

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except for private inurement or private inurement benefit trust or private foundation)

COPY 2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MIDDLESEX UNITED WAY, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 RIVERVIEW CENTER SUITE 230
 City or town, state or country, and ZIP + 4
MIDDLETOWN CT 06457

D Employer identification number
06-0665170

E Telephone number
860-346-8695

G Gross receipts \$ **3,691,787**

F Name and address of principal officer:
FAITH JACKSON
100 RIVERVIEW CENTER SUITE 230
MIDDLETOWN CT 06457

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 if "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MIDDLESEXUNITEDWAY.ORG**

K Type of organization: Corporation Trust Association Other ▶

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

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MIDDLESEX UNITED WAY IS MOBILIZING THE CARING POWER OF COMMUNITIES TO STRENGTHEN LIVES AND HELP PEOPLE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	843
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,417,140	2,334,095
	9 Program service revenue (Part VIII, line 2g)	45,663	43,772
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,327	-138,574
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,218	69,582
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,624,348	2,308,875
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,631,114
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		517,463	524,268
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 273,691			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		205,895	213,277
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,354,472	2,381,199	
19 Revenue less expenses. Subtract line 18 from line 12	269,876	-72,324	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,356,084	2,854,034
	21 Total liabilities (Part X, line 26)	1,269,019	1,199,289
	22 Net assets or fund balances. Subtract line 21 from line 20	2,087,065	1,654,745

Part II Signature Block

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

Sign Here
 Signature of officer: _____ Date: _____
 Type or print name and title: _____

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **10/28/09**
 Check if self-employed Preparer's identifying number (see instructions) **P00412073**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **MAHONEY SABOL & COMPANY, LLP**
95 GLASTONBURY BOULEVARD, STE 201
GLASTONBURY, CT 06033-4453
 EIN ▶ **06-1289571**
 Phone no. ▶ **860-541-2000**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF MIDDLESEX UNITED WAY IS MOBILIZING THE CARING POWER OF COMMUNITIES TO STRENGTHEN LIVES AND HELP PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,966,594 including grants of \$ 1,643,654) (Revenue \$) SEE ATTACHED STATEMENT

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

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

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

4e Total program service expenses \$ 1,966,594 (Must equal Part IX, Line 25, column (B).)



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

Form 990 Part III – Line 4a Attachment

Middlesex United Way provides funding for both direct services and wider community-level initiatives. Our success is measured by the effective use of our donor dollars for two purposes; 1) to meet the immediate needs of individuals and their families, and 2) to change or improve community conditions that address the root causes of chronic problems that present ongoing challenges for residents. Funding partners are required to provide outcome measures that demonstrate the short- and long-term results of their services/initiatives. Outcome measures are a primary factor in our fund distribution process and must meet one or more of our 5-Year Goals, recently adopted by our Board of Directors December 10, 2008. Our 5-Year Goals align with United Way of America's national goals and focus on Education, Income, Health & Housing:

1. Increase children's readiness to learn by school entry (Education)
2. Increase economic self-sufficiency of individuals and families (Income)
3. Reduce rate of risky behaviors among youth and adults (Health)
4. Improve the health and increase the safety of individuals and families (Health)
5. Increase the ability of individuals and families to attain affordable housing (Housing)

1. **EDUCATION:** Middlesex United Way has provided funding and partnered with all 15 towns in Middlesex County to develop Early Childhood Councils (ECC) to help increase children's readiness to learn by school entry. With our support the ECC have strengthened communication and coordination between parents, pediatricians, daycare providers, preschool and grade-school educators in identifying and servicing at-risk children, birth to five years of age to enhance their development in social, emotional, physical and cognitive domains. This effort has influenced the improvement and consistency of classroom curriculums, instruction, assessments, behavior management techniques and professional training opportunities throughout the county. The City of Middletown for example reports that 1,500 children will enter Kindergarten in 2009 ready to learn because of our collaboration with childcare providers, family physicians and pediatricians.
2. **INCOME:** Middlesex United Way has provided funding and partnered with numerous community health and human service organizations throughout Middlesex County to help provide immediate assistance and improve the economic self-sufficiency of individuals and families. We ensure that essential programs, like emergency food and childcare programs for low-income, working families are in place for our county residents. For example, more than 2,250 families visit Amazing Grace and Shoreline Soup Kitchens & Pantries each month with each family visiting the pantry saving \$1,080 per year which can then be used for rent or utilities. In addition, Middlesex United Way provided leadership and support to the Middlesex VITA (Volunteer Income Tax Assistance) Coalition responsible for the opening of an additional VITA site in Middletown. VITA sites, sponsored by the IRS provide free income tax preparation services to low-income families and increase the number of individuals and families accessing available tax credits. In its first year this VITA site prepared 88 returns with 19 qualifying for Earned Income Tax Credits (EITC), 6 for Child Tax Credits, and 6 for Education Credits, generating a total of \$70,019.00 in refunds for local residents.

3. **HEALTH:** Middlesex United Way continues to support the Healthy Communities-Healthy Youth (HCHY) substance abuse prevention initiative in 13 towns throughout Middlesex County to help reduce the rate of risky behaviors among youth. HCHY brings together youth and family service providers, schools, town officials, concerned parents and students around a single, coordinated effort. The Search Institute's Profiles of Student Life: Attitudes and Behaviors Survey is administered to students in 7th through 12th grade to measure their responses to 40 Developmental Assets. The 40 Developmental Assets (e.g. Parent Involvement, Family Boundaries, Adult Role Models) are evidence-based, positive experiences and qualities that help influence choices young people make, and helps to influence the type of adult they will become. Based on survey results, which are administered every 3 to 4 years, community-wide programming is developed to utilize the individual and collective strengths of youth to address those areas needing improvement. In Old Saybrook for example, survey results indicate that alcohol use by high school students has declined by 33% over the last 10 years.
4. **HEALTH:** Middlesex United Way has provided funding and partnered with numerous community health and human service organizations throughout Middlesex County to help improve the health and increase the safety of individuals and families. We ensure that essential programs, like emergency shelter and support services for the disabled, elderly and victims of sexual assault are in place for our county residents. For example, Nehemiah Housing in Middletown is providing 11 families who were experiencing homelessness with support services as they transition into safe permanent housing. Rushford Treatment Center helped to improve the health and increase the safety of 3,023 individuals in throughout Middlesex County by providing detox, intensive residential treatment and outpatient treatment for those with substance abuse problems.
5. **HOUSING:** Middlesex United Way has provided funding and partnered with several organizations working to increase the ability of individuals and families to attain affordable housing. HOPE Partnership, a local grassroots organization in Old Saybrook working to provide attainable housing for working families living in motels was awarded \$150,000 over a 3 year period. While HOPE has just recently secured the necessary approvals and financing to break ground on their first project, of possibly greater importance is their growing regional influence in the area of zoning regulations. HOPE was instrumental in the development of Old Saybrook's Incentive Housing Zoning Regulations (IHZ) which were the first to be approved by the State of CT. These zones facilitate the increased supply of affordable housing by easing zoning restrictions and making available additional sources of incentive funding and financing. Because of this success HOPE was approached by the towns of Westbrook and Essex to assist them with their zoning issues.

Middlesex United Way has also continued to provide funding and leadership in the implementation of our "Ten Year Plan to End Homelessness" by bringing together community leaders, housing advocates, service providers and other concerned residents from throughout Middlesex County. We have continued our support of the Ten Year Plan through a fundraising effort to raise \$100,000 per year for 3 years for a county-wide "Homeless Prevention Fund". To date \$32,000 has been raised for the Homeless Prevention Fund, with 20 individuals and families at-risk of homelessness having received financial assistance to keep them housed. The development of this Prevention Fund was also instrumental in helping to secure \$342,000 in federal funding for homelessness prevention and housing services in this region. Because of the innovation and success of our Homeless Prevention Fund, the Middlesex County Ten Year Plan to End Homelessness received the "Think Change" Award from the CT Coalition to End Homelessness (CCEH) at its most recent annual meeting.

6. **WOMEN'S INITIATIVE:** Middlesex United Way has mobilized women who care about creating opportunities for a better life for women and children in Middlesex County. Members of the Women's Initiative work to energize and inspire women to make a difference by advocating for issues important to them and taking leadership roles in advancing the common good. The focus is on strengthening three different areas – early childhood development; empowering young women; and financial stability. Monthly networking breakfasts feature speakers on a variety of topics and give women an opportunity to learn about and from each other.

7. **MISCELLANEOUS:** Middlesex United Way has mobilized more than 100 volunteers and 56 partners through our Day of Caring to assist with Project Homeless Connect (PHC), a one-day event providing immediate access to information and services for people who are homeless or at-risk for becoming homeless. PHC is a national initiative that has been implemented in more than 200 communities throughout the world. Middlesex United Way also conducted a countywide diaper drive to increase the supply of diapers available to low-income families, an effort that has mobilized other diaper drives throughout the county. Middlesex United Way also organized a Food Stamp Challenge for a week in which participants lived on \$3.50 per day, the average benefit for individuals who benefit from Food Stamps. The goal of the challenge was to educate the public, donors and volunteers about the devastating impact of hunger on peoples' lives.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any 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 I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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 transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CT
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	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 MIDDLETOWN CT 06457 860-346-8695

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN WILHELM EXEC DIR	35						98,668	0	0	
FAITH JACKSON PRESIDENT	5	X					0	0	0	
GARY SIMONSEN FIRST VP	5	X					0	0	0	
CLIFFORD STRAUB SECOND VP	5	X					0	0	0	
LINDA MORALES PERSONNEL	5	X					0	0	0	
RUSSELL CARTER TREASURER	5	X					0	0	0	
DAVID GIUFFRIDA CAMPAIGN	5	X					0	0	0	
WILFREDO NIEVES CMTY IMPACT	5	X					0	0	0	
CHRISTOPHER RILEY MARKETING	5	X					0	0	0	
WILLIAM HOLDER EC AT LARGE	5	X					0	0	0	
KELLY SMITH EC AT LARGE	5	X					0	0	0	
WILLIAM WRANG EC AT LARGE	5	X					0	0	0	
DEBORAH BOCHAIN BD MEMBER	2	X					0	0	0	
JEAN D'AQUILLA BD MEMBER	2	X					0	0	0	
DAVID DIRECTOR BD MEMBER	2	X					0	0	0	
CHRISTINE FAHEY BD MEMBER	2	X					0	0	0	
JUDITH FELTON BD MEMBER	2	X					0	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS HAMMEN BD MEMBER	2	X						0	0	0
FRANK KUAN BD MEMBER	2	X						0	0	0
JAMES MANSEY BD MEMBER	2	X						0	0	0
CLIFF O'CALLAHAN MD BD MEMBER	2	X						0	0	0
ANDREW RAPP BD MEMBER	2	X						0	0	0
DAVID REYNOLDS BD MEMBER	2	X						0	0	0
KRISTEN ROBERTS BD MEMBER	2	X						0	0	0
MATTHEW STILLMAN BD MEMBER	2	X						0	0	0
MARTHA TEMPLE BD MEMBER	2	X						0	0	0
HARRY BURR HONORARY	2	X						0	0	0
JEAN ADAMS SHAW HONORARY	2	X						0	0	0
ROSARIO RIZZO HONORARY	2	X						0	0	0
1b Total								98,668		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns				
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)	57,500			
	1f	All other contributions, gifts, grants, and similar amounts not included above	2,276,595			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		2,334,095		
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	43,772	43,772		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		43,772		
	3	Investment income (including dividends, interest, and other similar amounts)		32,580		32,580
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
Other Revenue	6a	Gross Rents				
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	1,211,758			
	b	Less: cost or other basis & sales exps.	1,382,588	324		
	c	Gain or (loss)	-170,830	-324		
	d	Net gain or (loss)		-171,154	-171,154	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19				
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11a	PR YR ALLOCATION NOT UTILIZED		69,582	69,582		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		69,582			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,308,875	-57,800	0	32,580

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,643,654	1,643,654		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	429,364	180,333	81,579	167,452
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,912	13,823	6,253	12,836
9 Other employee benefits	26,615	11,178	5,057	10,380
10 Payroll taxes	35,377	14,858	6,722	13,797
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,200	2,184	988	2,028
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,543		7,543	
g Other	13,459	5,653	2,577	5,229
12 Advertising and promotion	22,829	9,588	4,338	8,903
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	32,400	13,608	6,156	12,636
17 Travel	7,272	3,054	1,382	2,836
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,334	3,500	1,584	3,250
20 Interest				
21 Payments to affiliates	28,173	28,173		
22 Depreciation, depletion, and amortization	5,670	2,380	1,080	2,210
23 Insurance	7,310	3,070	1,389	2,851
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	24,631	10,346	4,680	9,605
b PRINTING AND PUBLICATIONS	21,337	8,962	4,054	8,321
c RENTAL/MAINT OF EQUIPMENT	13,207	5,547	2,509	5,151
d POSTAGE AND SHIPPING	8,376	3,518	1,591	3,267
e TELEPHONE	4,274	1,795	812	1,667
f All other expenses	3,262	1,370	620	1,272
25 Total functional expenses. Add lines 1 through 24f	2,381,199	1,966,594	140,914	273,691
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	171,053	1	228,716
	2	Savings and temporary cash investments	344,891	2	335,906
	3	Pledges and grants receivable, net	892,062	3	718,977
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,692	9	2,199
	10a	Land, buildings, and equipment: cost basis	100,482		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	84,343	10c	16,139
	11	Investments—publicly traded securities	1,272,803	11	1,026,091
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	657,086	15	526,006
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,356,084	16	2,854,034	
Liabilities	17	Accounts payable and accrued expenses	10,085	17	41,284
	18	Grants payable	1,254,434	18	1,146,180
	19	Deferred revenue	4,500	19	11,825
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,269,019	26	1,199,289
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,306,474	27	1,056,287
	28	Temporarily restricted net assets	78,317	28	27,264
	29	Permanently restricted net assets	702,274	29	571,194
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,087,065	33	1,654,745	
34	Total liabilities and net assets/fund balances	3,356,084	34	2,854,034	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,170,311	2,255,465	2,394,540	2,417,140	2,302,324	11,539,780
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,170,311	2,255,465	2,394,540	2,417,140	2,302,324	11,539,780
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)						3,721,015
6 Public support. Subtract line 5 from line 4						7,818,765

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,170,311	2,255,465	2,394,540	2,417,140	2,302,324	11,539,780
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,657	13,324	24,075	49,090	32,580	135,726
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						11,675,506
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	66.9672 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.8398 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 %

- 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions.

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

MIDDLESEX UNITED WAY, INC.

06-0665170

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These Instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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
1	AETNA / US HEALTHCARE 151 FARMINGTON AVENUE HARTFORD CT 06156	\$ 92,428	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LIBERTY BANK 315 MAIN STREET MIDDLETOWN CT 06457	\$ 176,637	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PRATT & WHITNEY 400 AIRCRAFT ROAD MIDDLETOWN CT 06457	\$ 187,563	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PRATT & WHITNEY - EAST HARTFORD 30 LAUREL BROOK ROAD HARTFORD CT 06105	\$ 89,654	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WESLEYAN UNIVERSITY WESLEYAN STATION MIDDLETOWN CT 06457	\$ 98,701	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD CT 06106	\$ 57,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MIDDLESEX UNITED WAY, INC.	Employer identification number 06-0665170
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MIDDLESEX HOSPITAL 28 CRESCENT STREET MIDDLETOWN CT 06457	\$ 86,215	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	79,738				
b Contributions					
c Investment earnings or losses	-17,836				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,354				
g End of year balance	60,548				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|----------|----------|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold Improvements				
d Equipment				
e Other		100,482	84,343	16,139
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				16,139

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,308,875
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,381,199
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-72,324
4	Net unrealized gains (losses) on investments	4	-222,584
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-222,584
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-294,908

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,599,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-222,584
b	Donated services and use of facilities	2b	5,818
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-216,766
3	Subtract line 2e from line 1	3	1,816,622
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,543
b	Other (Describe in Part XIV)	4b	484,710
c	Add lines 4a and 4b	4c	492,253
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	2,308,875

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,894,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,818
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	5,818
3	Subtract line 2e from line 1	3	1,888,946
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,543
b	Other (Describe in Part XIV)	4b	484,710
c	Add lines 4a and 4b	4c	492,253
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,381,199

Part XIV Supplemental Information

Complete 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 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
PRINCIPAL WILL BE HELD TO PERPETUITY. INVESTMENT EARNINGS TO BE USED FOR
NORMAL OPERATIONS OF THE ORGANIZATION.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER
AMOUNTS RAISED ON BEHALF OF OTHERS \$ -484,710
AMOUNTS RAISED ON BEHALF OF OTHERS \$ 484,710

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
AMOUNTS RAISED ON BEHALF OF OTHERS \$ 484,710

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
AMOUNTS RAISED ON BEHALF OF OTHERS \$ 484,710

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public Inspection

Name of the organization: **MIDDLESEX UNITED WAY, INC.**
Employer identification number: **06-0665170**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	EAST HADDAM YOUTH & FAMILY SERVICE PO BOX 572 MOODUS CT 06469	06-1410267	3	20,000				SCHOOL READINESS
	CLINTON PUBLIC SCHOOLS 137-B GLENWOOD ROAD CLINTON CT 06413	06-6001597		12,500				SCHOOL READINESS
	OLD SAYBROOK YOUTH & FAMILY SERVICE 322 MAIN STREET OLD SAYBROOK CT 06475	06-6002058		12,500				SCHOOL READINESS
	EAST HAMPTON PUBLIC SCHOOLS 94 MAIN STREET EAST HAMPTON CT 06424	06-6001608		12,500				SCHOOL READINESS
	REGIONAL SCHOOL DISTRICT 4 PO BOX 187 DEEP RIVER CT 06417	06-6002456		15,000				SCHOOL READINESS
	WEST BROOK BOARD OF EDUCATION 158 MCVEAGH ROAD WESTBROOK CT 06498	06-6001683		15,000				SCHOOL READINESS
	MIDDLESEX HOSPITAL 28 CRESCENT STREET MIDDLETOWN CT 06457	06-0646718	3	17,500				SCHOOL READINESS
	CROWWELL SCHOOLS 25 COURT STREET CROWWELL CT 06416	06-0807450		15,000				SCHOOL READINESS
	MIDDLETOWN ADULT EDUCATION 398 MAIN STREET MIDDLETOWN CT 06457	06-6001872	3	10,000				SCHOOL READINESS
2	Enter total number of section 501(c)(3) and government organizations ▶ 45							
3	Enter total number of other organizations ▶ 5							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDDLESEX UNITED WAY, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

Employer identification number
06-0665170

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MIDDLESEX HOSPITAL PERINATAL PROGRA 28 CRESCENT STREET MIDDLETOWN CT 06457	06-0646718	3	45,000				SCHOOL READINESS
COMMUNITY HEARLE CENTER 635 MAIN STREET MIDDLETOWN CT 06457	06-0897105	3	20,000				SCHOOL READINESS
PORTLAND YOUTH SERVICES PO BOX 71 PORTLAND CT 06480	06-6002067		11,400				POSITIVE YOUTH DEV
EAST HADDAM YOUTH & FAMILY SERVICES PO BOX 572 MOODUS CT 06469	06-1410267	3	11,400				POSITIVE YOUTH DEV
OLD SAYBROOK YOUTH & FAMILY SERVICE 322 MAIN STREET OLD SAYBROOK CT 06475	06-6002058		11,400				POSITIVE YOUTH DEV
CLANTON YOUTH & FAMILY SERVICE BURE 112 GLENWOOD ROAD CLANTON CT 06413	06-6001973		11,400				POSITIVE YOUTH DEV
YOUTH & FAMILY SERVICES OF HADDAM-K PO BOX 432 HIGGANUM CT 06441	06-1366680	3	11,400				POSITIVE YOUTH DEV
TRI TOWN YOUTH SERVICES PO BOX 897 DEEP RIVER CT 06417	22-2537187	3	11,400				POSITIVE YOUTH DEV
MIDDLETOWN YOUTH SERVICES 370 HUNTING HILL AVENUE MIDDLETOWN CT 06457	02-3486665		11,400				POSITIVE YOUTH DEV
DURHAM/MIDDLEFIELD YOUTH SERVICES 405 MAIN STREET MIDDLEFIELD CT 06455	06-1402128	3	15,000				POSITIVE YOUTH DEV
YMCA OF NORTEER MIDDLESEX CTY 99 UNION STREET MIDDLETOWN CT 06457	06-0646981	3	15,867				POSITIVE YOUTH DEV

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDDLESEX UNITED WAY, INC.

Employer identification number
06-0665170

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RUSHFORD CENTER							
83 PADDOCK AVENUE MERIDEN CT 06450	06-0932875	3	35,000				POSITIVE YOUTH DEV
YMCA OF NORTHERN MIDDLESEX CTY							
99 UNION STREET MIDDLETOWN CT 06457	06-0646981	3	87,000				POSITIVE YOUTH DEV
ODDFELLOWS							
128 WASHINGTON STREET MIDDLETOWN CT 06457	06-0964602	3	44,600				POSITIVE YOUTH DEV
GIRL SCOUTS OF CT							
340 WASHINGTON STREET HARTFORD CT 06106	06-0662134	3	9,800				POSITIVE YOUTH DEV
BOY SCOUTS - CT RIVERS COUNCIL							
60 DARLIN STREET EAST HARTFORD CT 06128	06-0662110	3	6,300				POSITIVE YOUTH DEV
MX HABITAT FOR HUMANITY							
9 PLEASANT STREET MIDDLETOWN CT 06457	06-1448284	3	12,500				AFFORDABLE HOUSING
HOPE PARTNERSHIP							
121 MAIN STREET OLD SAYBROOK CT 06475	20-1683627	3	40,000				AFFORDABLE HOUSING
THE CONNECTION							
955 SOUTH MAIN STREET MIDDLETOWN CT 06457	06-0886125	3	14,000				AFFORDABLE HOUSING
NEHEMIAH HOUSING							
668 MAIN STREET MIDDLETOWN CT 06457	22-2765537	3	18,378				AFFORDABLE HOUSING
JOHN J DRISCOLL UNITER LABOR AGENCY							
56 TOWN LINE ROAD ROCKY HILL CT 06067	06-0987695	3	15,000				SELF SUFFICIENCY
KUHN EMPLOYMENT OPPORTUNITIES							
PO BOX 941 MERIDEN CT 06450	06-0770819	3	23,000				SELF SUFFICIENCY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MIDDLESEX UNITED WAY, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

Employer identification number
06-0665170

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILD & FAMILY AGENCY OF SECT 255 HEMPSTEAD STREET NEW LONDON CT 06320	23-7212022	3	32,632				SELF SUFFICIENCY
MARC - COMMUNITY RESOURCES PO BOX 126 PORTLAND CT 06480	06-6011968	3	58,400				SELF SUFFICIENCY
THE CONNECTION 955 SOUTH MAIN STREET MIDDLETOWN CT 06457	06-0886125	3	34,250				SELF SUFFICIENCY
GILEAD COMMUNITY SERVICES PO BOX 1000 MIDDLETOWN CT 06457	06-0851549	3	45,000				SELF SUFFICIENCY
LITERACY VOLUNTEERS - VALLEY SHORE 25 MIDDLESEX TURNPIKE ESSEX CT 06426	30-0229759	3	15,000				SELF SUFFICIENCY
ST LUKES ELDERCARE 100 RIVERVIEW CENTER MIDDLETOWN CT 06457	06-0653129	3	25,000				SELF SUFFICIENCY
THE CONNECTION - EDDY SHELTER 955 SOUTH MAIN STREET MIDDLETOWN CT 06457	06-0886125	3	30,000				SELF SUFFICIENCY
WOMEN & FAMILIES - SACS 169 COLONY STREET MERIDEN CT 06451	06-0646994	3	35,000				SELF SUFFICIENCY
RUSEFORD CENTER - TREATMENT SERVICE 883 PADDOCK AVENUE MERIDEN CT 06451	06-0932875	3	34,500				SELF SUFFICIENCY
ST VINCENT DEPAUL PLACE - AMAZING G 617 MAIN STREET MIDDLETOWN CT 06457	06-1387081	3	14,000				SELF SUFFICIENCY
AMERICAN RED CROSS 97 BROAD STREET MIDDLETOWN CT 06457	53-0196605	3	48,800				SELF SUFFICIENCY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

DAA

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

MIDDLESEX UNITED WAY, INC.

Employer identification number
06-0665170

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE COMPLETED 990 IS GIVEN TO THE AUDIT COMMITTEE FOR REVIEW; THE AUDIT
COMMITTEE THEN REPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990
IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL
APPROVAL

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND
EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF
INTEREST DISCLOSURE FORM

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE 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 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 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **MIDDLESEX UNITED WAY, INC.** Identifying number **06-0665170**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,670

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	5,670
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

06-0665170

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	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	FAX MODEM AND WINFAX	5/15/96	250			250	5 MO S/L	250	0
4	SONY 17" COLOR MONITOR	5/15/96	870			870	5 MO S/L	870	0
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842			1,842	5 MO S/L	1,842	0
6	USED FURNITURE FROM CITIZEN'S B	11/30/97	4,600			4,600	7 MO S/L	4,600	0
10	3 17" COLOR MONITORS	11/15/98	840			840	5 MO S/L	840	0
11	OFFICE CHAIR	6/15/99	349			349	5 MO S/L	349	0
12	CONFERENCE PHONE	6/15/99	975			975	5 MO S/L	975	0
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	474			474	5 MO S/L	474	0
16	SONY RECORDER, MIKE, TRANSCRIBI	8/01/99	499			499	5 MO S/L	499	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873			5,873	5 MO S/L	5,873	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769			1,769	7 MO S/L	1,769	0
20	HAZEN'S CHAIR - KJW	12/01/99	397			397	7 MO S/L	397	0
21	HAZEN'S DESKS (6)	12/01/99	4,862			4,862	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	HAZEN'S LATERAL FILES (4)	12/01/99	1,318			1,318	7 MO S/L	1,318	0
24	HAZEN'S LITERATURE RACK	12/01/99	252			252	7 MO S/L	252	0
25	HAZEN'S TACK BOARD	12/01/99	108			108	7 MO S/L	108	0
26	HAZEN'S COAT RACK	12/01/99	241			241	7 MO S/L	241	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506			1,506	7 MO S/L	1,506	0
30	CONF ROOM TABLES (13) HAZEN'S	2/01/00	1,649			1,649	7 MO S/L	1,649	0
32	AGFA SCANNER - ICEWARE - MH	8/14/00	249			249	5 MO S/L	249	0
33	MAILING SYSTEM - PITNEY BOWES	9/15/00	9,656			9,656	5 MO S/L	9,656	0
	Mass Sale: 6/30/09								
34	DESK CENTER DRAWERS (7) - WB MA	9/15/00	420			420	7 MO S/L	420	0
35	TABLE STAND - WB MASON - DLS	9/15/00	260			260	7 MO S/L	260	0
36	TABLE FOR POSTAGE METER - WB M	10/15/00	260			260	7 MO S/L	260	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	525			525	7 MO S/L	525	0
38	fire proof safe - suburban statione	4/15/01	346			346	5 MO S/L	346	0
39	HARD DRIVE & APC BATTERY UNIT	9/10/01	584			584	5 MO S/L	584	0
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	2,224			2,224	5 MO S/L	2,224	0
41	PAPER SHREDDER	1/22/02	530			530	5 MO S/L	530	0
	Mass Sale: 6/30/09								
44	LATERAL FILE CABINET - DEE	9/30/02	479			479	5 MO S/L	479	0
45	DELL COMPUTER - ALLI	11/01/02	1,231			1,231	5 MO S/L	1,231	0
46	OFFICE CHAIR - JUSTIN	11/01/02	229			229	5 MO S/L	229	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	574			574	5 MO S/L	574	0
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	5 MO S/L	820	0
50	UPS BATTER BACK-UP	3/01/03	163			163	5 MO S/L	163	0
	Mass Sale: 6/30/09								
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	9,363			9,363	5 MO S/L	9,363	0
53	BACK UP TAPES FOR NEW SERVER	6/01/03	846			846	5 MO S/L	846	0
	Mass Sale: 6/30/09								
54	DELL COMPUTER OPTIPLEX - JUSTIN	7/01/03	1,226			1,226	5 MO S/L	1,226	0
55	DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	1,130			1,130	5 MO S/L	1,092	38
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	1,334			1,334	5 MO S/L	1,245	89
57	APC-UPS'S 3	12/01/03	165			165	5 MO S/L	151	14
58	IBM E400 PROJECTOR	8/15/04	1,128			1,128	5 MO S/L	883	226
59	DELL COMPUTER W/ MONITOR - PAT	9/15/04	1,228			1,228	5 MO S/L	941	246
60	DELL COMPUTER - MARIA T	9/15/04	1,105			1,105	5 MO S/L	847	221
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069			2,069	5 MO S/L	1,586	414
62	CREDIT CARD PRINTER	9/15/04	299			299	5 MO S/L	229	60
63	DELL COMPUTER - MARIA D	6/15/05	1,051			1,051	5 MO S/L	648	210
64	VOICE MAIL SYSTEM	6/15/05	1,600			1,600	5 MO S/L	987	320
65	FLAT PANEL MONITOR	12/01/05	267			267	5 MO S/L	138	53
66	BATTERY FOR UPS	6/01/06	141			141	5 MO S/L	59	28
	Mass Sale: 6/30/09								
67	SLOT WALL	7/15/06	579			579	5 MO S/L	232	115
68	HP LASER PRINTER 4200 DEE	9/14/06	1,182			1,182	5 MO S/L	434	236
69	QUANTUM INTERNAL DRIVER FOR SI	12/27/06	925			925	5 MO S/L	278	185
70	SYMANTIC ANTIVIRUS	5/11/07	807			807	5 MO S/L	188	162
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141			1,141	5 MO S/L	228	228
72	PORTLAND ELECTRIC REFRIGERATOI	12/15/06	479			479	5 MO S/L	152	95
73	DELL LAPTOP	5/11/07	1,000			1,000	5 MO S/L	233	200
74	PC MEMORY	7/30/07	218			218	5 MO S/L	40	43
75	CANON DIGITAL CAMERA	8/06/07	343			343	5 MO S/L	63	68

06-0665170

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179Bbonus				
76	MEETING ROOM CHAIRS	8/30/07	602			602	5 MO S/L	100	121
77	FLAT SCREEN MONITORS (3)	12/12/07	440			440	5 MO S/L	51	88
78	WINDOWS UPDATES	8/01/02	1,458			1,458	5 MO S/L	1,458	0
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	13,982			13,982	5 MO S/L	13,982	0
80	MEETING MAKER SOFTWARE	7/01/03	905			905	5 MO S/L	905	0
	Mass Sale: 6/30/09								
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	433			433	5 MO S/L	224	87
82	IOMEGA SORCENTER-NETWORK-HAR	12/01/05	267			267	5 MO S/L	138	53
83	SONIC FIRE WALL & ASSOC PROTECT	9/14/06	1,074			1,074	5 MO S/L	394	214
84	QUARK SOFTWARE	7/30/07	933			933	5 MO S/L	171	187
85	SAGE SOFTWARE VOLUNTEER DATAI	11/14/07	225			225	5 MO S/L	30	45
86	ADOBE PHOTOSHOP	2/15/08	101			101	5 MO S/L	8	21
87	Portable Hard Drive	7/21/08	347			347	5 MO S/L	0	64
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670			3,670	5 MO S/L	0	673
89	Q2ID	7/30/08	206			206	5 MO S/L	0	38
90	Tape Drive, Tapes, Back up Software	9/09/08	2,210			2,210	5 MO S/L	0	368
91	Monitors 2@ 17" and 1@22"	9/25/08	675			675	5 MO S/L	0	101
92	CS3.3 Design for Windows (Jill)	9/25/08	599			599	5 MO S/L	0	90
93	Literature Display Rack	10/08/08	253			253	5 MO S/L	0	38
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399			399	5 MO S/L	0	47
95	Back up Tapes (25)	11/30/08	801			801	5 MO S/L	0	93
96	750va Smart UPS USB Back UP	3/04/09	304			304	5 MO S/L	0	20
97	Vipre Enterprise Software	3/04/09	243			243	5 MO S/L	0	16
98	Shredder Cross cut	5/11/09	416			416	5 MO S/L	0	14
99	HP Microtower Computer	5/11/09	781			781	5 MO S/L	0	26
100	Dell Add'l Memory for Office 2003	5/11/09	463			463	5 MO S/L	0	15
	Total Other Depreciation		112,723			112,723		90,860	5,670
	Total ACRS and Other Depreciation		112,723			112,723		90,860	5,670
	Grand Totals		112,723			112,723		90,860	5,670
	Less: Dispositions		12,241			12,241		12,159	28
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		100,482			100,482		78,701	5,642

06-0665170

AMT Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
1	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
4	SONY 17" COLOR MONITOR	5/15/96	0					0	0	HY	0	0
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	0					0	0	HY	0	0
6	USED FURNITURE FROM CITIZEN'S B	11/30/97	0					0	0	HY	0	0
10	3 17" COLOR MONITORS	11/15/98	0					0	0	HY	0	0
11	OFFICE CHAIR	6/15/99	0					0	0	HY	0	0
12	CONFERENCE PHONE	6/15/99	0					0	0	HY	0	0
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	0					0	0	HY	0	0
16	SONY RECORDER, MIKE, TRANSCRIBI	8/01/99	0					0	0	HY	0	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	0					0	0	HY	0	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	0					0	0	HY	0	0
20	HAZEN'S CHAIR - KJW	12/01/99	0					0	0	HY	0	0
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	HAZEN'S LATERAL FILES (4)	12/01/99	0					0	0	HY	0	0
24	HAZEN'S LITERATURE RACK	12/01/99	0					0	0	HY	0	0
25	HAZEN'S TACK BOARD	12/01/99	0					0	0	HY	0	0
26	HAZEN'S COAT RACK	12/01/99	0					0	0	HY	0	0
27	HAZEN'S DESK SHELVES	12/01/99	0					0	0	HY	0	0
30	CONF ROOM TABLES (13) HAZEN'S	2/01/00	0					0	0	HY	0	0
32	AGFA SCANNER - ICEWARE - MH	8/14/00	0					0	0	HY	0	0
33	MAILING SYSTEM - PITNEY BOWES	9/15/00	0					0	0	HY	0	0
	Mass Sale: 6/30/09											
34	DESK CENTER DRAWERS (7) - WB MA	9/15/00	0					0	0	HY	0	0
35	TABLE STAND - WB MASON - DLS	9/15/00	0					0	0	HY	0	0
36	TABLE FOR POSTAGE METER - WB M	10/15/00	0					0	0	HY	0	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	0					0	0	HY	0	0
38	fire proof safe - suburban statione	4/15/01	0					0	0	HY	0	0
39	HARD DRIVE & APC BATTERY UNIT	9/10/01	0					0	0	HY	0	0
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	0					0	0	HY	0	0
41	PAPER SHREDDER	1/22/02	0					0	0	HY	0	0
	Mass Sale: 6/30/09											
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	OFFICE CHAIR - JUSTIN	11/01/02	0					0	0	HY	0	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	0					0	0	HY	0	0
48	HP LASER JET PRINTER - 4100 - DEE	12/01/02	0					0	0	HY	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	0					0	0	HY	0	0
50	UPS BATTER BACK-UP	3/01/03	0					0	0	HY	0	0
	Mass Sale: 6/30/09											
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	0					0	0	HY	0	0
53	BACK UP TAPES FOR NEW SERVER	6/01/03	0					0	0	HY	0	0
	Mass Sale: 6/30/09											
54	DELL COMPUTER OPTIPLEX - JUSTIN	7/01/03	0					0	0	HY	0	0
55	DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	0					0	0	HY	0	0
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	0					0	0	HY	0	0
57	APC-UPS'S 3	12/01/03	0					0	0	HY	0	0
58	IBM E400 PROJECTOR	8/15/04	0					0	0	HY	0	0
59	DELL COMPUTER W/ MONITOR - PAT	9/15/04	0					0	0	HY	0	0
60	DELL COMPUTER - MARIA T	9/15/04	0					0	0	HY	0	0
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	0					0	0	HY	0	0
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	0	0
64	VOICE MAIL SYSTEM	6/15/05	0					0	0	HY	0	0
65	FLAT PANEL MONITOR	12/01/05	0					0	0	HY	0	0
66	BATTERY FOR UPS	6/01/06	0					0	0	HY	0	0
	Mass Sale: 6/30/09											
67	SLOT WALL	7/15/06	0					0	0	HY	0	0
68	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	0	0
70	SYMANTIC ANTIVIRUS	5/11/07	0					0	0	HY	0	0
71	DELL COMPUTER AN MONITOR DEE	6/27/07	0					0	0	HY	0	0
72	PORTLAND ELECTRIC REFRIGERATO	12/15/06	0					0	0	HY	0	0
73	DELL LAPTOP	5/11/07	0					0	0	HY	0	0
74	PC MEMORY	7/30/07	0					0	0	HY	0	0
75	CANON DIGITAL CAMERA	8/06/07	0					0	0	HY	0	0

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AMT Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
76	MEETING ROOM CHAIRS	8/30/07	0				0	0	HY	0	0
77	FLAT SCREEN MONITORS (3)	12/12/07	0				0	0	HY	0	0
78	WINDOWS UPDATES	8/01/02	0				0	0	HY	0	0
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	0				0	0	HY	0	0
80	MEETING MAKER SOFTWARE	7/01/03	0				0	0	HY	0	0
	Mass Sale: 6/30/09										
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	0				0	0	HY	0	0
82	IOMEGA SORCENTER-NETWORK-HAR	12/01/05	0				0	0	HY	0	0
83	SONIC FIRE WALL & ASSOC PROTECT	9/14/06	0				0	0	HY	0	0
84	QUARK SOFTWARE	7/30/07	0				0	0	HY	0	0
85	SAGE SOFTWARE VOLUNTEER DATA	11/14/07	0				0	0	HY	0	0
86	ADOBE PHOTOSHOP	2/15/08	0				0	0	HY	0	0
87	Portable Hard Drive	7/21/08	0				0	0	HY	0	0
88	Pitney Bowes Printer for Smart Mailer	7/30/08	0				0	0	HY	0	0
89	Q2ID	7/30/08	0				0	0	HY	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
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
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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Future Depreciation Report**FYE: 6/30/10**

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	INSULATED FIRE SAFE	7/15/84	627	0	0
2	DESK WITH RETURN	2/15/92	711	0	0
3	FAX MODEM AND WINFAX	5/15/96	250	0	0
4	SONY 17" COLOR MONITOR	5/15/96	870	0	0
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842	0	0
6	USED FURNITURE FROM CITIZEN'S BANK	11/30/97	4,600	0	0
10	3 17" COLOR MONITORS	11/15/98	840	0	0
11	OFFICE CHAIR	6/15/99	349	0	0
12	CONFERENCE PHONE	6/15/99	975	0	0
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	474	0	0
16	SONY RECORDER, MIKE, TRANSCRIBER	8/01/99	499	0	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873	0	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	0	0
20	HAZEN'S CHAIR - KJW	12/01/99	397	0	0
21	HAZEN'S DESKS (6)	12/01/99	4,862	0	0
22	HAZEN'S CHAIRS (6)	12/01/99	1,351	0	0
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318	0	0
24	HAZEN'S LITERATURE RACK	12/01/99	252	0	0
25	HAZEN'S TACK BOARD	12/01/99	108	0	0
26	HAZEN'S COAT RACK	12/01/99	241	0	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506	0	0
30	CONF ROOM TABLES (13) HAZEN'S	2/01/00	1,649	0	0
32	AGFA SCANNER - ICEWARE - MH	8/14/00	249	0	0
34	DESK CENTER DRAWERS (7) - WB MASON	9/15/00	420	0	0
35	TABLE STAND - WB MASON - DLS	9/15/00	260	0	0
36	TABLE FOR POSTAGE METER - WB MASO	10/15/00	260	0	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	525	0	0
38	fire proof safe - suburban statione	4/15/01	346	0	0
39	HARD DRIVE & APC BATTERY UNIT	9/10/01	584	0	0
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	2,224	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	OFFICE CHAIR - JUSTIN	11/01/02	229	0	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	574	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	DELL SERVER UNIT & UPS BACK UP	4/01/03	9,363	0	0
54	DELL COMPUTER OPTIPLEX - JUSTIN	7/01/03	1,226	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
57	APC-UPS'S 3	12/01/03	165	0	0
58	IBM E400 PROJECTOR	8/15/04	1,128	19	0
59	DELL COMPUTER W/ MONITOR - PAT I	9/15/04	1,228	41	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105	37	0
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069	69	0
62	CREDIT CARD PRINTER	9/15/04	299	10	0
63	DELL COMPUTER - MARIA D	6/15/05	1,051	193	0
64	VOICE MAIL SYSTEM	6/15/05	1,600	293	0
65	FLAT PANEL MONITOR	12/01/05	267	54	0
67	SLOT WALL	7/15/06	579	116	0
68	HP LASER PRINTER 4200 DEE	9/14/06	1,182	237	0
69	QUANTUM INTERNAL DRIVER FOR SERV	12/27/06	925	185	0
70	SYMANTIC ANTIVIRUS	5/11/07	807	161	0
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141	229	0
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	479	96	0
73	DELL LAPTOP	5/11/07	1,000	200	0
74	PC MEMORY	7/30/07	218	44	0
75	CANON DIGITAL CAMERA	8/06/07	343	69	0
76	MEETING ROOM CHAIRS	8/30/07	602	120	0
77	FLAT SCREEN MONITORS (3)	12/12/07	440	88	0
78	WINDOWS UPDATES	8/01/02	1,458	0	0
79	RAINBOW CAMPAIGN SOFTWARE - 5 LIC.	6/01/03	13,982	0	0
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	433	86	0
82	IOMEGA SORCENTER-NETWORK-HARD D	12/01/05	267	54	0
83	SONIC FIRE WALL & ASSOC PROTECTION	9/14/06	1,074	215	0
84	QUARK SOFTWARE	7/30/07	933	186	0
85	SAGE SOFTWARE VOLUNTEER DATABASI	11/14/07	225	45	0

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Future Depreciation Report**FYE: 6/30/10**

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
86	ADOBE PHOTOSHOP	2/15/08	101	20	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	Q2ID	7/30/08	206	41	0
90	Tape Drive, Tapes, Back up Software	9/09/08	2,210	442	0
91	Monitors 2@ 17" and 1@22"	9/25/08	675	135	0
92	CS3.3 Design for Windows (Jill)	9/25/08	599	120	0
93	Literature Display Rack	10/08/08	253	51	0
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399	79	0
95	Back up Tapes (25)	11/30/08	801	161	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	93	0
	Total Other Depreciation		<u>100,482</u>	<u>5,141</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>100,482</u>	<u>5,141</u>	<u>0</u>
	Grand Totals		<u>100,482</u>	<u>5,141</u>	<u>0</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
	\$ 3,515		14	
TOTAL	\$ <u>3,515</u>			

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
	\$ 29,065		14	
TOTAL	\$ <u>29,065</u>			

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 3,262	\$ 1,370	\$ 620	\$ 1,272
TOTAL	\$ 3,262	\$ 1,370	\$ 620	\$ 1,272

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
AETNA	\$ 709,119	\$ 475,609
LIBERTY BANK	811,806	578,296
MIDDLESEX HOSPITAL	465,358	231,848
PRATT & WHITNEY	1,796,590	1,563,080
UNILEVER	230,911	
WESLEYAN UNIVERSITY	691,303	457,793
ZYGO CORP	193,510	
PFIZER, INC	224,073	
PRATT & WHITNEY - EAST HARTFORD	375,952	142,442
CT STATE EMPLOYEES	505,457	271,947
	5,535,701	
TOTAL	\$ <u>11,539,780</u>	\$ <u>3,721,015</u>