

Form **990**
Department of the Treasury
Internal Revenue Service

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- 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 province, country, and ZIP or foreign postal code
MIDDLETOWN, CT 06457

D Employer identification number
06-0665170

E Telephone number
(860) 346-8695

G Gross receipts \$ 1,242,927

F Name and address of principal officer:
SCOTT CARLSON

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.MIDDLESEXUNITEDWAY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1935

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
MIDDLESEX UNITED WAY ACTS AS A CATALYST TO ACHIEVE MEASURABLE, POSITIVE IMPACT IN EDUCATION, FINANCIAL STABILITY, HEALTH, HOUSING AND RACIAL EQUITY AND INCLUSION.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	34
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	8
6 Total number of volunteers (estimate if necessary)	800
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,365,943	1,146,728
9 Program service revenue (Part VIII, line 2g)	123,259	16,050
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,296	65,303
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,538,498	1,228,081
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	787,000	715,984
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	541,360	512,683
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 108,494		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	176,240	127,552
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,504,600	1,356,219
19 Revenue less expenses. Subtract line 18 from line 12	33,898	-128,138
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,507,645	2,725,842
21 Total liabilities (Part X, line 26)	821,395	755,968
22 Net assets or fund balances. Subtract line 21 from line 20	1,686,250	1,969,874

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: 2021-12-22

KEVIN WILHELM EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/type preparer's name: _____ Preparer's signature: _____ Date: 2021-12-22

Check if self-employed PTIN: P00412073

Firm's name ▶ MAHONEY SABOL & COMPANY LLP Firm's EIN ▶ 06-1289571

Firm's address ▶ 180 GLASTONBURY BLVD STE 400 Phone no. (860) 541-2000
GLASTONBURY, CT 060334439

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

MIDDLESEX UNITED WAY ACTS AS A CATALYST TO ACHIEVE MEASURABLE, POSITIVE IMPACT IN EDUCATION, FINANCIAL STABILITY, HEALTH, HOUSING AND RACIAL EQUITY AND INCLUSION.

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

Yes No

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

Yes No

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

4a (Code:) (Expenses \$ 1,064,501 including grants of \$ 715,984) (Revenue \$ 16,050)

MIDDLESEX UNITED WAY ACTS AS A CATALYST TO ACHIEVE MEASURABLE, POSITIVE IMPACT IN EDUCATION, FINANCIAL STABILITY, HEALTH, HOUSING AND RACIAL EQUITY AND INCLUSION. EDUCATION: OUR VISION: STUDENTS SUCCEED ACADEMICALLY. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON SCHOOL READINESS, PARENT EDUCATION, AND FAMILY LITERACY. MIDDLESEX UNITED WAY'S SCHOOL READINESS INITIATIVE WORKS WITH SCHOOLS, EARLY CHILDCARE PROVIDERS, PARENTS, AND COMMUNITY MEMBERS THROUGHOUT MIDDLESEX COUNTY TO ENSURE YOUNG CHILDREN ARE SCHOOL READY AND HAVE ACCESS TO RESOURCES THAT SUPPORT SOCIAL AND EMOTIONAL DEVELOPMENT. IN ADDITION, MIDDLESEX UNITED WAY SUPPORTS FAMILY AND ADULT LITERACY PROGRAMS. FINANCIAL STABILITY: OUR VISION: INDIVIDUALS AND FAMILIES ARE ECONOMICALLY STABLE. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON JOB TRAINING AND EMPLOYMENT SUPPORTS, BASIC NEEDS, AND TAX PREPARATION ASSISTANCE. MIDDLESEX UNITED WAY SUPPORTS PROGRAMS THAT PROVIDE BASIC NEEDS FOR THE COMMUNITY, LIKE NUTRITIOUS FOOD AND EMPLOYMENT SERVICES. MIDDLESEX UNITED WAY ALSO PROVIDES LEADERSHIP AND SUPPORT TO THE MIDDLESEX VITA (VOLUNTEER INCOME TAX ASSISTANCE) COALITION. VITA PROVIDES FREE INCOME TAX PREPARATION SERVICES TO LOW- AND MODERATE-INCOME FAMILIES AND INCREASES THE NUMBER OF HOUSEHOLDS THAT ACCESS THE TAX CREDITS THEY HAVE EARNED. HEALTH: OUR VISION: YOUTH AND ADULTS AVOID RISKY BEHAVIORS, AND INDIVIDUALS AND FAMILIES ARE HEALTHY AND SAFE. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON POSITIVE YOUTH DEVELOPMENT, SUBSTANCE ABUSE PREVENTION AND TREATMENT, AND MENTAL HEALTH SERVICES. MIDDLESEX UNITED WAY PARTNERS WITH YOUTH SERVICE BUREAUS IN MIDDLESEX COUNTY TO IMPLEMENT THE HEALTHY COMMUNITIES HEALTHY YOUTH INITIATIVE, AN APPROACH TO INCREASE YOUTH PARTICIPATION IN LOCAL COMMUNITIES THAT RESULTS IN REDUCED HIGH-RISK BEHAVIORS, ESPECIALLY THE USE OF DRUGS AND ALCOHOL. IN ADDITION TO THE HCHY INITIATIVE, MIDDLESEX UNITED WAY SUPPORTS ENRICHMENT AND LEADERSHIP DEVELOPMENT PROGRAMS. MIDDLESEX UNITED WAY ALSO SUPPORTS HEALTH AND WELLNESS SERVICES IN THE COMMUNITY, INCLUDING MENTAL HEALTH SERVICES, COUNSELING, SUBSTANCE ABUSE SERVICES, SEXUAL ASSAULT CRISIS SERVICES, AND PROGRAMS THAT HELP ADULTS WITH DISABILITIES THRIVE. HOUSING: OUR VISION: EVERYONE HAS SAFE AND AFFORDABLE HOUSING. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON HOMELESSNESS PREVENTION, EMERGENCY SHELTER, SUPPORTIVE HOUSING, AND AFFORDABLE HOUSING. MIDDLESEX UNITED WAY SUPPORTS PROGRAMS THROUGHOUT THE COUNTY THAT PROVIDE SAFE EMERGENCY HOUSING AS WELL AS SERVICES AND SUPPORTS TO ENSURE INDIVIDUALS AND FAMILIES CAN REMAIN SAFELY AND STABLY HOUSED. MIDDLESEX UNITED WAY IS A LEADER IN THE MIDDLESEX COUNTY COALITION ON HOUSING & HOMELESSNESS, WHICH WORKS TO END AND PREVENT HOMELESSNESS. RACIAL EQUITY & INCLUSION: OUR VISION: INDIVIDUALS AND FAMILIES LIVE IN AN ANTI-RACIST, EQUITABLE, AND INCLUSIVE COMMUNITY. LOCAL INVESTMENT: MIDDLESEX UNITED WAY IS FUNDING ITS FIRST SET OF GRANTS DEDICATED TO RACIAL EQUITY AND INCLUSION IN FY2021-22. FAMILYWISE PRESCRIPTION DRUG DISCOUNT PROGRAM: MIDDLESEX UNITED WAY PARTNERS WITH THE NATIONAL FAMILYWISE PRESCRIPTION DRUG DISCOUNT PROGRAM TO HELP INDIVIDUALS AND FAMILIES REDUCE THE COST OF PRESCRIPTION MEDICINE. THE CARD IS FREE AND AVAILABLE TO ANYONE. 2-1-1 INFORMATION AND REFERRAL: MIDDLESEX UNITED WAY SUPPORTS CONNECTICUT'S UNITED WAY 2-1-1 SYSTEM, AN INFORMATION AND REFERRAL SERVICE THAT IS AVAILABLE 24 HOURS, 7 DAYS A WEEK BY DIALING 2-1-1. UNITED WAY 2-1-1 HANDLED 365,000 CALLS IN 2020 AND OVER 2.7 MILLION WEB REQUESTS, INCLUDING OVER 16,000 CALLS FROM MIDDLESEX COUNTY. TOP REQUESTS STATEWIDE ARE FOR HEALTH SERVICES, HOUSING, AND EMPLOYMENT. COMMUNITY COLLABORATIVES: MIDDLESEX UNITED WAY PARTICIPATES IN MANY COMMUNITY COLLABORATIVES AND COALITIONS, INCLUDING BUT NOT LIMITED TO: MIDDLESEX COALITION FOR CHILDREN; MIDDLETOWN WORKS; MIDDLETOWN SCHOOL READINESS COUNCIL; MIDDLETOWN RACIAL JUSTICE COALITION; THE SHORELINE BASIC NEEDS TASK FORCE; MIDDLESEX VOLUNTEER INCOME TAX ASSISTANCE; MIDDLESEX COUNTY COALITION ON HOUSING & HOMELESSNESS. IN ADDITION, UNITED WAY PARTICIPATES IN THE MIDDLETOWN COMMUNITY THANKSGIVING PROJECT, WHICH ASSEMBLES AND DISTRIBUTES NEARLY 1,000 THANKSGIVING BASKETS FOR FAMILIES IN NEED IN MIDDLETOWN.

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 1,064,501

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and backup withholding rules.

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

Table with 5 main columns: Question/Section, Sub-question, Answer field, Yes/No, and other. Rows include sections 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9 Sponsoring organizations maintaining donor advised funds, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, 12a Section 4947(a)(1) non-exempt charitable trusts, 13 Section 501(c)(29) qualified nonprofit health insurance issuers, 14a-14b, 15, and 16.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN WILHELM EXECUTIVE DI	40.00			X			105,064	0	0	
(2) ROSARIO RIZZO HONORARY DIR	5.00	X					0	0	0	
(3) WILLIAM WRANG HONORARY DIR	5.00	X					0	0	0	
(4) HARRY BURR HONORARY DIR	5.00	X					0	0	0	
(5) DAVID REYNOLDS HONORARY DIR	5.00	X					0	0	0	
(6) JEAN ADAMS SHAW HONORARY DIR	5.00	X					0	0	0	
(7) PAT CHARLES AT LARGE	5.00	X					0	0	0	
(8) SCOTT CARLSON AT LARGE	5.00	X					0	0	0	
(9) FAITH JACKSON AT LARGE	5.00	X					0	0	0	
(10) ANDY RAPP COMMUNITY IM	5.00	X					0	0	0	
(11) KEVIN HARRIS YOUNG LEADER	5.00	X					0	0	0	
(12) CLIFFORD O STRAUB INVESTMENT	5.00	X					0	0	0	
(13) WILLAM HOLDER CAMPAIGN CHA	5.00	X					0	0	0	
(14) MARISOL RODRIGUEZ CAMPAIGN CHA	5.00	X					0	0	0	
(15) JOE SANTANIELLO BOARD MEMBER	5.00	X					0	0	0	
(16) KEVIN REICH BOARD MEMBER	5.00	X					0	0	0	
(17) JESSICA SCHEFF BOARD MEMBER	5.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GARY WALLACE BOARD MEMBER	5.00	X						0	0	0
(19) PAT CICCONE BOARD MEMBER	5.00	X						0	0	0
(20) COLEEN DUFFY BOARD MEMBER	5.00	X						0	0	0
(21) CATHY LEZON BOARD MEMBER	5.00	X						0	0	0
(22) JIM CRAWFORD BOARD MEMBER	5.00	X						0	0	0
(23) DERRICK GIBBS JR BOARD MEMBER	5.00	X						0	0	0
(24) KRISTEN ROBERTS BOARD MEMBER	5.00	X						0	0	0
(25) MICHAEL CONNER BOARD MEMBER	5.00	X						0	0	0
(26) JOSHUA RIVERA BOARD MEMBER	5.00	X						0	0	0
(27) ROBERT ROSE BOARD MEMBER	5.00	X						0	0	0
(28) RAMONA BURKEY BOARD MEMBER	5.00	X						0	0	0
(29) KRISTEN JENSEN BOARD MEMBER	5.00	X						0	0	0
(30) ERIC KANE BOARD MEMBER	5.00	X						0	0	0
(31) ROBERT BADIN BOARD MEMBER	5.00	X						0	0	0
(32) MEGHANN LAFOUNTAIN BOARD MEMBER	5.00	X						0	0	0
(33) ALLISON DOWE TREASURER	5.00	X			X			0	0	0
(34) MEGHAN SLATER VICE CHAIR	5.00	X			X			0	0	0
(35) KIMBERLY HOGAN CHAIRPERSON	5.00	X			X			0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							105,064			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	715,984	715,984		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,064	57,785	29,418	17,861
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	288,831	158,857	80,873	49,101
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,646	18,505	9,421	5,720
9 Other employee benefits	50,738	27,906	14,207	8,625
10 Payroll taxes	34,404	18,922	9,633	5,849
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,525		4,525	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,736	15,780	9,306	5,650
12 Advertising and promotion	7,938	4,366	2,223	1,349
13 Office expenses	944	519	265	160
14 Information technology				
15 Royalties				
16 Occupancy	38,400	21,120	10,752	6,528
17 Travel	1,622	892	454	276
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,054	1,680	855	519
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,123	3,918	1,994	1,211
23 Insurance	4,071	2,239	1,140	692
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	7,921	4,357	2,217	1,347
b RENTAL/MAIN. OF EQUIPMENT	7,007	3,854	1,962	1,191
c SUPPLIES	6,195	3,408	1,734	1,053
d TELEPHONE	5,355	2,945	1,500	910
e All other expenses	2,661	1,464	745	452
25 Total functional expenses. Add lines 1 through 24e	1,356,219	1,064,501	183,224	108,494
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	127,828	1	54,676
	2 Savings and temporary cash investments	116,764	2	70,948
	3 Pledges and grants receivable, net	362,354	3	288,568
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,990	9	12,560
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,327		
	b Less: accumulated depreciation	10b 62,251	17,386	10c 15,076
	11 Investments—publicly traded securities	1,219,305	11	1,484,987
	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	652,018	15	799,027
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,507,645	16	2,725,842	
Liabilities	17 Accounts payable and accrued expenses	212,644	17	160,107
	18 Grants payable	600,001	18	595,036
	19 Deferred revenue	4,625	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,125	25	825
	26 Total liabilities. Add lines 17 through 25	821,395	26	755,968
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	793,650	27	901,301
	28 Net assets with donor restrictions	892,600	28	1,068,573
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,686,250	32	1,969,874
33 Total liabilities and net assets/fund balances	2,507,645	33	2,725,842	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,228,081
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,356,219
3	Revenue less expenses. Subtract line 2 from line 1	3	-128,138
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,686,250
5	Net unrealized gains (losses) on investments	5	411,762
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,969,874

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury

Name of the organization
SERVICES UNITED WAY INC

Employer identification number

06-0665170

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,489,453	1,526,912	1,453,154	1,365,943	1,146,728	6,982,190
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	1,489,453	1,526,912	1,453,154	1,365,943	1,146,728	6,982,190
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). . .						875,358
6 Public support. Subtract line 5 from line 4.						6,106,832

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	1,489,453	1,526,912	1,453,154	1,365,943	1,146,728	6,982,190
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	18,430	19,670	24,111	21,696	15,775	99,682
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						7,081,872
12 Gross receipts from related activities, etc. (see instructions)					12	212,625
13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	86.230 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	91.520 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year (optional)

1 Net short-term capital gain**1****2** Recoveries of prior-year distributions**2****3** Other gross income (see instructions)**3****4** Add lines 1 through 3**4****5** Depreciation and depletion**5****6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)**6****7** Other expenses (see instructions)**7****8 Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)**8****Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year (optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):**1****a** Average monthly value of securities**1a****b** Average monthly cash balances**1b****c** Fair market value of other non-exempt-use assets**1c****d Total** (add lines 1a, 1b, and 1c)**1d****e Discount** claimed for blockage or other factors (*explain in detail in Part VI*):**2** Acquisition indebtedness applicable to non-exempt use assets**2****3** Subtract line 2 from line 1d**3****4** Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).**4****5** Net value of non-exempt-use assets (subtract line 4 from line 3)**5****6** Multiply line 5 by 0.035**6****7** Recoveries of prior-year distributions**7****8 Minimum Asset Amount** (add line 7 to line 6)**8****Section C - Distributable Amount**

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)**1****2** Enter 85% of line 1**2****3** Minimum asset amount for prior year (from Section B, line 8, Column A)**3****4** Enter greater of line 2 or line 3**4****5** Income tax imposed in prior year**5****6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)**6**

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (MIDDLESEX UNITED WAY INC) and Employer identification number (06-0665170)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Table with 3 columns: Question number, description, and Yes/No response. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Table with 3 columns: Question number, description, and dollar amount. Includes questions 1a, 1b, 2, and 3 regarding art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	182,480	192,869	195,803	194,011	185,670
b Contributions					
c Net investment earnings, gains, and losses	56,087	527	7,444	12,164	14,838
d Grants or scholarships	4,183	7,272	6,694	6,500	2,898
e Other expenditures for facilities and programs					
f Administrative expenses	4,214	3,644	3,685	3,872	3,599
g End of year balance	230,170	182,480	192,869	195,803	194,011

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 64.590 %
- c** Term endowment ▶ 35.410 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		77,327	62,251	15,076
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,076

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	793,845
(2) SECURITY DEPOSIT	3,000
(3) OTHER RECEIVABLES	2,182
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	799,027

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	825

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,498,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	411,762	
b	Donated services and use of facilities	2b	2,500	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 414,262
3	Subtract line 2e from line 1			3 1,084,023
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	4,525	
b	Other (Describe in Part XIII.)	4b	139,533	
c	Add lines 4a and 4b			4c 144,058
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 1,228,081

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,214,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,500	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 2,500
3	Subtract line 2e from line 1			3 1,212,161
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	4,525	
b	Other (Describe in Part XIII.)	4b	139,533	
c	Add lines 4a and 4b			4c 144,058
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 1,356,219

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 139,533
SCHEDULE D, PAGE 4, PART XII, LINE 4B	AMOUNTS RAISED ON BEHALF OF OTHERS 139,533

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD FAMILY AGENCY OF SE CT 255 HEMPSTEAD STREET NEW LONDON, CT 06320	23-7212022	3	22,687				HEALTH/POSITIVE YOUT
(2) CLINTON BOARD OF EDUCATION 137- B GLENWOOD ROAD CLINTON, CT 06413	06-6001597	GOV	5,050				EDUCATION
(3) COLUMBUS HOUSE - TRANSITIONAL HOUS 586 ELLA T GRASSO BOULEVARD NEW HAVEN, CT 06519	22-2511873	3	15,000				AFFORDABLE HOUSING
(4) EAST HADDAM BOARD OF EDUCATION PO BOX 572 387 EH-MOODUS ROAD MOODUS, CT 06469	06-1410267	3	5,050				EDUCATION
(5) EAST HAMPTON BOARD OF EDUCATION EL 94 MAIN STREET EAST HAMPTON, CT 06424	06-6001608	GOV	5,050				EDUCATION
(6) GILEAD COMMUNITY SERVICES PO BOX 1000 22 MAIN STREET EXTENSION MIDDLETOWN, CT 06457	06-0851549	3	28,370				HEALTH/POSITIVE YOUT
(7) HOPE PARTNERSHIP 121 MAIN STREET OLD SAYBROOK, CT 06475	20-1683627	3	18,929				AFFORDABLE HOUSING
(8) KUHN EMPLOYMENT OPPORTUNITIES PO BOX 941 MERIDEN, CT 06450	06-0770819	3	21,300				SELF SUFFICIENCY
(9) LITERACY VOLUNTEERS - VALLEY SHORE 25 MIDDLESEX TURNPIKE ESSEX, CT 06426	30-0229759	3	7,750				EDUCATION
(10) MARC - COMMUNITY RESOURCES PO BOX 126 12 FAIRVIEW STREET PORTLAND, CT 06480	06-6011968	3	14,888				HEALTH/POSITIVE YOUT
(11) MARC - COMMUNITY RESOURCES PO BOX 126 12 FAIRVIEW STREET PORTLAND, CT 06480	06-6011968	3	28,578				HEALTH/POSITIVE YOUT
(12) MIDDLESEX HOSPITAL OPPORTUNITY KNOC 28 CRESCENT STREET MIDDLETOWN, CT 06457	06-0646718	3	5,050				EDUCATION
(13) MIDDLESEX HOSPITAL PERINATAL PROG 28 CRESCENT STREET MIDDLETOWN, CT 06457	06-0646718	3	30,446				HEALTH/POSITIVE YOUT
(14) MIDDLETOWN ADULT EDUCATION 398 MAIN STREET MIDDLETOWN, CT 06457	06-6001872	3	7,200				EDUCATION
(15) MX CITY - COALITION ON HOMELESSNESS C/O MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER MIDDLETOWN, CT 06457	06-0665170	3	9,929				AFFORDABLE HOUSING
(16) MX HABITAT FOR HUMANITY C/O SOUTH CHURCH 334 SHUNPIKE ROAD UNIT 24-26 CROMWELL, CT 06416	06-1448284	3	7,180				AFFORDABLE HOUSING
(17) ODDFELLOWS PLAYHOUSE 128 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0964602	3	20,225				HEALTH/POSITIVE YOUT
(18) SHORELINE SOUP KITCHENS & PANTRIES PO BOX 804 ESSEX, CT 06426	06-1412728	3	16,450				SELF SUFFICIENCY
(19) ST VINCENT DEPAUL - AMAZING GRACE 617 MAIN STREET PO BOX 398 MIDDLETOWN, CT 06457	06-1387081	3	9,816				DONOR DESIGNATIONS
(20) ST VINCENT DEPAUL - FOOD PANTRY 617 MAIN STREET PO BOX 398 MIDDLETOWN, CT 06457	06-1387081	3	16,450				SELF SUFFICIENCY
(21) THE CONNECTION - EDDY SHELTER 955 SOUTH MAIN STREET MIDDLETOWN, CT 06457	06-0886125	3	38,253				AFFORDABLE HOUSING
(22) THE CONNECTION - HALLIE HOUSE 955 SOUTH MAIN STREET MIDDLETOWN, CT 06457	06-0886125	3	7,500				HEALTH/POSITIVE YOUT
(23) UNITED WAY OF CENTRAL & NE CT 30 LAUREL STREET HARTFORD, CT 06106	06-0646653	3	5,823				DONOR DESIGNATIONS
(24) UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 06702	06-0646634	3	5,994				DONOR DESIGNATIONS
(25) UNITED WAY OF SE CT 1868 ROUTE 12 PO BOX 375 GALES FERRY, CT 06335	06-0771393	3	6,958				DONOR DESIGNATIONS
(26) WESTBROOK PUBLIC SCHOOLS 158 MCVEAGH ROAD WESTBROOK, CT 06498	91-2153327	GOV	5,050				EDUCATION
(27) WOMEN & FAMILIES CENTER - SACS 169 COLONY STREET MERIDEN, CT 06451	06-0646994	3	23,071				HEALTH/POSITIVE YOUT
(28) RUSHFORD CENTER - EARLY INTERVENTIO 883 PADDOCK AVENUE MERIDEN, CT 06450	06-0932875	3	25,226				DONOR DESIGNATIONS
(29) YMCA OF NO MIDDLESEX CITY 99 UNION STREET MIDDLETOWN, CT 06457	06-0646981	3	6,518				DONOR DESIGNATED
(30) YMCA OF NORTHMIDDLESEX-KK&AS 99 UNION STREET MIDDLETOWN, CT 06457	06-0646981	3	46,000				HEALTH/POSITIVE YOUT

(31) EAST HADDAM BOARD OF ED PO BOX 572 MOODUS, CT 06469	06-1410267	3	5,050			EDUCATION
(32) 211 - INFOLINE 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	3	10,946			211-INFOLINE SUPPORT

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	29
3	Enter total number of other organizations listed in the line 1 table	3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	FUNDING PARTNERS ARE REQUIRED TO PROVIDE OUTCOME MEASURES THAT DEMONSTRATE THE SHORT-, MID- AND LONG-TERM RESULTS OF THEIR SERVICES/INITIATIVES.

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

Supplemental Information to Form 990 or 990-EZ
 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
 Open to Public Inspection

Department of the
 Treasury
 Name of the organization
 MIDDLESEX UNITED WAY INC
 Service

Employer identification number
 06-0665170

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	MIDDLESEX UNITED WAY ACTS AS A CATALYST TO ACHIEVE MEASURABLE, POSITIVE IMPACT IN EDUCATION, FINANCIAL STABILITY, HEALTH, HOUSING AND RACIAL EQUITY AND INCLUSION. EDUCATION: OUR VISION: STUDENTS SUCCEED ACADEMICALLY. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON SCHOOL READINESS, PARENT EDUCATION, AND FAMILY LITERACY. MIDDLESEX UNITED WAY'S SCHOOL READINESS INITIATIVE WORKS WITH SCHOOLS, EARLY CHILDCARE PROVIDERS, PARENTS, AND COMMUNITY MEMBERS THROUGHOUT MIDDLESEX COUNTY TO ENSURE YOUNG CHILDREN ARE SCHOOL READY AND HAVE ACCESS TO RESOURCES THAT SUPPORT SOCIAL AND EMOTIONAL DEVELOPMENT. IN ADDITION, MIDDLESEX UNITED WAY SUPPORTS FAMILY AND ADULT LITERACY PROGRAMS. FINANCIAL STABILITY: OUR VISION: INDIVIDUALS AND FAMILIES ARE ECONOMICALLY STABLE. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON JOB TRAINING AND EMPLOYMENT SUPPORTS, BASIC NEEDS, AND TAX PREPARATION ASSISTANCE. MIDDLESEX UNITED WAY SUPPORTS PROGRAMS THAT PROVIDE BASIC NEEDS FOR THE COMMUNITY, LIKE NUTRITIOUS FOOD AND EMPLOYMENT SERVICES. MIDDLESEX UNITED WAY ALSO PROVIDES LEADERSHIP AND SUPPORT TO THE MIDDLESEX VITA (VOLUNTEER INCOME TAX ASSISTANCE) COALITION. VITA PROVIDES FREE INCOME TAX PREPARATION SERVICES TO LOW- AND MODERATE-INCOME FAMILIES AND INCREASES THE NUMBER OF HOUSEHOLDS THAT ACCESS THE TAX CREDITS THEY HAVE EARNED. HEALTH: OUR VISION: YOUTH AND ADULTS AVOID RISKY BEHAVIORS, AND INDIVIDUALS AND FAMILIES ARE HEALTHY AND SAFE. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON POSITIVE YOUTH DEVELOPMENT, SUBSTANCE ABUSE PREVENTION AND TREATMENT, AND MENTAL HEALTH SERVICES. MIDDLESEX UNITED WAY PARTNERS WITH YOUTH SERVICE BUREAUS IN MIDDLESEX COUNTY TO IMPLEMENT THE HEALTHY COMMUNITIES HEALTHY YOUTH INITIATIVE, AN APPROACH TO INCREASE YOUTH PARTICIPATION IN LOCAL COMMUNITIES THAT RESULTS IN REDUCED HIGH-RISK BEHAVIORS, ESPECIALLY THE USE OF DRUGS AND ALCOHOL. IN ADDITION TO THE HCHY INITIATIVE, MIDDLESEX UNITED WAY SUPPORTS ENRICHMENT AND LEADERSHIP DEVELOPMENT PROGRAMS. MIDDLESEX UNITED WAY ALSO SUPPORTS HEALTH AND WELLNESS SERVICES IN THE COMMUNITY, INCLUDING MENTAL HEALTH SERVICES, COUNSELING, SUBSTANCE ABUSE SERVICES, SEXUAL ASSAULT CRISIS SERVICES, AND PROGRAMS THAT HELP ADULTS WITH DISABILITIES THRIVE. HOUSING: OUR VISION: EVERYONE HAS SAFE AND AFFORDABLE HOUSING. LOCAL INVESTMENT: MIDDLESEX UNITED WAY FOCUSES ON HOMELESSNESS PREVENTION, EMERGENCY SHELTER, SUPPORTIVE HOUSING, AND AFFORDABLE HOUSING. MIDDLESEX UNITED WAY SUPPORTS PROGRAMS THROUGHOUT THE COUNTY THAT PROVIDE SAFE EMERGENCY HOUSING AS WELL AS SERVICES AND SUPPORTS TO ENSURE INDIVIDUALS AND FAMILIES CAN REMAIN SAFELY AND STABLY HOUSED. MIDDLESEX UNITED WAY IS A LEADER IN THE MIDDLESEX COUNTY COALITION ON HOUSING & HOMELESSNESS, WHICH WORKS TO END AND PREVENT HOMELESSNESS. RACIAL EQUITY & INCLUSION: OUR VISION: INDIVIDUALS AND FAMILIES LIVE IN AN ANTI-RACIST, EQUITABLE, AND INCLUSIVE COMMUNITY. LOCAL INVESTMENT: MIDDLESEX UNITED WAY IS FUNDING ITS FIRST SET OF GRANTS DEDICATED TO RACIAL EQUITY AND INCLUSION IN FY2021-22. FAMILYWIZE PRESCRIPTION DRUG DISCOUNT PROGRAM: MIDDLESEX UNITED WAY PARTNERS WITH THE NATIONAL FAMILYWIZE PRESCRIPTION DRUG DISCOUNT PROGRAM TO HELP INDIVIDUALS AND FAMILIES REDUCE THE COST OF PRESCRIPTION MEDICINE. THE CARD IS FREE AND AVAILABLE TO ANYONE. 2-1-1 INFORMATION AND REFERRAL: MIDDLESEX UNITED WAY SUPPORTS CONNECTICUT'S UNITED WAY 2-1-1 SYSTEM, AN INFORMATION AND REFERRAL SERVICE THAT IS AVAILABLE 24 HOURS, 7 DAYS A WEEK BY DIALING 2-1-1. UNITED WAY 2-1-1 HANDLED 365,000 CALLS IN 2020 AND OVER 2.7 MILLION WEB REQUESTS, INCLUDING OVER 16,000 CALLS FROM MIDDLESEX COUNTY. TOP REQUESTS STATEWIDE ARE FOR HEALTH SERVICES, HOUSING, AND EMPLOYMENT. COMMUNITY COLLABORATIVES: MIDDLESEX UNITED WAY PARTICIPATES IN MANY COMMUNITY COLLABORATIVES AND COALITIONS, INCLUDING BUT NOT LIMITED TO: MIDDLESEX COALITION FOR CHILDREN; MIDDLETOWN WORKS; MIDDLETOWN SCHOOL READINESS COUNCIL; MIDDLETOWN RACIAL JUSTICE COALITION; THE SHORELINE BASIC NEEDS TASK FORCE; MIDDLESEX VOLUNTEER INCOME TAX ASSISTANCE; MIDDLESEX COUNTY COALITION ON HOUSING & HOMELESSNESS. IN ADDITION, UNITED WAY PARTICIPATES IN THE MIDDLETOWN COMMUNITY THANKSGIVING PROJECT, WHICH ASSEMBLES AND DISTRIBUTES NEARLY 1,000 THANKSGIVING BASKETS FOR FAMILIES IN NEED IN MIDDLETOWN.
FORM 990, PAGE 6, PART VI, LINE 11B	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, PAGE 6, PART VI, LINE 12C	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, PAGE 6, PART VI, LINE 15A	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, PAGE 6, PART VI, LINE 15B	KEY EMPLOYEES AND THEIR RELATED COMPENSATION IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER. IN ADDITION, AT LEAST ONCE EVERY THREE YEARS, A COMPARISON AMONG SIMILAR SIZE UNITED WAYS IS CONDUCTED AND REVIEWED BY THE PERSONNEL COMMITTEE.
FORM 990, PAGE 6, PART VI, LINE 19	ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST
FORM 990, PART XI, LINE 9	AMOUNTS RAISED ON BEHALF OF OTHERS -139,533 AMOUNTS RAISED ON BEHALF OF OTHERS 139,533