for an can be duplicated if additional sp	y recipient that	receive		000. Check this be	ox if no one r	ecipient recei	
(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 Central & NE CT 30 Laurel Street Hartford CT 06106	06-0646653	3	5,797				Donor Designations
(2) Middlesex Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	. 3	5,657				Donor Designations
(3) Boy Scouts CT Rivers Council 60 Darlin Street East Hartford CT 06128	06-0662110		5,400				Health/Positive Yout
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Enter total number of section 501(c)(3) and governm Enter total number of other organizations						<u> </u>	

Schedule I (Form 990) (2010) Middlesex U	nited Way, In		6-0665170		Page 2
			omplete if the organ	ization answered "Yes"	to Form 990, Part IV, line 22.
-	1		T	T	J
(a) Type of grant or assistance		• •			k, (f) Description of non-cash assistance
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form Start 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, (f) Description of the provided in the provid	-				
1					
<u>'</u>					
2					
3					
4					
5					
<u>5</u>					-
6					
7					
Part IV Supplemental Information. C	omplete this part to p	provide the information	ation required in Par	t I, line 2, and any other	r additional information.
FUNDING PARTNERS ARE REQU	TRED TO PROVI	DE OUTCOME I	MEASURES THAT	DEMONSTRATE	
THE SHORT- MID- AND LONG	TERM RESIILTS	OF THETE SI	RVTCES/TNTTT	ATTVES.	
1111 1110111 / 11110 11110 11110				•	
•					
• • • • • • • • • • • • • • • • • • • •					

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Middlesex United Way, Inc.

Employer identification number 06-0665170

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 ERPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990 IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL APPROVAL
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM
Form 990, Part VI, Line 15a - Compensation Process for Top Official THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE 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 **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

► See separate instructions.

► Attach to your tax return.

Identifying number Name(s) shown on return Middlesex United Way, Inc. 06-0665170 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 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 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 **Note:** Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 6,375 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (a) Classification of property placed in (business/investment use (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/L property S/L MM Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 6,375 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

0133250 Middlesex United Way, Inc. 06-0665170 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1	Depreciation: INSULATED FIRE SAFE	7/15/84	627		627	5 MO S/L	627	0
2	DESK WITH RETURN	2/15/92	711		711	7 MO S/L	711	0
3 5	FAX MODEM AND WINFAX TOSHIBA TELEPHONE SYSTEM	5/15/96 4/15/97	250 1,842		250 1,842	5 MO S/L 5 MO S/L	250 1,842	$\begin{array}{c} 0 \\ 0 \end{array}$
11	OFFICE CHAIR	6/15/99	349		349	5 MO S/L	349	ő
	CONFERENCE PHONE	6/15/99	975		975	5 MO S/L	975	0
15 16	ACCESS SOFTWARE - 6 COPIES SONY RECORDER, MIKE, TRANSCRIBI	3/01/96 8/01/99	474 499		474 499	5 MO S/L 5 MO S/L	474 499	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873		5,873	5 MO S/L	5,873	ő
	HAZEN'S DESK & FILE - KJW	12/01/99	1,769		1,769 397	7 MO S/L	1,769 397	0
20 21	HAZEN'S CHAIR - KJW HAZEN'S DESKS (6)	12/01/99 12/01/99	397 4,862		4,862	7 MO S/L 7 MO S/L	4,862	0
22	HAZEN'S CHAIRS (6)	12/01/99	1,351		1,351	7 MO S/L	1,351	0
23 24	HAZEN'S LATERAL FILES (4) HAZEN'S LITERATURE RACK	12/01/99 12/01/99	1,318 252		1,318 252	7 MO S/L 7 MO S/L	1,318 252	$\begin{array}{c} 0 \\ 0 \end{array}$
	HAZEN'S TACK BOARD	12/01/99	108		108	7 MO S/L 7 MO S/L	108	0
	HAZEN'S COAT RACK	12/01/99	241		241	7 MO S/L	241	0
	HAZEN'S DESK SHELVES CONF ROOM TABLES (13) HAZEN'S	12/01/99 2/01/00	1,506 1,649		1,506 1,649	7 MO S/L 7 MO S/L	1,506 1,649	$\begin{array}{c} 0 \\ 0 \end{array}$
34	DESK CENTER DRAWERS (7) - WB MA	9/15/00	420		420	7 MO S/L	420	0
	TABLE STAND - WB MASON - DLS	9/15/00	260		260	7 MO S/L	260	0
36 37	TABLE FOR POSTAGE METER - WB MAKEYBOARD TRAYS (5) - WB MASON	1/15/00	260 525		260 525	7 MO S/L 7 MO S/L	260 525	$\begin{array}{c} 0 \\ 0 \end{array}$
38	fire proof safe - suburban statione	4/15/01	346		346	5 MO S/L	346	0
40	1.2GHZ COMPUTERS -2 (DEE & MEL) Sold/Scrapped: 6/30/11	10/15/01	2,224		2,224	5 MO S/L	2,224	0
44	LATERAL FILE CABINET - DEE	9/30/02	479		479	5 MO S/L	479	0
	DELL COMPUTER - ALLI	11/01/02	1,231		1,231	5 MO S/L	1,231	0
46 47	OFFICE CHAIR - JUSTIN TABLE FOR CONFERENCE ROOM	11/01/02 11/01/02	229 574		229 574	5 MO S/L 5 MO S/L	229 574	$\begin{array}{c} 0 \\ 0 \end{array}$
48	HP LASER JET PRINTER - 4100 - DEE	12/01/02	1,397		1,397	5 MO S/L	1,397	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820		820		820	0
52 54	DELL SERVER UNIT & UPS BACK UP DELL COMPUTER OPTIPLEX - JUSTIN	4/01/03 7/01/03	9,363 1,226		9,363 1,226	5 MO S/L 5 MO S/L	9,363 1,226	0
55	DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	1,130		1,130	5 MO S/L	1,130	ő
56	DELL COMPUTER OPTIPLEX - DEE IBM E400 PROJECTOR	11/01/03 8/15/04	1,334		1,334 1,128	5 MO S/L 5 MO S/L	1,334	0
	DELL COMPUTER W/ MONITOR - PAT	8/13/04 9/15/04	1,128 1,228		1,128	5 MO S/L 5 MO S/L	1,128 1,228	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105		1,105	5 MO S/L	1,105	0
61 62	HP 4200 LASER PRINTER - SUSAN CREDIT CARD PRINTER	9/15/04 9/15/04	2,069 299		2,069 299	5 MO S/L 5 MO S/L	2,069 299	$\begin{array}{c} 0 \\ 0 \end{array}$
63	DELL COMPUTER - MARIA D	6/15/05	1,051		1,051	5 MO S/L 5 MO S/L	1,051	0
64	VOICE MAIL SYSTEM	6/15/05	1,600		1,600	5 MO S/L	1,600	0
65 67	SLOT WALL	12/01/05 7/15/06	267 579		267 579	5 MO S/L 5 MO S/L	245 463	22 116
	HP LASER PRINTER 4200 DEE	9/14/06	1,182		1,182		907	236
	QUANTUM INTERNAL DRIVER FOR SE		925		925		648	185
	SYMANTIC ANTIVIRUS DELL COMPUTER AN MONITOR DEE	5/11/07 6/27/07	807 1,141		807 1,141	5 MO S/L 5 MO S/L	511 685	161 228
	PORTLAND ELECTRIC REFRIGERATO		479		479	5 MO S/L	343	96
	DELL LAPTOP	5/11/07	1,000		1,000		633	200
	PC MEMORY CANON DIGITAL CAMERA	7/30/07 8/06/07	218 343		218 343		127 200	44 69
76	MEETING ROOM CHAIRS	8/30/07	602		602	5 MO S/L	341	120
	FLAT SCREEN MONITORS (3) WINDOWS UPDATES	12/12/07 8/01/02	440 1,458		440 1,458		227 1,458	88 0
76	Sold/Scrapped: 6/30/11	0/01/02	1,+30		1,430	J 1410 B/L	1,430	U
	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	13,982		13,982		13,982	0
	ANTI-VIRUS SOFTWARE & LICENSES SONIC FIRE WALL & ASSOC PROTECT		433 1,074		433 1,074		397 823	36 215
84	QUARK SOFTWARE	7/30/07	933		933	5 MO S/L	544	187
	SAGE SOFTWARE VOLUNTEER DATA		225 101		225 101	5 MO S/L 5 MO S/L	120 49	45 20
86 87	ADOBE PHOTOSHOP Portable Hard Drive	2/15/08 7/21/08	347		347		133	20 69
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670		3,670	5 MO S/L	1,407	734
89 90	Q2ID Tape Drive, Tapes, Back up Software	7/30/08 9/09/08	206 2,210		206 2,210		79 810	41 442
90 91	Monitors 2@ 17" and 1@22"	9/09/08	675		675	5 MO S/L 5 MO S/L	236	135

0133250 Middlesex United Way, Inc. 06-0665170 Federal Asset Report Form 990, Page 1

		Date		Bus	Sec	Basis				
Asset	Description	In Service	Cost	_%_	179 Bonus	for Depr	Per	Conv Meth	Prior	Current
92	CS3.3 Design for Windows (Jill)	9/25/08	599			599	5	MO S/L	210	119
93	Literature Display Rack	10/08/08	253			253	5	MO S/L	89	50
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399			399	5	MO S/L	126	80
95	Back up Tapes (25)	11/30/08	801			801	5	MO S/L	254	160
96	750va Smart UPS USB Back UP	3/04/09	304			304	5	MO S/L	81	61
97	Vipre Enterprise Software	3/04/09	243			243		MO S/L	65	48
98	Shredder Cross cut	5/11/09	416			416		MO S/L	97	83
99	HP Microtower Computer	5/11/09	781			781		MO S/L	182	156
100	Dell Add'l Memory for Office 2003	5/11/09	463			463	5	MO S/L	108	93
101	Mind Manager Software	9/09/09	556			556	5	MO S/L	93	111
102	Flat Screen Monitors	10/14/09	364			364	5		55	72
103	Computer	1/15/10	846			846		MO S/L	85	169
104	Server	6/21/10	4,300			4,300		MO S/L	0	860
105	Server and Back-up	12/01/10	2,453			2,453		MO S/L	0	286
106	Ergonomic Chair (Kevin)	8/01/10	269			269	5	MO S/L	0	49
107	Reports - Leadership	11/01/10	743			743	5		0	99
108	Software - CS 5 Update	11/01/10	224			224		MO S/L	0	30
109	Website Mgmt. System	11/01/10	1,495			1,495		MO S/L	0	199
110	HP Computers (Ed & Dee)	1/01/11	1,612		-	1,612	5	MO S/L	0	161
	Total Other Depreciation	_	105,769		·=	105,769			82,164	6,375
	Total ACRS and Other Depre	eciation	105,769		=	105,769			82,164	6,375
										_
	Grand Totals		105,769			105,769			82,164	6,375
	Less: Dispositions and Trans	fers	3,682			3,682			3,682	0
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		102,087		-	102,087			78,482	6,375
		=			=					

06-0665170 FYE: 6/30/2011

CT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
Other	Depreciation: INSULATED FIRE SAFE	7/15/84	627	627	627	0	0	0
2	DESK WITH RETURN	2/15/92	711	711	711	0	0	0
3	FAX MODEM AND WINFAX	5/15/96	250	250	250	0	0	0
5 11	TOSHIBA TELEPHONE SYSTEM OFFICE CHAIR	4/15/97 6/15/99	1,842 349	1,842 349	1,842 349	$0 \\ 0$	0	0
12	CONFERENCE PHONE	6/15/99	975	975	975	0	0	0
15 16	ACCESS SOFTWARE - 6 COPIES SONY RECORDER, MIKE, TRANSCRIB	3/01/96 8/01/99	474 499	474 499	474 499	$0 \\ 0$	0	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873	5,873	5,873	0	0	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	1,769	1,769	0	0	0
20 21	HAZEN'S CHAIR - KJW HAZEN'S DESKS (6)	12/01/99 12/01/99	397 4,862	397 4,862	397 4,862	$0 \\ 0$	0	0
22	HAZEN'S CHAIRS (6)	12/01/99	1,351	1,351	1,351	0	0	ő
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318	1,318	1,318	0	0	0
24 25	HAZEN'S LITERATURE RACK HAZEN'S TACK BOARD	12/01/99 12/01/99	252 108	252 108	252 108	$0 \\ 0$	0	0
26	HAZEN'S COAT RACK	12/01/99	241	241	241	ő	0	0
27 30	HAZEN'S DESK SHELVES CONF ROOM TABLES (13) HAZEN'S	12/01/99 2/01/00	1,506 1,649	1,506 1,649	1,506 1,649	0	0	0
34	DESK CENTER DRAWERS (7) - WB MA		420	420	420	0	0	0
35	TABLE STAND - WB MASON - DLS	9/15/00	260	260	260	0	0	0
36 37	TABLE FOR POSTAGE METER - WB MAKEYBOARD TRAYS (5) - WB MASON	10/15/00 1/15/01	260 525	260 525	260 525	$0 \\ 0$	0	0
38	fire proof safe - suburban statione	4/15/01	346	346	346	0	0	0
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	2,224	2,224	2,224	0	0	0
44	Sold/Scrapped: 6/30/11 LATERAL FILE CABINET - DEE	9/30/02	479	479	479	0	0	0
45	DELL COMPUTER - ALLI	11/01/02	1,231	1,231	1,231	0	ő	ŏ
46	OFFICE CHAIR - JUSTIN	11/01/02	229	229	229	0	0	0
47 48	TABLE FOR CONFERENCE ROOM HP LASER JET PRINTER - 4100 - DEE	11/01/02 12/01/02	574 1,397	574 1,397	574 1,397	$0 \\ 0$	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820	820	820	0	0	0
52 54	DELL SERVER UNIT & UPS BACK UP DELL COMPUTER OPTIPLEX - JUSTIN	4/01/03 7/01/03	9,363 1,226	9,363 1,226	9,363 1,226	0	0	0
55 55	DELL COMPUTER OPTIPLEX - JUSTIN DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	1,130	1,130	1,130	0	0	0
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	1,334	1,334	1,334	0	0	0
58 59	IBM E400 PROJECTOR DELL COMPUTER W/ MONITOR - PAT	8/15/04 9/15/04	1,128 1,228	1,128 1,228	1,128 1,228	$0 \\ 0$	0	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105	1,105	1,105	0	0	ő
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069	2,069	2,069	0	0	0
62 63	CREDIT CARD PRINTER DELL COMPUTER - MARIA D	9/15/04 6/15/05	299 1,051	299 1,051	299 1,051	$0 \\ 0$	0	0
64	VOICE MAIL SYSTEM	6/15/05	1,600	1,600	1,600	0	0	ő
65 67	FLAT PANEL MONITOR SLOT WALL	12/01/05	267	267 570	245	22	22	0
67 68	HP LASER PRINTER 4200 DEE	7/15/06 9/14/06	579 1,182	579 1,182	463 907	116 236	116 236	0
69	QUANTUM INTERNAL DRIVER FOR SI	12/27/06	925	925	647	185	185	0
70 71	SYMANTIC ANTIVIRUS DELL COMPUTER AN MONITOR DEE	5/11/07 6/27/07	807 1,141	807 1,141	511 685	161 228	161 228	0
72	PORTLAND ELECTRIC REFRIGERATO		479	479	343	96	96	0
	DELL LAPTOP	5/11/07	1,000	1,000	633	200	200	0
	PC MEMORY CANON DIGITAL CAMERA	7/30/07 8/06/07	218 343	218 343	127 200	44 69	44 69	0
	MEETING ROOM CHAIRS	8/30/07	602	602	341	120	120	ő
77	FLAT SCREEN MONITORS (3)	12/12/07	440	440	227	88	88	0
78	WINDOWS UPDATES Sold/Scrapped: 6/30/11	8/01/02	1,458	1,458	1,458	0	0	0
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	13,982	13,982	13,982	0	0	0
81	ANTI-VIRUS SOFTWARE & LICENSES		433	433	397 823	36 215	36 215	0
83 84	SONIC FIRE WALL & ASSOC PROTECT QUARK SOFTWARE	9/14/06 7/30/07	1,074 933	1,074 933	823 544	215 187	215 187	0
85	SAGE SOFTWARE VOLUNTEER DATA	11/14/07	225	225	120	45	45	0
86 87	ADOBE PHOTOSHOP Portable Hard Drive	2/15/08 7/21/08	101 347	101 347	49 133	20 69	20 69	0
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670	3,670	1,407	734	734	0
89	Q2ID	7/30/08	206	206	79	41	41	0
90 91	Tape Drive, Tapes, Back up Software Monitors 2@ 17" and 1@22"	9/09/08 9/25/08	2,210 675	2,210 675	810 236	442 135	442 135	0
	-							-

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Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
92	· ·	9/25/08	599	599	210	119	119	
93	CS3.3 Design for Windows (Jill) Literature Display Rack	10/08/08	253	253	89	50	50	0
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399	399	126	80	80	0
95	Back up Tapes (25)	11/30/08	801	801	254	160	160	0
96	750va Smart UPS USB Back UP	3/04/09	304	304	81	61	61	0
97	Vipre Enterprise Software	3/04/09	243	243	65	48	48	ő
98	Shredder Cross cut	5/11/09	416	416	97	83	83	ő
99	HP Microtower Computer	5/11/09	781	781	182	156	156	ő
100	Dell Add'l Memory for Office 2003	5/11/09	463	463	108	93	93	Ö
101	Mind Manager Software	9/09/09	556	556	93	111	111	0
102	Flat Screen Monitors	10/14/09	364	364	55	72	72	0
103	Computer	1/15/10	846	846	85	169	169	0
104	Server	6/21/10	4,300	4,300	0	860	860	0
105	Server and Back-up	12/01/10	2,453	2,453	0	286	286	0
106	Ergonomic Chair (Kevin)	8/01/10	269	269	0	49	49	0
107	Reports - Leadership	11/01/10	743	743	0	99	99	0
108	Software - CS 5 Update	11/01/10	224	224	0	30	30	0
109	Website Mgmt. System	11/01/10	1,495	1,495	0	199	199	0
110	HP Computers (Ed & Dee)	1/01/11	1,612	1,612	0	161	161	0
	Total Other Depreciation	-	105,769	105,769	82,163	6,375	6,375	0
	Total ACRS and Other Depr	eciation	105,769	105,769	82,163	6,375	6,375	0
	Town Toxis und State Dep	=	100,705	100,705	02,100		3,070	
	Grand Totals		105,769	105,769	82,163	6,375	6,375	0
	Less: Dispositions		3,682	3,682	3,682	0	0	0
	Less: Start-up/Org Expense	_	0	0	0	0	0	0
	Net Grand Totals	=	102,087	102,087	78,481	6,375	6,375	0

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1	Depreciation: INSULATED FIRE SAFE	7/15/84	0		0	0 HY	0	0
2	DESK WITH RETURN	2/15/92	0		0	0 HY	0	0
3	FAX MODEM AND WINFAX	5/15/96	0		0	0 HY	0	0
5 11	TOSHIBA TELEPHONE SYSTEM OFFICE CHAIR	4/15/97 6/15/99	0		0	0 HY 0 HY	0	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
12	CONFERENCE PHONE	6/15/99	ő		ő	0 HY	ő	Ö
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	0		0	0 HY	0	0
16	SONY RECORDER, MIKE, TRANSCRIBI		0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
18 19	OMNI TELEPHONE - ADD'L PHONES HAZEN'S DESK & FILE - KJW	12/01/99 12/01/99	0		0	0 HY	0	0
20	HAZEN'S CHAIR - KJW	12/01/99	ő		ő	0 HY	ŏ	ő
21	HAZEN'S DESKS (6)	12/01/99	0		0	0 HY	0	0
22	HAZEN'S CHAIRS (6)	12/01/99	0		0	0 HY	0	0
23 24	HAZEN'S LATERAL FILES (4) HAZEN'S LITERATURE RACK	12/01/99 12/01/99	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
25	HAZEN'S TACK BOARD	12/01/99	0		ő	0 HY	ő	ő
	HAZEN'S COAT RACK	12/01/99	0		0	0 HY	0	0
27	HAZEN'S DESK SHELVES	12/01/99	0		0	0 HY	0	0
30 34	CONF ROOM TABLES (13) HAZEN'S DESK CENTER DRAWERS (7) - WB MA	2/01/00 9/15/00	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
35	TABLE STAND - WB MASON - DLS	9/15/00	0		0	0 HY	ő	ő
36	TABLE FOR POSTAGE METER - WB $\ensuremath{\mathrm{M}}_{\ensuremath{\ell}}$		0		0	0 HY	0	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	0		0	0 HY	0	0
38 40	fire proof safe - suburban statione 1.2GHZ COMPUTERS -2 (DEE & MEL)	4/15/01 10/15/01	0		0	0 HY 0 HY	0	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
40	Sold/Scrapped: 6/30/11	10/13/01	U		U	0 111	O	· ·
44	LATERAL FILE CABINET - DEE	9/30/02	0		0	0 HY	0	0
45	DELL COMPUTER - ALLI	11/01/02	0		0	0 HY	0	0
46 47	OFFICE CHAIR - JUSTIN TABLE FOR CONFERENCE ROOM	11/01/02 11/01/02	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
48	HP LASER JET PRINTER - 4100 - DEE	12/01/02	0		0	0 HY	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	ŏ		ő	0 HY	ő	Ö
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	0		0	0 HY	0	0
54 55	DELL COMPUTER OPTIPLEX - JUSTIN DELL COMPUTER OPTIPLEX - SUSAN	7/01/03 9/01/03	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	0		0	0 HY	0	0
58	IBM E400 PROJECTOR	8/15/04	ő		ő	0 HY	ő	Ö
59	DELL COMPUTER W/ MONITOR - PAT	9/15/04	0		0	0 HY	0	0
60 61	DELL COMPUTER - MARIA T HP 4200 LASER PRINTER - SUSAN	9/15/04 9/15/04	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
62	CREDIT CARD PRINTER	9/15/04	0		0	0 HY	0	0
63	DELL COMPUTER - MARIA D	6/15/05	0		0	0 HY	Õ	0
64	VOICE MAIL SYSTEM	6/15/05	0		0	0 HY	0	0
65 67	FLAT PANEL MONITOR SLOT WALL	12/01/05 7/15/06	0		0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	HP LASER PRINTER 4200 DEE	9/14/06	0		0	0 HY	0	0
69	QUANTUM INTERNAL DRIVER FOR SI	12/27/06	0		0	0 HY	Õ	0
	SYMANTIC ANTIVIRUS	5/11/07	0		0	0 HY	0	0
	DELL COMPUTER AN MONITOR DEE PORTLAND ELECTRIC REFRIGERATO	6/27/07 12/15/06	0		0	0 HY 0 HY	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	DELL LAPTOP	5/11/07	0		0		0	0
74	PC MEMORY	7/30/07	ő		ő	0 HY	0	0
	CANON DIGITAL CAMERA	8/06/07	0		0		0	0
	MEETING ROOM CHAIRS FLAT SCREEN MONITORS (3)	8/30/07 12/12/07	0		0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	WINDOWS UPDATES	8/01/02	0		0		0	0
	Sold/Scrapped: 6/30/11							
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	0		0	0 HY	0	0
	ANTI-VIRUS SOFTWARE & LICENSES SONIC FIRE WALL & ASSOC PROTECT		0		0		$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
	QUARK SOFTWARE	7/30/07	0		0		0	0
85	SAGE SOFTWARE VOLUNTEER DATA	11/14/07	0		0	0 HY	0	0
	ADOBE PHOTOSHOP	2/15/08	0		0		0	0
87 88	Portable Hard Drive Pitney Bowes Printer for Smart Mailer	7/21/08 7/30/08	0		0		0	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
89	Q2ID	7/30/08	0		0		0	0
90	Tape Drive, Tapes, Back up Software	9/09/08	0		0	0 HY	0	0
91	Monitors 2@ 17" and 1@22"	9/25/08	0		0	0 HY	0	0

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	.	Date	0 .	Bus	Sec	Basis	5 6 14 4	5.	
Asset	Description	In Service	Cost	<u>%</u>	179Bonus	for Depr	PerConv Meth	Prior	Current
92	CS3.3 Design for Windows (Jill)	9/25/08	0			0	0 HY	0	0
93	Literature Display Rack	10/08/08	0			0	0 HY	0	0
94	CS3.3 Design for Windows (Stephanie)	11/17/08	0			0	0 HY	0	0
95	Back up Tapes (25)	11/30/08	0			0	0 HY	0	0
96	750va Smart UPS USB Back UP	3/04/09	0			0	0 HY	0	0
97	Vipre Enterprise Software	3/04/09	0			0	0 HY	0	0
98	Shredder Cross cut	5/11/09	0			0	0 HY	0	0
99	HP Microtower Computer	5/11/09	0			0	0 HY	0	0
100	Dell Add'l Memory for Office 2003	5/11/09	0			0	0 HY	0	0
101	Mind Manager Software	9/09/09	0			0	0 HY	0	0
102	Flat Screen Monitors	10/14/09	0			0	0 HY	0	0
103	Computer	1/15/10	0			0	0 HY	0	0
104	Server	6/21/10	0			0	0 HY	0	0
105	Server and Back-up	12/01/10	0			0	0 HY	0	0
106	Ergonomic Chair (Kevin)	8/01/10	0			0	0 HY	0	0
107	Reports - Leadership	11/01/10	0			0	0 HY	0	0
108	Software - CS 5 Update	11/01/10	0			0	0 HY	0	0
109	Website Mgmt. System	11/01/10	0			0	0 HY	0	0
110	HP Computers (Ed & Dee)	1/01/11	0		<u>-</u>	0	0 HY	0	0
	Total Other Depreciation	_	0		-	0		0	0
	Total ACRS and Other Depre	aiation	0			0		0	0
	Total ACKS and Other Depre	<u>=</u>	0		=	0	=	0	
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfe	ers	ő			0		ő	ő
	Net Grand Totals	_	0		- -	0	- -	0	0

0133250 Middlesex United Way, Inc. 06-0665170 Depreciation Adjustment Report FYE: 6/30/2011 All Business Activities							
Form Unit Asset	Description There are no assets that meet the crite	Tax eria of this report	AMT	AMT Adjustments/ Preferences			

0133250 Middlesex United Way, Inc. 06-0665170 Future Depreciation Report Form 990, Page 1 FYE: 6/30/12

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other D	Depreciation:				
		7/15/04	(27	0	0
1 2	INSULATED FIRE SAFE DESK WITH RETURN	7/15/84 2/15/92	627 711	$0 \\ 0$	$0 \\ 0$
3	FAX MODEM AND WINFAX	5/15/96	250	0	0
5 11	TOSHIBA TELEPHONE SYSTEM OFFICE CHAIR	4/15/97 6/15/99	1,842 349	$0 \\ 0$	$0 \\ 0$
12	CONFERENCE PHONE	6/15/99	975	0	0
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	474	0	0
16 18	SONY RECORDER, MIKE, TRANSCRIBER OMNI TELEPHONE - ADD'L PHONES	8/01/99 12/01/99	499 5,873	$0 \\ 0$	$0 \\ 0$
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	0	0
20 21	HAZEN'S CHAIR - KJW	12/01/99	397	$0 \\ 0$	0
21 22	HAZEN'S DESKS (6) HAZEN'S CHAIRS (6)	12/01/99 12/01/99	4,862 1,351	0	$0 \\ 0$
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318	0	0
24 25	HAZEN'S LITERATURE RACK HAZEN'S TACK BOARD	12/01/99	252 108	$0 \\ 0$	$0 \\ 0$
25 26	HAZEN'S COAT RACK	12/01/99 12/01/99	241	0	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506	0	0
30 34	CONF ROOM TABLES (13) HAZEN'S DESK CENTER DRAWERS (7) - WB MASON	2/01/00 9/15/00	1,649 420	$0 \\ 0$	$0 \\ 0$
35	TABLE STAND - WB MASON - DLS	9/15/00	260	0	0
36	TABLE FOR POSTAGE METER - WB MASO!		260	0	0
37 38	KEYBOARD TRAYS (5) - WB MASON fire proof safe - suburban statione	1/15/01 4/15/01	525 346	$0 \\ 0$	$0 \\ 0$
44	LATERAL FILE CABINET - DEE	9/30/02	479	0	0
45	DELL COMPUTER - ALLI	11/01/02	1,231	0	0
46 47	OFFICE CHAIR - JUSTIN TABLE FOR CONFERENCE ROOM	11/01/02 11/01/02	229 574	$0 \\ 0$	$0 \\ 0$
48	HP LASER JET PRINTER - 4100 - DEE	12/01/02	1,397	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820	0	0
52 54	DELL SERVER UNIT & UPS BACK UP DELL COMPUTER OPTIPLEX - JUSTIN	4/01/03 7/01/03	9,363 1,226	$0 \\ 0$	$0 \\ 0$
55	DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	1,130	0	0
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	1,334	0	0
58 59	IBM E400 PROJECTOR DELL COMPUTER W/ MONITOR - PAT I	8/15/04 9/15/04	1,128 1,228	$\begin{array}{c} 0 \\ 0 \end{array}$	$0 \\ 0$
60	DELL COMPUTER - MARIA T	9/15/04	1,105	ő	ő
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069	0	0
62 63	CREDIT CARD PRINTER DELL COMPUTER - MARIA D	9/15/04 6/15/05	299 1,051	$0 \\ 0$	$0 \\ 0$
64	VOICE MAIL SYSTEM	6/15/05	1,600	ő	ő
65	FLAT PANEL MONITOR	12/01/05	267	0	0
67 68	SLOT WALL HP LASER PRINTER 4200 DEE	7/15/06 9/14/06	5/9 1,182	0 39	$0 \\ 0$
69	QUANTUM INTERNAL DRIVER FOR SERVI		925	92	ő
70	SYMANTIC ANTIVIRUS	5/11/07	807	135	0
71 72	DELL COMPUTER AN MONITOR DEE PORTLAND ELECTRIC REFRIGERATOR	6/27/07 12/15/06	1,141 479	228 40	$0 \\ 0$
73	DELL LAPTOP	5/11/07	1,000	167	0
74 75	PC MEMORY	7/30/07	218 343	43	0
75 76	CANON DIGITAL CAMERA MEETING ROOM CHAIRS	8/06/07 8/30/07	602	68 121	$0 \\ 0$
77	FLAT SCREEN MONITORS (3)	12/12/07	440	88	0
79 81	RAINBOW CAMPAIGN SOFTWARE - 5 LIC. ANTI-VIRUS SOFTWARE & LICENSES	6/01/03 12/01/05	13,982 433	$0 \\ 0$	$0 \\ 0$
83	SONIC FIRE WALL & ASSOC PROTECTION	9/14/06	1,074	36	0
84	QUARK SOFTWARE	7/30/07	933	186	0
85 86	SAGE SOFTWARE VOLUNTEER DATABAS! ADOBE PHOTOSHOP	11/14/07 2/15/08	225 101	45 20	$0 \\ 0$
87	Portable Hard Drive	7/21/08	347	69	0
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670	734	0
89 90	Q2ID Tape Drive, Tapes, Back up Software	7/30/08 9/09/08	206 2,210	41 442	$0 \\ 0$
90	Monitors 2@ 17" and 1@22"	9/09/08	675	135	0
92	CS3.3 Design for Windows (Jill)	9/25/08	599	120	0
93 94	Literature Display Rack CS3.3 Design for Windows (Stephanie)	10/08/08 11/17/08	253 399	51 80	0
, ·	2212 200ga 101mao no (otephanie)	22,27,00		00	

0133250 Middlesex United Way, Inc.
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Asset	Description	Date In Service	Cost	Tax	AMT
95	Back up Tapes (25)	11/30/08	801	160	0
96	750va Smart UPS USB Back UP	3/04/09	304	61	0
97	Vipre Enterprise Software	3/04/09	243	49	0
98	Shredder Cross cut	5/11/09	416	83	0
99	HP Microtower Computer	5/11/09	781	156	0
100	Dell Add'l Memory for Office 2003	5/11/09	463	92	0
101	Mind Manager Software	9/09/09	556	111	0
102	Flat Screen Monitors	10/14/09	364	73	0
103	Computer	1/15/10	846	169	0
104	Server	6/21/10	4,300	860	0
105	Server and Back-up	12/01/10	2,453	491	0
106	Ergonomic Chair (Kevin)	8/01/10	269	54	0
107	Reports - Leadership	11/01/10	743	149	0
108	Software - CS 5 Update	11/01/10	224	45	0
109	Website Mgmt. System	11/01/10	1,495	299	0
110	HP Computers (Ed & Dee)	1/01/11	1,612	323	0
	Total Other Depreciation		102,087	6,155	0
	Total ACRS and Other Depreciation		102,087	6,155	0
	Grand Totals		102,087	6,155	0

FYE: 6/30/12

0133250 Middlesex United Way, Inc.
06-0665170 CT Future Depreciation Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	СТ
Other I	Depreciation:			
Other L	рергестацоп:			
1	INSULATED FIRE SAFE	7/15/84	627	0
2 3	DESK WITH RETURN FAX MODEM AND WINFAX	2/15/92 5/15/96	711 250	$0 \\ 0$
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842	ő
11	OFFICE CHAIR	6/15/99	349	0
12	CONFERENCE PHONE	6/15/99	975	0
15 16	ACCESS SOFTWARE - 6 COPIES SONY RECORDER, MIKE, TRANSCRIBER	3/01/96 8/01/99	474 499	$0 \\ 0$
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	0
20	HAZEN'S CHAIR - KJW	12/01/99	397	0
21 22	HAZEN'S DESKS (6) HAZEN'S CHAIRS (6)	12/01/99 12/01/99	4,862 1,351	$0 \\ 0$
23	HAZEN'S CHAIRS (0) HAZEN'S LATERAL FILES (4)	12/01/99	1,318	0
24	HAZEN'S LITERATURE RACK	12/01/99	252	Ö
25	HAZEN'S TACK BOARD	12/01/99	108	0
26 27	HAZEN'S COAT RACK HAZEN'S DESK SHELVES	12/01/99 12/01/99	241	0
30	CONF ROOM TABLES (13) HAZEN'S	2/01/99	1,506 1,649	$0 \\ 0$
34	DESK CENTER DRAWERS (7) - WB MASON	9/15/00	420	ő
35	TABLE STAND - WB MASON - DLS	9/15/00	260	0
36 37	TABLE FOR POSTAGE METER - WB MASOL		260 525	$0 \\ 0$
38	KEYBOARD TRAYS (5) - WB MASON fire proof safe - suburban statione	1/15/01 4/15/01	323 346	0
44	LATERAL FILE CABINET - DEE	9/30/02	479	ő
45	DELL COMPUTER - ALLI	11/01/02	1,231	0
46	OFFICE CHAIR - JUSTIN	11/01/02	229	0
47 48	TABLE FOR CONFERENCE ROOM HP LASER JET PRINTER - 4100 - DEE	11/01/02 12/01/02	574 1,397	$0 \\ 0$
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820	ő
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	9,363	0
54	DELL COMPUTER OPTIPLEX - JUSTIN	7/01/03	1,226	0
55 56	DELL COMPUTER OPTIPLEX - SUSAN DELL COMPUTER OPTIPLEX - DEE	9/01/03 11/01/03	1,130 1,334	$0 \\ 0$
58	IBM E400 PROJECTOR	8/15/04	1,128	0
59	DELL COMPUTER W/ MONITOR - PAT I	9/15/04	1,228	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105	0
61 62	HP 4200 LASER PRINTER - SUSAN CREDIT CARD PRINTER	9/15/04 9/15/04	2,069 299	$0 \\ 0$
63	DELL COMPUTER - MARIA D	6/15/05	1,051	0
64	VOICE MAIL SYSTEM	6/15/05	1,600	0
65	FLAT PANEL MONITOR	12/01/05	267	0
67 68	SLOT WALL HP LASER PRINTER 4200 DEE	7/15/06 9/14/06	5/9 1 182	0 39
69	QUANTUM INTERNAL DRIVER FOR SERVI		1,182 925	93
70	SYMANTIC ANTIVIRUS	5/11/07	807	135
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141	228
72 73	PORTLAND ELECTRIC REFRIGERATOR DELL LAPTOP	12/15/06 5/11/07	479 1,000	40 167
73 74	PC MEMORY	7/30/07	218	43
75	CANON DIGITAL CAMERA	8/06/07	343	68
76	MEETING ROOM CHAIRS	8/30/07	602	121
77 70	FLAT SCREEN MONITORS (3)	12/12/07	440	88
79 81	RAINBOW CAMPAIGN SOFTWARE - 5 LIC. ANTI-VIRUS SOFTWARE & LICENSES	6/01/03 12/01/05	13,982 433	$0 \\ 0$
83	SONIC FIRE WALL & ASSOC PROTECTION	9/14/06	1,074	36
84	QUARK SOFTWARE	7/30/07	933	186
85 86	SAGE SOFTWARE VOLUNTEER DATABAS		225	45
86 87	ADOBE PHOTOSHOP Portable Hard Drive	2/15/08 7/21/08	101 347	20 69
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670	734
89	Q2ID	7/30/08	206	41
90 91	Tape Drive, Tapes, Back up Software Monitors 2@ 17" and 1@22"	9/09/08	2,210 675	442 135
91 92	CS3.3 Design for Windows (Jill)	9/25/08 9/25/08	675 599	135 120
93	Literature Display Rack	10/08/08	253	51
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399	80

FYE: 6/30/12

0133250 Middlesex United Way, Inc.
06-0665170 CT Future Depreciation Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	СТ
95	Back up Tapes (25)	11/30/08	801	160
96	750va Smart UPS USB Back UP	3/04/09	304	61
97	Vipre Enterprise Software	3/04/09	243	49
98	Shredder Cross cut	5/11/09	416	83
99	HP Microtower Computer	5/11/09	781	156
100	Dell Add'l Memory for Office 2003	5/11/09	463	92
101	Mind Manager Software	9/09/09	556	111
102	Flat Screen Monitors	10/14/09	364	73
103	Computer	1/15/10	846	169
104	Server	6/21/10	4,300	860
105	Server and Back-up	12/01/10	2,453	491
106	Ergonomic Chair (Kevin)	8/01/10	269	54
107	Reports - Leadership	11/01/10	743	149
108	Software - CS 5 Update	11/01/10	224	45
109	Website Mgmt. System	11/01/10	1,495	299
110	HP Computers (Ed & Dee)	1/01/11	1,612	323
	Total Other Depreciation		102,087	6,156
	Total ACRS and Other Depreciatio	n	102,087	6,156
	Grand Totals		102,087	6,156

0133250 Middlese 06-0665170 FYE: 6/30/2011								
	<u>Tax</u>	able Interest on	Investmen	<u>ts</u>				
Descrip	ption							
	Amount	Unrelated Business Code	Exclusion	Postal	Acquired after 6/30/75	US Obs (\$ or %)		
		Dusiness Code		Code	0/30/73	ODS (\$ 01 76)		
Total	\$ 752 \$ 752		14					
10041	732							
	Taxa	ble Dividends fr	om Securit	ies				
Descrip	ption							
	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)		
	\$ 26,571		14					
Total	\$ 26,571							

06-0665170

Federal Statements

FYE: 6/30/2011

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Form 990, Part IX	<u>, Line 11g - Other</u>	Fees for Service	<u>(Non-employee)</u>
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Description	TotalExpenses		Program Service		agement & General	Fund Raising			
Other Professional	\$	5,984	\$	2,932	\$ 1,436	\$	1,616		
Total	\$	5,984	\$	2,932	\$ 1,436	\$	1,616		

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses		Program Service		agement & General	Fund Raising			
Telephone	\$	4,423	\$	2,167	\$ 1,062	\$	1,194		
Total	\$	4,423	\$	2,167	\$ 1,062	\$	1,194		

0133250 Middlesex United Way, Inc.
Federal Statements

FYE: 6/30/2011

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
AETNA	\$ 444,672	\$ 220,240
LIBERTY BANK	691,220	466,788
MIDDLESEX HOSPITAL	386,537	162,105
PRATT & WHITNEY	1,360,541	1,136,109
UNILEVER	128,602	
WESLEYAN UNIVERSITY	522,362	297,930
ZYGO CORP	204,830	
PFIZER, INC	189,021	
PRATT & WHITNEY - EAST HARTFORD	325,457	101,025
CT STATE EMPLOYEES	 284,511	 60,079
Total	\$ 4,537,753	\$ 2,444,276

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS FORM PCUREG-01, REV OCT 10 4 PAGES

TELEPHONE: (860) 713-6170

EMAIL registration questions to CTCHARITYHELP@CT.GOV

Mail Registration Application to: Public Charities 165 Capitol Avenue Hartford, CT 06106-1630

STATE OF CONNECTICUT - Charitable Organization Registration Application

This is a four page application, including instructions. Please read the instructions on pages 3 and 4 before completion.

1.	. All organizations must provide an email address. Email Address: dee.tulinski@middlesexunitedway.org						
2.	Enter the organization's Connecticut Registration Number if previously registered.	2149					
3.	Organization's Legal Name: Middlesex United Way, Inc. In Care of:						
	Mailing Address: 100 Riverview Center 230						
	City: Middletown State: CT Zip Code: 06457						
	Physical Address (if different): City: State: Zip Code:						
	Tel. Number: 860-346-8695						
	Web Site URL: WWW www.middlesexunitedway.org						
	Federal Employer Identification Number (FEIN): 06-0665170						
	Exempt under Internal Revenue Code Section 501(c)(3) (insert code section if exempt) Enter the date your last fiscal year ended or the date your first fiscal year will end (mm/dd/yy)						
	Enter the date your last hood your order of the date your mot hood your win one (him/dayy)						
4.	Names, other than the names given above, under which funds will be solicited (attach a sheet	if needed).					
5.	Is the organization incorporated? Yes No If YES, enter the State of incorporation: Connecticut						
6.	Questions 6a, 6b, 6c and 6d relate to your organization's most recently completed year end. If any question is YES, attach a detailed explanation for that question.	your answer to					
a.	Has there been any change in the organization's tax status with the IRS?	Yes X No					
b.	Has there been a significant change in the purpose of the organization?	☐ Yes☒ No					
C.	Has the organization's right to solicit funds been denied, suspended, revoked, or	□ Voo ₩ No					
Ч	enjoined by any state agency or by any court, or are proceedings pending? Has the organization entered into a voluntary agreement of compliance with any	Yes X No					
u.	government agency?	Yes X No					
7.	Does the organization plan to use an outside fund-raising counsel or paid solicitor within the registration period? If YES , attach a separate sheet with its name and address.	☐ Yes X No					
8.	Has the organization used an outside fund-raising counsel or paid solicitor during its most recently completed year? If YES , attach a sheet with its name and address.	☐ YesX No					
9.	If this application is for an initial registration, has the organization solicited contributions in Corduring any year prior to the year reported with this application?	nnecticut					
	Not an initial application	☐ YesX No					

Form PCUREG-01 Middlesex United Way, Inc. 02149

DEPARTMENT OF CONSUMER PROTECTION

ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS

FORM PCUREG-01, REV OCT 10 4 PAGES

THE PROOF (000) 740, 0470

TELEPHONE: (860) 713-6170

EMAIL registration questions to CTCHARITYHELP@CT.GOV

10.	If this application is a renewal application of an organization that let its registration expire, has the organization solicited contributions in Connecticut during any year when its application had expired? Not a renewal application Yes X No f question 9 or 10 is answered YES, the organization must include with this application a financial report (IRS form and audit if required) for each such year in which the organization solicited in Connecticut, but was
	not registered. Provide only the IRS form and audit for those years, no additional forms or fees.
11.	Required Attachments to this application form:
	 Attach a completed IRS Form 990, 990EZ or 990PF for your most recently completed year. (See instructions on page 3.) For initial applications only, applicants may attach the prior year IRS form if your most recently completed year end IRS form is not complete. For any organization, an IRS form with a year end that is more than 23 months old cannot be used because the registration period plus any extension of time to register for that year has already passed.
	 In addition to the IRS Form mentioned above, an audit may be required. Was gross revenue in excess of \$500,000 during the report year accompanying this application? X Yes
	If YES, attach an audit to this form. The terms "audit" and "gross revenue" are explained in the instructions to this form.
	 Attach a list of the names, titles and addresses of officers, directors, trustees, and the principal salaried employees of the organization. (IRS Form 990 Part VII does not provide addresses.) See Statement 1 If questions 6, 7, 8, 9 or 10 were answered YES, attach the required documents.
	ereby certify under penalty of false statement that we are authorized to sign this document for the organization nat the information provided, including all attachments, is true and complete to the best of our knowledge.
Signe	Signed:
Printe	Name: Printed Name:

STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM – See instructions on signatures

Public Act No. 05-101 provides:

10/20/11

Title:

Date:

In the event the department determines that the application for registration does not contain the information, fees and documents required, the department shall notify the charitable organization, in writing, of such noncompliance not later than ten days after the department's receipt of such application for registration. An application for registration shall be deemed to be approved if the charitable organization is not notified of noncompliance by the department not later than ten days after the department's receipt of the application for registration. Any such charitable organization may request a hearing on its noncompliant status not later than seven days after receipt of such noncompliance notice. Such hearing shall be held not later than seven days after the Department's receipt of such request and a determination as to the organization's compliance status shall be rendered no later than three days after such hearing.

Title:

Date:

10/20/11

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public Inspection

Α	For the	2010 ca	llendar year, or tax year beginning $07/01/10$, and ending $06/30/11$			
	Check if ap		C Name of organization Middlesex United Way, Inc.			oyer identification numbe
	Name cha	inge	Doing Business As		06-	-0665170
	Initial retur	-	,	Room/suite	-	hone number
			100 Riverview Center	230	860	<u> -346-8695</u>
Щ	Terminated	d	City or town, state or country, and ZIP + 4			
	Amended	return	Middletown CT 06457		G Gross red	eipts\$ 2,161,445
	Application	n pending	F Name and address of principal officer:	H(a) Is this a g	roup return fo	r affiliates? Yes X No
			Faith Jackson			
			100 Riverview Center Suite 230	H(b) Are all a		list. (see instructions)
			Middletown CT 06457	II IN	u, allacii a	iist. (see iristructions)
			ss: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
			ww.middlesexunitedway.org	H(c) Group e		
		000		ar of formation: $oldsymbol{1}$	935	M State of legal domicile: CT
	Part I		ımmary			
4			escribe the organization's mission or most significant activities:			
Governance			mission of the Middlesex United Way is mobilizing unities to strengthen lives and help people.			ower or
ern	•					
Š	2 C	Check th	is box if the organization discontinued its operations or disposed of more than 2		assets.	
დ ფ	3 N		of voting members of the governing body (Part VI, line 1a)		•	30
es			of independent voting members of the governing body (Part VI, line 1b)		4	30
Activities &	5 T	otal nur	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	9
둉			mber of volunteers (estimate if necessary)			918
_	7 a⊤	otal unr	related business revenue from Part VIII, column (C), line 12		7a	
	b N	let unre	lated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea		Current Year
ē	8 C	Contribut	tions and grants (Part VIII, line 1h)	1,985		1,963,284
Revenue			service revenue (Part VIII, line 2g)		1,792	33,201
Še	10 Ir	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		5,974	43,605
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,167	0 040 000
			renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,727	2,040,090
			nd similar amounts paid (Part IX, column (A), lines 1–3)	1,349,238		1,451,755
	l ~		paid to or for members (Part IX, column (A), line 4)			F22 470
penses	15 5	salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	403	0,004	522,478
en	16aP	rotessio	onal fundraising fees (Part IX, column (A), line 11e)			
Exp	1		draising expenses (Part IX, column (D), line 25) 195,226	21.0	2,794	220,553
			penses (Part IX, column (A), lines 11a–11d, 11f–24f) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,836	2,194,786
			e less expenses. Subtract line 18 from line 12		7,891	-154,696
5,0	ואַ פּוּ	ve veriue	, 1000 CAPOTIOGO. OUDITAGE TO HOTH IIIIG 12	Beginning of Cur	rrent Year	End of Year
Net Assets or	20 T	otal ass	sets (Part X, line 16)	2,980		3,162,353
t As	21 T	otal liab	pilities (Part X, line 26)	1,125	5,821	1,173,826
9 <u>E</u>	22 N	let asse	ts or fund balances. Subtract line 21 from line 20	1,854	1,252	1,988,527
F	Part II	Sig	gnature Block			
	•		perjury, I declare that I have examined this return, including accompanying schedules and statemen			nowledge and belief, it is
tr	ue, corre	ct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledo	ge.	
٠.		_				
Si		S	Signature of officer		Date	
не	ere	=	· · · · · · · · · · · · · · · · · · ·			
			Type or print name and title	Ι,	10.	# p===
Pai	id		pe preparer's name Preparer's signature	Date	Check	\Box
	eparer		TH A. KRON			mployed P00412073
	e Only	Firm's n		F	irm's EIN ▶	06-1289571
Joi	Comy		95 Glastonbury Boulevard, Ste 201			060_E/1 2000
N/a	v tha ID		ddress Glastonbury, CT 06033-4453 ss this return with the preparer shown above? (see instructions)	P	Phone no.	860-541-2000
ıvıd	y uie iR	S uiscu	ss uns return with the preparer shown above? (see instructions)			X Yes No

	990 (2010) Middlesex Unit	ced Way,	Inc.	06-0665170	Page 2
Pa	rt III Statement of Program	Service Acco	mplishments	tion in this Dort III	_
1	Briefly describe the organization's missi		onse to any ques	tion in this Part III	
	he mission of the Mi		United Way	is mobilizing the	daring nower of
Ċ	ommunities to streng	then liv	es and help		carring power or
Ŭ	<u> </u>	3 MTTMTTT.T.T.			
2	Did the organization undertake any sign	ificant program se	ervices during the year	which were not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services or				
3	$\label{eq:decomposition} \mbox{Did the organization cease conducting,}$	or make significar	nt changes in how it cor	nducts, any program	
	services?				Yes X No
	If "Yes," describe these changes on Sch		i4:l-4b	l	0
4	Describe the exempt purpose achievem 501(c)(3) and 501(c)(4) organizations a				
	others, the total expenses, and revenue				anocations to
	officis, the total expenses, and revenue	, ii ariy, ior eacir p	orogram service reporte	su.	
4a	(Code:) (Expenses \$ 1	,820,232	including grants of\$	1,451,755) (Revenue	e \$)
	ee attached statemer	· -			
4h	(Code:) (Expenses \$		including grants of\$) (Revenue	2 \$
	(Code: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oraamig gramie er	, (
4c	(Code:) (Expenses \$		including grants of\$) (Revenue	e \$
	(σσσον / (σσφονισσο φ			, (· · · · · · · · · · · · · · · · · · ·
	•				
	•				
4d	Other program services. (Describe in Se	chedule O.)			
	(Expenses \$	including grants	of\$) (Revenue \$)
<u>4</u> e	Total program service expenses ▶	1,820,		· · · · · · · · · · · · · · · · · · ·	<u> </u>

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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 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 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 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V	
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	v
	X
endowments? If Yes, complete Schedule D, Part V	
44. If the experimentary appropriate any of the following questions is "Vee" then complete Cohedule D. Dorte VI	
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	
 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 11b 	х
	Λ
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	х
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	21
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e	Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	22
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, XII, and XIII	
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, XII, and XIII is optional	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	X
4.4a. Did the experimetion maintain on office, ampleyees, or agents systems of the United Otates O	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	
business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	
organization or entity located outside the United States? 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 assistance	
to individuals located outside the United States? 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?	
16194 11 11 11 11 11 11 11 11 11 11 11 11 11	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	
Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b	

Form 990 (2010) Middlesex United Way, Inc.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		Х
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			3.5
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		v
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	256		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		Λ
26		26		х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Vos " complete Schodule I Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Z.I		22
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~	Schedule I Part IV	28b		х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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 Yes X No			
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	36		Х
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		7.5	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

		1	Ì		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	74							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	nd								
	reportable gaming (gambling) winnings to prize winners?			1c						
2a	, , ,									
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		s?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruc									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		1				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o		•							
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finar	ncial			3.7				
	account)?			4a		X				
b	If "Yes," enter the name of the foreign country:									
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year					X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ınsacıı	on?			_^				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have a greater than \$100,000, and organiza	 did tha		<u>5c</u>		+				
6a				6a		х				
b	organization solicit any contributions that were not tax deductible?	 hution		<u>Va</u>						
b	gifts were not tax deductible?	Dution	3 01	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for an	ods							
_	and services provided to the payor?	ioi go	odo	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was								
	required to file Form 8282?			7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit cor	tract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization fil	le Forn	n 8899 as required	? 7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anizati	on file a Form 1098	-C? 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng								
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ring								
	organization, have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		1				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	ا مد ا	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1445								
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a								
b		11b								
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		N412	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
а	le the organization licensed to issue qualified health plane in more than one state?			13a						
_	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the erganization receive any neymonts for indeer tenning convices during the tay year?			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scho									

Form 990 (2010) Middlesex United Way, Inc.

06-0665170

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 to any question in this Part VI... Section A. Governing Body and Management

77
X

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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?			2		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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by t	he In	ternal Re	venu	e Co	de.)
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
_						

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

Section C. Disclosure

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

CT 06457

860-346-8695

Form 990 (2010) Middlesex United Way, Inc.

06-0665170

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

Check if Schedule O contains a response to any question 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				c all	that ap		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Faith Jackson									_		
President	5.00	X						0	0	0	
(2) Gary Simonsen First VP	5.00	x						0	0	0	
(3) Clifford Straub											
Second VP	5.00	X						0	0	0	
(4) Linda Morales	- 00										
Personnel	5.00	X						0	0	0	
(5) Russell Carter Treasurer	5.00	x						0	0	0	
(6) David Giuffrida		1									
Campaign	5.00	x						0	0	0	
(7) Wilfredo Nieves											
Community Impact	5.00	X						0	0	0	
(8) Christopher Ril											
Marketing	5.00	X						0	0	0	
(9) William Holder		l									
EC At Large	5.00	X						0	0	0	
(10) Kelly Smith	F 00	₹.						0	0	0	
EC At Large (11)William Wrang	5.00	X				-		U	0	0	
EC At Large	5.00	x						0	0	0	
(12) Deborah Bochain								0		<u> </u>	
Board Member	2.00	x						0	0	0	
(13) Jean D'Aquilla		 									
Board Member	2.00	X						0	0	0	
(14) David Director								-			
Board Member	2.00	X						0	0	0	
(15) Christine Fahey											
Board Member	2.00	X						0	0	0	
(16) Judith Felton											
Board Member	2.00	X						0	0	0	

Page 8

(A) Name and Tide N	Part VII Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees,	and Highest Compensa	ted Employees (continue	ed)			
Pour feet Pour			Posit	tion (that a	vlaar						
(17) Frank Kuan		hours per week (describe hours for related organizations in Schedule		Institutional			Highest compe employee	Former	compensation from the organization	compensation from related organizations	C	amour othe ompens from t organiz and rel	nt of er sation the ation lated	
(19) Cliff O'Callahan M.D. Board Member 2.00 X 0 0 0 (29) Andrew Rapp 0 0 0 (20) Andrew Rapp 0 0 0 0 (21) David Reynolds 0 0 0 0 (21) David Reynolds 0 0 0 0 0 0 (21) David Reynolds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00	7,				ited							
(19) C1.iff O'Callaham M.D. Board Member 2.00 X 0 0 0 0 (20) Andrew Rapp 2.00 X 0 0 0 0 (21) David Reynolds Board Member 2.00 X 0 0 0 0 (21) David Reynolds Board Member 2.00 X 0 0 0 0 (22) K1.ster. Roberts Board Member 2.00 X 0 0 0 0 (23) Matthew Stillman Board Member 2.00 X 0 0 0 0 (24) Martha Temple Board Member 2.00 X 0 0 0 0 (24) Martha Temple Board Member 2.00 X 0 0 0 0 (25) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Burr Board Member 2.00 X 0 0 0 0 (26) Harry Board Member 2.00 X 0 0 0 0 0 (26) Harry Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2.00	X						0	0				
			X						0	0				(
Roard Member	Board Member		х					<u> </u>	0	0				(
Deard Member		2.00	x						0	0				(
(22) Kristen Roberts Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00	v						0	0				
23) Matthew Stillman 2.00 X 0 0 0 (24) Martha Temple 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (25) Marry Burr 2.00 X 0 0 0 (26) Marry Burr 2.00 X 0 0 0 (26) Marry Burr 2.00 X 0 0 0 (27) ROSARIO RIZZO (28) Flizabeth Morin 2.00 X 0 0 0 (27) ROSARIO RIZZO (28) Flizabeth Morin 2.00 X 0 0 0 (28) Flizabeth Morin 2.00 0 0 0 0 0 0 0 0 0	(22) Kristen Roberts	3												
Soard Member 2.00 X 0 0 0 0 0 0 0 0			X						0	0				(
Sound Member 2.00 X	Board Member		X					<u> </u>	0	0				(
State Sta		2.00	х						0	0				(
2.00 X 0 0 0 0 0 0 0 0		2.00	x						0	0				(
27 Rosario Rizzo 2.00 X 0 0 0 0 0 0 0 0	(26) Jean Adams Shaw	J												
2.00 X		2.00	X						0	0				
Board Member 2.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 		X						0	0				(
Total from continuation sheets to Part VII, Section A	Board Member		x						0	0				(
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶1. Yes No Jid 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 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 Jid to services rendered to the organization? If "Yes," complete Schedule J for such person Jid to services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who		eets to Part VII.	 Sec	tion	 . A			>	100,654					
reportable compensation from the organization PL Yes No 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 six 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 for services rendered to the organization? If "Yes," complete Schedule J for such 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 services rendered to the organization? If "Yes," complete Schedule J for such person compensation from the organization. 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. (B) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·				<u></u>			100,654					
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 5 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. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	•				to th	ose	liste	d ab	pove) who received more	than \$100,000 in				
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 5 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. (B) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who													Yes	No
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 5 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. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	employee on line 1a? If "Yes	s," complete Sch	redul	e J f	for s	uch	indiv	vidua	al			3		х
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. (A) Name and business address Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	organization and related organization	anizations great	er th	an \$	3150	,000)? If '	"Yes	s," complete Schedule J fo	or such				
For services rendered to the organization? If "Yes," complete Schedule J for such person	individual	1a receive or a	ccrue	e co	 mpe	nsa	iion f	 from	any unrelated organization	on or individual		4		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	for services rendered to the	organization? If	"Yes	s," co	ompl	lete	Sche	edule	e J for such person			5		X
Name and business address Description of services Compensation Compensation Compensation Compensation Compensation	1 Complete this table for your	five highest con	npen	sate	d in	depe	ende	nt co	ontractors that received m	ore than \$100,000 of				
2 Total number of independent contractors (including but not limited to those listed above) who									Descrir	(B) otion of services		Сс	(C)	ation
	_													
								<u> </u>						
								<u> </u>						
	-			-										

га	(A) Name and Title	(B) Average			((C)	that a		(D) Reportable	(E) Reportable	,u)	(F)		
		hours per week (describe hours for related organizations in Schedule O)	or director				Highest compensated employee		componentian	compensation from related organizations (W-2/1099-MISC)	CC	amour othe ompens from to organiz and rel organiza	nt of er sation the ation ated	
	Kevin Wilhelm ecutive Director	35.00					X		100,654	0				0
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
(26)														
(27)														
(28)														
	Sub-total							>	100,654					
c d	Total from continuation sh Total (add lines 1b and 1c)							>						
2	Total number of individuals (including but no	t lim	ited				d at	bove) who received more	than \$100,000 in	,			
3	Did the organization list any	former officer	direc	tor o	r tru	stee	ke.	v em	onlovee or highest compe	insated			Yes	No
	employee on line 1a? If "Yes	s," complete Sch	nedu	le J f	for s	uch	indiv	, /idua	al			3		
4	For any individual listed on li organization and related org	ine 1a, is the su anizations great	m of ter th	repo an \$	ortab 3150	,000	omp)? If '	ensa "Yes	ation and otner compensa s," complete Schedule J fo	tion from the or such				
5	individualDid any person listed on line	1a receive or a	ccru	e co	 mpe	nsa	iion 1	from	any unrelated organization	on or individual		4		
Soc	for services rendered to the ction B. Independent Contraction		"Yes	s," cc	ompl	ete	Sche	edul	e J for such person			5		
1	Complete this table for your compensation from the orga	five highest con	npen	sate	d inc	depe	ende	nt c	ontractors that received m	ore than \$100,000 of				
		(A) d business address							Descrip	(B) tion of services		Со	(C) mpensat	ion
2	Total number of independen	t contractors (in	cludi	ng b	ut n	ot lir	nited	d to	those listed above) who					
DAA	received more than \$100,00			-								_	aan /	(00.15)

Pa	rt V	III Statement of I	Revenu	Э					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a						,,
gra	b	Membership dues	416						
ts, ar	С	Fundraising events							
<u>igi</u>	d	Related organizations	1d						
ns,	е	Government grants (contributions)	1e						
er s	f	All other contributions, gifts, grants	S,						
ള		and similar amounts not included a	above 1f	1,	963,284				
age of	g	Noncash contributions included in	lines 1a-1f:	\$					
Program Service Revenue Contributions, gifts, grants Program Service Revenue	h	Total. Add lines 1a-1f .				1,963,284			
'n					Busn. Code				
eve	2a	Program Service	Revenu	e		33,201	33,201		
e R	b								
Σ̈	С								
Se	d								
ram	е								
rog	f	All other program service							
_	g					33,201			
	3	Investment income (inclu	•	lends, inte	erest,				
		and other similar amoun				27,323			27,323
	4	Income from investment			' <u>-</u>				
	5	Royalties			000				
			Real	(II) F	Personal				
	6a								
	b	Less: rental exps.							
	C	Rental inc. or (loss)	\						
		Net rental income or (los Gross amount from	ss) curities		Other				
		sales of assets	.37,637	. ,	Other				
	L		.37,037						
	b	Less: cost or other basis & sales exps. 1	.21,355						
	_		16,282						
		Net gain or (loss)			—	16,282	16,282		
_		Gross income from fundraisi				10/202	10,202		
Other Revenue	- Ou	(not including \$							
) S		of contributions reported on	line 1c).						
Ä		See Part IV, line 18							
the	b	Less: direct expenses							
Ò		Net income or (loss) from		ing events	s >				
		Gross income from gaming a							
		See Part IV, line 19	а						
	b	Less: direct expenses							
	С	Net income or (loss) from	m gaming	activities					
	10a	Gross sales of inventory	, less						
		returns and allowances	a						
	b	Less: cost of goods sold	l b						
	С	Net income or (loss) from	m sales of	inventory	▶				
		Miscellaneous Re	evenue		Busn. Code				
	11a								
	b								
	С								
		All other revenue							
		Total. Add lines 11a–11				0.040.000	40 400	•	0
	12	Total revenue. See insti	ructions			2,040,090	49,483	0	27,323

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 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			9 1	,						
	organizations in the U.S. See Part IV, line 21	1,451,755	1,451,755								
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										
Ū	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	424,519	208,014	101,885	114,620						
8	Pension plan contributions (include section 401(k)	424,319	200,014	101,003	114,020						
0	and section 403(b) employer contributions)	22 196	16 261	7 965	8,960						
•		33,186 28,543	16,261 13,986	7,965 6,850	7,707						
9	Other employee benefits	36,230	17,753	8,695	9,782						
10	Payroll taxes	30,230	17,755	0,093	9,702						
11	Fees for services (non-employees):										
a	Management										
b	Legal	0.250	4 522	2 220	2 407						
С	Accounting	9,250	4,533	2,220	2,497						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	6 481		C 481							
f	Investment management fees	6,471	0.000	6,471	1 (1 (
g		5,984	2,932 13,988	1,436	1,616 7,707						
12	Advertising and promotion	28,546	13,988	6,851	7,707						
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy	32,400	15,876	7,776	8,748						
17	Travel	6,610	3,239	1,586	1,785						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	6,449	3,160	1,548	1,741						
20	Interest										
21	Payments to affiliates	29,617	21,342	3,894	4,381						
22	Depreciation, depletion, and amortization _	6,375	3,856	827	1,692						
23	Insurance	6,679	3,273	1,603	1,803						
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24f. If										
	line 24f amount exceeds 10% of line 25, column										
	(A) amount, list line 24f expenses on Schedule O.)										
а	Supplies	30,481	14,936	7,315	8,230						
b	Rental/Main. of Equipment	18,206	8,921	4,369	4,916						
С	Printing and Publications	13,811	6,767	3,315	3,729						
d	Postage and Shipping	8,545	4,187	2,051	2,307						
е	Miscellaneous	6,706	3,286	1,609	1,811						
f	All other expenses	4,423	2,167	1,062	1,194						
25	Total functional expenses. Add lines 1 through 24f	2,194,786	1,820,232	179,328	195,226						
26	Joint costs. Check here ▶ if following				, -						
-	SOP 98-2 (ASC 958-720). Complete this line										
	only if the organization reported in column (B) joint costs from a combined educational										
	campaign and fundraising solicitation										
DAA		•		'	Form 990 (2010)						

P	art)	X Balance Sheet	_						
					(A)		(B)		
					Beginning of year		End of year		
	1	Cash—non-interest bearing			253,224		122,854		
	2	Savings and temporary cash investments			213,378	2	178 , 736		
	3	Pledges and grants receivable, net		L	632,590	3	649,951		
	4	Accounts receivable, net		L		4			
	5	Receivables from current and former officers, direct	tors, trustees	s, key					
		employees, and highest compensated employees.	Complete Pa	art II of					
		Schedule L				5			
	6	Receivables from other disqualified persons (as de	fined under s	section					
		4958(f)(1)), persons described in section 4958(c)(3	B)(B), and cor	ntributing					
		employers and sponsoring organizations of section							
S		employees' beneficiary organizations (see instructi	ons)			6			
Assets	7	Notes and loans receivable, net				7			
S S	8	Inventories for sale or use				8			
Q	9	Prepaid expenses and deferred charges			7,167	9	891		
		Land, buildings, and equipment: cost or							
		other basis. Complete Part VI of Schedule D	10a	102,087					
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	84,857	16,809	10c	17,230		
	11	Investments—publicly traded securities			1,304,427	11	1,570,890		
	12	Investments—other securities. See Part IV, line 11		12					
	13	Investments—program-related. See Part IV, line 12	۱			13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			552,478		621,801		
	16	Total assets. Add lines 1 through 15 (must equal li			2,980,073		3,162,353		
	17	Accounts payable and accrued expenses			53,899		45,537		
	18	Grants payable	1,067,695		1,124,243				
	19	Deferred revenue		4,227	19	4,046			
'n	20	Tax-exempt bond liabilities				20			
<u>ĕ</u>	21	Escrow or custodial account liability. Complete Par				21			
Liabilities	22	Payables to current and former officers, directors, t							
<u>a</u>		employees, highest compensated employees, and							
_		Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated	d third parties	§		23			
	24	Unsecured notes and loans payable to unrelated the	nird parties .			24			
	25	Other liabilities. Complete Part X of Schedule D			1 105 001	25	1 172 026		
9	26	Total liabilities. Add lines 17 through 25			1,125,821	26	1,173,826		
ပ္ရ		Organizations that follow SFAS 117, check here	and col	mpiete					
Fund Balances	27	lines 27 through 29, and lines 33 and 34.			1,210,418	27	1,278,370		
ñ	27	Unrestricted net assets			45,968		42,118		
פ	28 29	Temporarily restricted net assets			597,866		668,039		
₹	23	Permanently restricted net assets Organizations that do not follow SFAS 117, chec	k horo	and	337,000	23	000,033		
<u>_</u>			complete lines 30 through 34.						
	30	0.301.4.1			30				
ĕ	31	Paid-in or capital surplus, or land, building, or equi				31			
Si	32	Retained earnings, endowment, accumulated incompared in		funds		32			
Net Assets	33				1,854,252		1,988,527		
Š	34	Total liabilities and net assets/fund balances			2,980,073		3,162,353		

Form **990** (2010)

orr	m 990 (2010) Middlesex United Way, Inc. 06-0665170				Pag	ge 12		
Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,04	10,0	090		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,19	94,	786		
3	Revenue less expenses. Subtract line 2 from line 1	_		-15	54,6	6 96		
4	•							
5	Other changes in net assets or fund balances (explain in Schedule O)	5		28	38,9	971		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	6	1	,98	88,	527		
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
С	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?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							

the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2010)

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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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Middlesex United Way, Inc.

Employer identification number 06-0665170

Pa	art l	Reas	on for Public Charit	y Status (All organization	ons mu	st comp	olete t	his pa	rt.) Se	ee ins	truct	ions.		
he	orga	nization is no	ot a private foundation beca	ause it is: (For lines 1 through	11, check	only one	box.)							
1		A church, co	onvention of churches, or as	ssociation of churches describ	ed in sec	tion 170((b)(1)(A))(i).						
2	П)(A)(ii). (Attach Schedule E.)										
3	П			vice organization described in	section	170(b)(1)	(A)(iii).							
4	П	-		ted in conjunction with a hospi				70(b)(1)	(A)(iii).	Enter	the ho	spital's	name.	
	ш		-						(-,(,					,
5		An organizat	tion operated for the benefi	it of a college or university owr	ned or on	erated by	a dove	 rnmenta	al unit d	lescribe	 ed in			
3	ш	=	(b)(1)(A)(iv). (Complete Pa	=	ica or op	crated by	a gove	iiiiiciite	ai dilit c	icociibe	JU 111			
6				governmental unit described i	n cootio	170/b\/	1\/ A \/ ₃ /							
6	X		-	=					. 46		منامانيم			
7	Λ	=		a substantial part of its suppor	t iioiii a ç	jovernine	intai uni	t or mon	i the ge	enerar	Jublic			
_			section 170(b)(1)(A)(vi). (\4 II \									
8	\vdash	-		170(b)(1)(A)(vi). (Complete F										
9	Ш	=		(1) more than 33 1/3% of its s					-		_	38		
	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														
11														
	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-Other													
е														
			=	her than one or more publicly	supported	d organiza	ations d	escribe	d in sec	ction 50)9(a)(1	1)		
		or section 50												
f		If the organiz	zation received a written de	etermination from the IRS that	it is a Typ	e I, Type	II, or T	ype III s	upporti	ng				
		•	, check this box											. 🔲
g		Since Augus	st 17, 2006, has the organiz	zation accepted any gift or con	tribution 1	rom any	of the							
		following pe												
				controls, either alone or togeth									Yes	No
		(iii) belo	w, the governing body of the	ne supported organization?								11g(i)		
		(ii) A family	member of a person descri	ribed in (i) above?								11g(ii)		
		(iii) A 35% d	controlled entity of a persor	n described in (i) or (ii) above?								11g(iii))	
h		Provide the	following information about	t the supported organization(s).						•			
(i)		of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y			s the		(vii) Am		
	orga	anization		(described on lines 1–9		sted in your		nization in of your	organizat (i) organi	ion in col. zed in the		supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		S.?				
				(111 1111111111111111111111111111111111	Yes	No	Yes	No	Yes	No				
A)												·		
						<u> </u>								
B)												·		
C)														
_														
D)														
						<u> </u>								
E)														
Ota														

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Middlesex United Way, Inc. 06-0665170 Page 2

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.)

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to or expended on its behalf and other paid to ore expended on its behalf and other paid to ore expended on its behalf and other paid to ore expended on its behalf and other paid to organization without charge and organization without charge and organization without charge and organization without charge and organization in the paid to organization organization in the paid to organization organization and organization in the paid to organization organization in the paid to organization in the paid to organization organization in the paid to organization organization in the paid to organization organization in the paid to organization in the paid to organization organization in the paid to organization organization organization in the paid to organization or	Sec	tion A. Public Support						
membership fees received. (Oo not include any "unusual grants.") 2,394,540 2,417,140 2,302,324 1,985,792 1,963,284 11,063,08 1 To verwines levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge. Total, Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support Subtrat line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total support subtratine in the second organization interest, dividends, payments received on securities leans, rents, royalties and income from similar sources 24,075 9 Not income from interest, dividends, payments received on securities leans, rents, royalties and income from similar sources 24,075 9 Not income from unrelated business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines? through 10 Total support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Total support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 10 Section C. Computation of Public Support Percentage 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 10 Total support text—2010. If the organization did not check the box on line 13, 16a, 107 (8b, and line 14 is 16 (8c, 25%) 33 1/3% support text—2010. If the organization did not check a box on line 13, 16a, 107 (8b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly suppor	Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a contributions) and the contributions of the amount shown on line 11, column (f) 8 Public support. Subtract line 5 from line 4 8 Public support (or fiscal year beginning in) ► 8 Calerdar year (or fiscal year beginning in) ► 9 A Mounts from line 4 9 Caps income from interest, dividands, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, etc. (see instructions) 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV). 1 Total support, Add lines 7 through 10 9 Gross receipts from related activities, etc. (see instructions) 12 33,20 13 First five years. If the Form 990 is for the organization if line 11, column (f)) 14 76,81% 15 Public support percentage from 2008 Schedule A, Part II, line 11, column (f)) 15	2	organization's benefit and either paid						
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) 2,444,277 6 Public support. Subtract line 5 from line 4 8,618,80 Section B. Total Support Callendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (a) 2008 (d) 2009 (e) 2010 (f) Total (a) 2008 (d) 2009 (e) 2010 (f) Total (a) 2009 (e) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 2009 (f) 2010 (f) 201	3	furnished by a governmental unit to the						
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Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test—2010. 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 17 a 10%-facts-and-circumstances test—2010. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	11							11,221,588
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organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test—2010. 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 17 31 10%-facts-and-circumstances test—2010. 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 18 Private foundation. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	13				fourth, or fifth tax	year as a section	· · · · · · · · · · · · · · · · · · ·	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test—2010. 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 17 a 10%-facts-and-circumstances test—2010. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-	•			•	, , , ,	▶ □
15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test—2010. 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 17 31 1/3% support test—2009. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 17b, check this box and see	Sec			ntage				
15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test—2010. 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 17 31 1/3% support test—2009. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 17b, check this box and see	14	Public support percentage for 2010 (line	6, column (f) divid	led by line 11, col	umn (f))		14	76.81%
box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2009. 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 10%-facts-and-circumstances test—2010. 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 b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	15						1 1	68.25%
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b 33 1/3% support test—2009. 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 10%-facts-and-circumstances test—2010. 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 b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					vization			▶ X
 10%-facts-and-circumstances test—2010. 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 b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	b	33 1/3% support test—2009. If the orga	nization did not ch	eck a box on line				
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 b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		check this box and stop here. The organ	nization qualifies a	s a publicly supp	orted organization	٠		▶ □
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a	10%-facts-and-circumstances test—20	110. If the organiza	ation did not chec	k a box on line 13	, 16a, or 16b, and	l line 14 is	
b 10%-facts-and-circumstances test—2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		10% or more, and if the organization me	ets the "facts-and-	circumstances" te	est, check this box	k and stop here. I	Explain in	
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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		organization			,	, ,		> 🗌
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	b							
supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organization	n meets the "facts	s-and-circumstand	ces" test, check th	is box and stop h	iere.	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part IV how the organization n	neets the "facts-ar	nd-circumstances	" test. The organiz	zation qualifies as	a publicly	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
mod dodono	18	Private foundation. If the organization d	id not check a box	on line 13, 16a,	16b, 17a, or 17b,	check this box an	id see	

Schedule A (Form 990 or 990-EZ) 2010 Middlesex United Way, Inc. 06-0665170 Page 3

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.)

500	tion A. Public Support	o quality aria	101 1110 10010 111	stod bolott, pi	oaco compio		
	ndar year (or fiscal year beginning in)	(-) 2000	(h) 2007	(-) 2000	(4) 2000	(-) 2010	(f) Total
	, , , , , , , , , , , , , , , , , , ,	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 fax-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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
С	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, check this box and stop he	•			•	. , . ,	
Sec	etion C. Computation of Public S						F
15	Public support percentage for 2010 (line			dumn (f))		15	%
16	Public support percentage from 2009 Sch	nedule A Part III	line 15	, a		16	// %
	etion D. Computation of Investm	ent Income I	, me 13 Percentage			16	70
<u>360</u> 17	Investment income percentage for 2010			2 13 column (f))		17	%
1 <i>1</i> 18	Investment income percentage for 2010 Investment income percentage from 2009		4 111 12 4-				%
19a	33 1/3% support tests—2010. If the orga			line 14 and line 1			/0
130	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2009. If the orga	-	-				nd
	line 18 is not more than 33 1/3%, check t	his box and stor	here. The organ	ization qualifies a	s a publicly suppo	orted organization	▶ □
20	Private foundation. If the organization di	id not check a bo	x on line 14, 19a	or 19b. check thi	s box and see ins	tructions	▶ □

Schedule A (I	Form 990 or 990-EZ)	2010 Middle	<u>sex United</u>	d Way,	Inc.	06-0665170	Page 4
Part IV	Supplemental Part II, line 17 instructions).	Information. C a or 17b; and P	complete this p art III, line 12.	art to pro Also com	vide the expl oplete this pa	06-0665170 anations required by Part II, l	ine 10; on. (See

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number

M.	iddlesex United Way, Inc.	06-0665170		
	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Page 1	art IV, line 6.	•	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised		
-	funds are the organization's property, subject to the organization's e		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors			
•	only for charitable purposes and not for the benefit of the donor or d			
	conferring impermissible private benefit?	oner danies, et let any eule parpese	Yes No	
Pa	art II Conservation Easements. Complete if the or	rganization answered "Yes" to		
1	Purpose(s) of conservation easements held by the organization (che			
•	Preservation of land for public use (e.g., recreation or education		mportant land area	
	Protection of natural habitat	Preservation of a certified histor		
	Preservation of open space	Treservation of a certified flisto	no structuro	
2	Complete lines 2a through 2d if the organization held a qualified con	eservation contribution in the form of a c	conservation	
_	easement on the last day of the tax year.	iservation contribution in the form of a c	onservation	
	outerment on the last day of the tax year.		Held at the End of the Tax Year	
_	Total number of concernation accoments		_	
a			•• •	
D	Total acreage restricted by conservation easements	naludad in (a)	20 2c	
ن	Number of conservation easements on a certified historic structure in		20	
a	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a	24	
•		autionuished automainated by the area		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the	
	tax year ▶			
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic m			
_	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf	orcing conservation easements during	the year	
	·····			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the y	ear	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfied			
	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conservation eas	•		
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements t	hat describes the	
	organization's accounting for conservation easements.			
Pa	organizations Maintaining Collections of Ar		ner Similar Assets.	
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	•		
	works of art, historical treasures, or other similar assets held for pub			
	public service, provide, in Part XIV, the text of the footnote to its fina			
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	•		
	works of art, historical treasures, or other similar assets held for pub		turtherance of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		• \$	
	(ii) Assets included in Form 990, Part X		 ▶ \$	
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain	n, provide the	
	following amounts required to be reported under SFAS 116 (ASC 95	· · · · · · · · · · · · · · · · · · ·		
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

Caba	dule D (Form 990) 2010 Middlesex	United Way	Tna	06-06653	170	Dogo 2
000000000000000000000000000000000000000	rt III Organizations Maintaining					Page 2
100000000000000000000000000000000000000						· · · · · · · · · · · · · · · · · · ·
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records, cr	ieck any of the folio	wing that are a significa	int use of i	is .
а	Public exhibition	d Loan o	r exchange prograr	ns		
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain how	w they further the o	rganization's exempt pu	rpose in P	art
	XIV.	·	•			
5	During the year, did the organization solicit of	or receive donations of ar	t, historical treasure	es, or other similar		
	assets to be sold to raise funds rather than to					Yes No
Pa	rt IV Escrow and Custodial Arra				"Yes" to	Form 990, Part IV
	line 9, or reported an amou					,
1a	Is the organization an agent, trustee, custodi			other assets not		
	included on Form 000 Dort VO					Yes No
b	If "Yes," explain the arrangement in Part XIV					🗀
	, ,	,	J			Amount
С	Beginning balance				1c	
	Additions during the year				1d	
e	Distributions during the year				1e	
	Ending balance				46	
	Did the organization include an amount on F	orm 990 Part X line 217)			Yes No
-u	If "Yes," explain the arrangement in Part XIV	om 600, r are x, m 6 2 r .				🗀 163 🗀 140
	rt V Endowment Funds. Comp		answered "Yes	" to Form 990. Pa	rt IV. line	e 10.
		(a) Current year	(b) Prior year			back (e) Four years back
1a	Beginning of year balance	65,115	60,548	79,738	,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Contributions	850	200	,		
	Net investment earnings, gains, and					
Ū	1	12,733	5,652	-17,836		
ч	Cranta ar ashalarshina	227733	3,032	_,,,,,,		
	Other expenditures for facilities and					
C	•					
	programs Administrative expanses	1,392	1,285	1,354		
ı ~	Administrative expenses	77,306	65,115	60,548		
y	End of year balance Provide the estimated percentage of the yea		05,115	00,540		
2		r end balance neld as:				
	Board designated or quasi-endowment ► Permanent endowment ► 100 . 00 %					
	Term endowment % %	anian of the avanciantion	4h a4 aua h a1d an d	duninistanad for the		
Sa	Are there endowment funds not in the posse	ssion of the organization	that are neid and a	aministered for the		Yes No
	organization by:					
	(i) unrelated organizations					
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organization					3b
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
ra					atod .	(d) Dook ::=!::=
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other b	pasis (c) Accumula depreciation		(d) Book value
		(iiivestifierit)	(other)	depreciation	711	
	Land					
b	Buildings					
С	Leasehold improvements					

353 11,003 304 6,227 ► 17,230 Schedule D (Form 990) 2010

65,353 19,504

76,356 25,731

d Equipment

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

Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation:
(including name of security)		Cost or end-of-year	r 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.)	000 Davi V. I'va - 40		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)		•	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	5.		
(a) Description			(b) Book value
(1) Beneficial Interests	in Trusts		618,801
(2) Security Deposit			3,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			601 001
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			621,801
Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	(b) / linount		
(2)			
(3)			
(4)			
(5)	+		
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, 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).

	edule D (Form 990) 2010 Middlesex United Way, Inc.		06-066517		Page 4
	art XI Reconciliation of Change in Net Assets from Form 990				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,040,090
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,194,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-154,696
4	Net unrealized gains (losses) on investments			4	288,971
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	200 071
9	Total adjustments (net). Add lines 4 through 8			9	288,971
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial State			10	134,275
				1	1,947,921
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			ı	1,371,341
2		2a	288,971		
a h	Net unrealized gains on investments	2b	18,206		
D	Donated services and use of facilities		10,200		
4	Recoveries of prior year grants Other (Describe in Part VIV.)	2d			
u	Other (Describe in Part XIV.)	Zu		2e	307,177
3	Add lines 2a through 2d			3	1,640,744
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			3	1,010,711
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6 - 471		
	Other (Describe in Part XIV.)		6,471 392,875		
c	Add lines 4a and 4h		-	4c	399,346
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,040,090
	art XIII Reconciliation of Expenses per Audited Financial Stat			_	
1	Total expenses and losses per audited financial statements			1	1,813,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a	18,206		
b	Prior year adjustments	2b	-		
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	18,206
3	Subtract line 2e from line 1			3	1,795,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,471		
	Other (Describe in Part XIV.)		6,471 392,875		
	Add lines 4a and 4b			4c	399,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,194,786
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part				
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b	 Also complete this pa 	rt to p	rovide
,	additional information.		A. 1		
P	art XI, Line 8 - Reconciliation of Change	es - (otner		
A	mounts raised on behalf of others			\$	-392,875
Δ,					
	modifice raised on benair or others			Y .	
	art XII, Line 4b - Revenue Amounts Includ				
A	mounts raised on behalf of others			 \$	392,875

Part XIV Supplemental Information (continued)	06-0665170	Page 3
Part XIII, Line 4b - Expense Amounts Included or	n Return - Other	
Amounts raised on behalf of others	ė	392,875
•		

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number					
Middlesex United V					06-06	65170	
Part I General Information on Grants ar							
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for notice that the procedure of the procedure of the procedure of the procedure. 	tance?nonitoring the use	of grant fu	nds in the United Sta	tes.			
Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any can be duplicated if additional spa	Sovernments recipient that	and Org	anizations in the d more than \$5,0	United States. Oo. Check this b	oox if no one re	ecipient rece	ived more than \$5,000. P <u>ar</u> t I
(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) Miscellaneous Grants under \$5,000							
			454,033				Various
(2) YMCA of No. Middlesex City 99 Union Street							Health/Positive Yout
	06-0646981	3	82,800				
(3) MARC - Community Resources							a 15 a 55' '
P.O. Box 126 Portland CT 06480	06-6011968	3	52,034				Self Sufficiency
(4) American Red Cross 97 Broad Street							Health/Positive Yout
	53-0196605	3	43,480				
(5) Gilead Community Services P.O. Box 1000							Health/Positive Yout
Middletown CT 06457	06-0851549	3	40,095				
(6) Middlesex Hospital Perinatal Prog 28 Crescent Street Middletown CT 06457	06-0646718	2	40, 050				School Readiness
(7) Oddfellows Playhouse	06-0646/16	3	40,050				
128 Washington Street	06-0964602	3	38,430				Health/Positive Yout
(8) Hope Partnership			30,130				
121 Main Street Old Saybrook CT 06475	20-1683627	3	35,000				Affordable Housing
(9) Women & Families Center - SACS	20 1005027		33,000				
169 Colony Street							Health/Positive Yout
<u> </u>	06-0646994	3	31,185				
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations							<u>51</u> ▶ 10
3 Enter total number of other organizations	- f F 000						Cohodula I (Forms 200) (2010)

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						identification nu	mber
Middlesex United V							
Part I General Information on Grants ar							
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 	stance? monitoring the use	of grant fu	nds in the United Sta	tes.			
Part II Grants and Other Assistance to G Form 990, Part IV, line 21, for any can be duplicated if additional spa	Sovernments recipient that	and Org receive	anizations in the d more than \$5,0	United States. 000. Check this b	ox if no one r	ecipient rece	on answered "Yes" to ived more than \$5,000. Part ►
(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) Rushford Center Treatment Service 883 Paddock Avenue Meriden CT 06451	s 06-0932875	3	30,740				Health/Positive Yout
(2) The Connection - Mtown/O. Saybrod 955 South Main Street Middletown CT 06457	k 06-0886125	3	20 517				Health/Positive Yout
(3) The Connection - Eddy Shelter 955 South Main Street		-	30,517				Affordable Housing
Middletown CT 06457 (4) Child Family Agency of SE CT 255 Hempstead Street New London CT 06320	23-7212022		29,700				Health/Positive Yout
New London CT 06320 (5) Kuhn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819		29,075				Self Sufficiency
(6) Nehemiah Housing Corporation 668 Main Street Middletown CT 06457	22-2765537	3	18,378				Affordable Housing
(7) St. Luke's Eldercare 100 Riverview Center Middletown CT 06457	06-0653129	3	18,313				Self Sufficiency
(8) Community Health Center - Dental 635 Main Street Middletown CT 06457	06-0897105	3	17,550				School Readiness
(9) 211 Infoline 1344 Silas Deane Highway Rocky Hill CT 06067	06-1084194	3	17,353				211 Infoline Support
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations	nt organizations .						On to date 1/(5 000) (0040)

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization		Employer identification number					
Middlesex United					06-06	65170	
Part I General Information on Grants a							
 Does the organization maintain records to substantial the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	stance? monitoring the use	of grant fu	nds in the United Sta	tes.	-		
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for any can be duplicated if additional spa	recipient that	receive	d more than \$5,0	000. Check this b	ox if no one re	ecipient rece	ived more than \$5,000. P <u>ar</u> t I
(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) CT Humane Society 701 Russell Road Newington CT 06111	06-0667605	3	16,593				Donor Designations
(2) East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	15,750				School Readiness
(3) The Connection - Housing Advocat 955 South Main Street Middletown CT 06457			14,000				Affordable Housing
(4) Cromwell Board of Education 25 Court Street Cromwell CT 06416	06-0807450		13,500				School Readiness
(5) Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067		13,500				School Readiness
(6) Regional School District #13 135A Pickett Lane Durham CT 06422	06-0855660	GOV	13,500				School Readiness
(7) Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	13,500				School Readiness
(8) John J Driscoll United Labor Age 56 Town Line Road Rocky Hill CT 06067	06-0987695	3	13,365				Self Sufficiency
(9) Literacy Volunteers - Valley Sho 25 Middlesex Turnpike Essex CT 06426	re 30-0229759	3	13,365				Self Sufficiency
 Enter total number of section 501(c)(3) and government Enter total number of other organizations 							Only a deal of 1/5 - 1/2 000) (0040)

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Middlesex Unit	ed Way, Inc.					65170	mbei
Part I General Information on Gra					10000		
 Does the organization maintain records to substitute selection criteria used to award the grants Describe in Part IV the organization's procedure 	or assistance?res for monitoring the use	of grant fu	inds in the United Sta	tes.			
Part II Grants and Other Assistance Form 990, Part IV, line 21, for can be duplicated if addition	or any recipient that	and Org receive	d more than \$5,0	000. Check this b	ox if no one r	ecipient recei	on answered "Yes" to lived more than \$5,000. Part I ► □
(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		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St. Vincent DePaul - Amazing 617 Main Street Middletown CT 06457		3	13,312				Donor Designations
(2) MX Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	12,500				Affordable Housing
(3) St. Vincent DePaul - Food Par 617 Main Street Middletown CT 06457	06-1387081	3	12,474				Self Sufficiency
(4) Rushford Center 883 Paddock Avenue Meriden CT 06450	06-0932875	3	11,800				Health/Positive Yout
(5) Oddfellows Playhouse 128 Washington Street Middletown CT 06457			11,465				Donor Designations
(6) Middlesex Hospital Opportuni 28 Crescent Street Middletown CT 06457		3	11,250				School Readiness
(7) YMCA of No. Middlesex City - 99 Union Street Middletown CT 06457	TA 06-0646981	3	10,800				Health/Positive Yout
(8) Clinton Youth & Fam. Service 112 Glenwood Road Clinton CT 06413			10,000				Health/Positive Yout
(9) East Haddam Youth & Family Se P.O. Box 572 Moodus CT 06469		3	10,000				Health/Positive Yout
2 Enter total number of section 501(c)(3) and go							<u></u>

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Middlesex United	Warr Tna					identification nu 65170	mber
Part I General Information on Grants a		<u> </u>			00-00	103170	
Does the organization maintain records to substantia the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Form 990, Part IV, line 21, for an	te the amount of the stance?	e grants or of grant fu and Org	nds in the United Star	tes. United States.	Complete if th	e organizatio	on answered "Yes" to
can be duplicated if additional sp	ace 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	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Middletown Youth Services 370 Hunting Hill Avenue Middletown CT 06457	02-3486665	GOV	10,000				Health/Positive Yout
(2) Old Saybrook Youth & Family Serv 322 Main Street	ice						Health/Positive Yout
Old Saybrook CT 06475 (3) Portland Youth Services P.O. Box 71	06-6002058		10,000				Health/Positive Yout
Portland CT 06480 (4) Tri-Town Youth Services P.O. Box 897	06-6002067	GOV	10,000				Health/Positive Yout
Deep River CT 06417	22-2537187	3	10,000				health/Positive fout
(5) Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	10,000				Health/Positive Yout
(6) Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	10,000				Health/Positive Yout
(7) MX City - Coalition on Homeless 100 Riverview Center Middletown CT 06457	ess	3	10,000				Affordable Housing
(8) The Diaper Bank P.O. Box 9017 New Haven CT 06532	20-1179912	3	10,000				Self Sufficiency
(9) Shoreline Soup Kitchens & Pantri P.O. Box 804 Essex CT 06426			8,910				Self Sufficiency
Enter total number of section 501(c)(3) and governm Enter total number of other organizations	ent organizations						

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization						identification nu	mber
	Middlesex United Way, Inc. 06-0665170						
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to substantial the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	stance?				grants or assistan	ce, and	Yes No
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for any can be duplicated if additional spa	Governments / recipient that	and Org	anizations in the d more than \$5,0	United States. 000. Check this b	ox if no one r	ecipient rece	ived more than \$5,000. P <u>ar</u> t
(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) Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	GOV	8,550				School Readiness
(2) East Hampton Board of Education 94 Main Street							School Readiness
East Hampton CT 06424	06-6001608	GOV	8,550				
(3) Girl Scouts of Connecticut 340 Washington Street	06 0662124	2	0 550				Health/Positive Yout
Hartford CT 06106	06-0662134	3	8,550				
(4) Middletown Adult Education 398 Main Street Middletown CT 06457	06-6001872	3	8,550				School Readiness
(5) Old Saybrook Youth & Family Serv			.,				
322 Main Street Old Saybrook CT 06475	06-6002058		8,550				School Readiness
(6) Regional School District #4 P.O. Box 187 Deep River CT 06417	06-6002456	GOV	8,550				School Readiness
(7) Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683		8,550				School Readiness
(8) United Way of SE CT 1868 Route 12							Donor Designations
Gales Ferry CT 06335	06-0771393	5	7,056				
(9) United Way of Greater Waterbury 60 North Main Street Waterbury CT 06723	06-0646634	3	6,285				Donor Designations
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations	ent organizations						2-hhhhh

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

OMB No. 1545-0047 **2010**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Middlesex United W	lav. Inc.					identification nu 565170	mber
Part I General Information on Grants an		1			1000		
1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis 2 Describe in Part IV the organization's procedures for n Part II Grants and Other Assistance to Grants	tance? nonitoring the use Bovernments recipient that	of grant fu and Org receive	nds in the United Sta anizations in the d more than \$5,0	tes. E United States. (000. Check this b	Complete if the	e organizatio	on answered "Yes" to ived more than \$5,000. Part
can be duplicated if additional spa 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non-cash assistance			(h) Purpose of grant
1) United Way of Central & NE CT 30 Laurel Street Hartford CT 06106	06-0646653	.,	5,797		unity		Donor Designations
2) Middlesex Habitat for Humanity 9 Pleasant Street	06-1448284		5,657				Donor Designations
3) Boy Scouts CT Rivers Council 60 Darlin Street East Hartford CT 06128	06-0662110		5,400				Health/Positive Yout
4)							
5)							
6)							
7)							
8)							
9)							
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations							

	el (Form 990) (2010) Middlesex U	nited Way, In		6-0665170		Page 2
Part I				complete if the organ	nization answered "Yes"	to Form 990, Part IV, line 22.
	Part III can be duplicated if ac			T	T	J
	(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 (boo FMV, appraisal, other)	k, (f) Description of non-cash assistance
		recipients	Cash grant	HOH-CASH ASSISTANCE	Fiviv, appraisal, other)	
1						
<u>'</u>						
2						
3						
4						
-						
5						
6						
7						
Part I	V Supplemental Information. C	omplete this part to p	provide the inform	ation required in Pa	rt I, line 2, and any othe	r additional information.
	t I, Line 2 - Procedur					
FUNI	DING PARTNERS ARE REQU	IRED TO PROVI	DE OUTCOME I	MEASURES THAT	DEMONSTRATE	
TUE	SHORT-, MID- AND LONG	_ TEDM DECIII.TC	רים דים בדים פו	₽₽₩Ŧ₽₽₽ / T₩Ŧ₽Ŧ	ΔΤΤ 17 Γ C	
Inc	SHORI-, MID- AND LONG	-IEKM KESULIS	OF INEIR S	EKATCED\ TINTIT	AIIVED.	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Middlesex United Way, Inc.

Employer identification number 06-0665170

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 ERPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990 IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL APPROVAL
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM
Form 990, Part VI, Line 15a - Compensation Process for Top Official THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE 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 **4562**

Department of the Treasury Internal Revenue Service (00)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

Middlesex United Way, Inc.

► See separate instructions.

Identifying number

	Midale	sex united	i way, inc.				00-	000	31/0
	ess or activity to which this form relates								
	ndirect Depreciat		anautic Uniden Co	otion 470					
Pa	art I Election To Expe Note: If you have				. VOII	complet	to Part I	l	
1	Maximum amount (see instruction		•					1	500,000
2	Total cost of section 179 propert		(see instructions)					2	300,000
3	Threshold cost of section 179 pr	onerty before reduc	rtion in limitation (see i	netructions)				3	2,000,000
4	Reduction in limitation. Subtract							4	2,000,000
5	Dollar limitation for tax year. Subtract							5	
6	(a) Descriptio			Cost (business us			lected cost		
<u> </u>	(4) 2 666 1 1		()		,	(-) -			
7	Listed property. Enter the amour	nt from line 29			7				
8	Total elected cost of section 179	property. Add amo	ounts in column (c). line	es 6 and 7		I		8	
9	Tentative deduction. Enter the s							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Ente							11	
12	Section 179 expense deduction.							12	
13	Carryover of disallowed deduction				13				
Note	: Do not use Part II or Part III belo					I.			
Pa	art II Special Deprecia	tion Allowance	and Other Depr	eciation (Do	not	include	listed p	rope	erty.) (See instruction
14	Special depreciation allowance f	for qualified propert	y (other than listed pro	perty) placed ir	n servi	се		-	
	during the tax year (see instructi	ions)						14	
15	Property subject to section 168(i	f)(1) election						15	
16	Other depreciation (including AC	CRS)						16	6,375
Pa	art III MACRS Deprecia	ation (Do not in	clude listed prop	erty.) (See ii	nstru	ctions.)			
			Section	A					
17	MACRS deductions for assets p	laced in service in t	ax years beginning be	fore 2010				17	0
18	If you are electing to group any assets	s placed in service duri	ing the tax year into one o	r more general as	set acc	ounts, check	k here		
	Section B—As	ssets Placed in Se	rvice During 2010 Tax		ne Ger	neral Depr	eciation S	Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment only–see instructions	ion use s) (d) Recovery period	(e) C	onvention	(f) Meth	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property					MM	S/L		
	Section C—Ass	sets Placed in Serv	rice During 2010 Tax	Year Using the	Alter	native Dep	oreciation	Syst	tem
20a	Class life						S/L		
b	12-year			12 yrs.			S/L		
С	40-year			40 yrs.		MM	S/L		
	art IV Summary (See in	nstructions.)	•		•				
21	Listed property. Enter amount fro							21	
22	Total. Add amounts from line 12		7, lines 19 and 20 in c	column (g), and	line 2	I. Enter he	re		
	and on the appropriate lines of y	_						22	6,375
23	For assets shown above and pla								- , -
	portion of the basis attributable t				23				

0133250 Middlesex United Way, Inc.

06-0665170

Connecticut Statements

FYE: 6/30/2011

Statement 1 - Form PCUREG-01 - List of Officer, Directors, Trustees and Key Employees

C	Officer Name				
	Title	Address	City	State	Zip Code
Faith Jackson					
Gary Simonsen					
Clifford Straub					
Linda Morales					
Russell Carter					
David Giuffrida					
Wilfredo Nieves					
Christopher Riley	7				
William Holder					
Kelly Smith					
William Wrang					
Deborah Bochain					
Jean D'Aquilla					
David Director					
Christine Fahey					
Judith Felton					
Frank Kuan					
James Mansey					

0133250 Middlesex United Way, Inc.

06-0665170

FYE: 6/30/2011

Connecticut Statements

Statement 1 - Form PCUREG-01 - List of Officer, Directors, Trustees and Key Employees (continued)

Officer Name

Title Address City State Zip Code

Cliff O'Callahan M.D.

Andrew Rapp

David Reynolds

Kristen Roberts

Matthew Stillman

Martha Temple

Harry Burr

Jean Adams Shaw

Rosario Rizzo

Kevin Wilhelm

Elizabeth Morin