

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

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Middlesex United Way, Inc.		D Employer identification number 06-0665170
	Doing Business As		E Telephone number 860-346-8695
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	100 Riverview Center		230
	City or town, state or country, and ZIP + 4 Middletown CT 06457		G Gross receipts\$ 2,161,445
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ www.middlesexunitedway.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1935	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.		
	2 Check this box <input type="checkbox"/> 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)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	918
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,985,794	1,963,284
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,792	33,201
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,974	43,605
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,167	43,605
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,349,238	1,451,755
	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)	483,804	522,478
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 195,226		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	212,794	220,553
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,045,836	2,194,786	
19 Revenue less expenses. Subtract line 18 from line 12	47,891	-154,696	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,980,073	3,162,353
	22 Net assets or fund balances. Subtract line 21 from line 20	1,125,821	1,173,826
		1,854,252	1,988,527

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 Use Only	Print/Type preparer's name KENNETH A. KRON	Preparer's signature	Date 10/20/11	Check <input type="checkbox"/> if self-employed	PTIN P00412073
	Firm's name ▶ Mahoney Sabol & Company, LLP	Firm's EIN ▶ 06-1289571	Firm's address ▶ 95 Glastonbury Boulevard, Ste 201 Glastonbury, CT 06033-4453		
			Phone no.	860-541-2000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ **1,820,232** including grants of \$ **1,451,755**) (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 ▶ **1,820,232**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question 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		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Faith Jackson President	5.00	X					0	0	0	
(2) Gary Simonsen First VP	5.00	X					0	0	0	
(3) Clifford Straub Second VP	5.00	X					0	0	0	
(4) Linda Morales Personnel	5.00	X					0	0	0	
(5) Russell Carter Treasurer	5.00	X					0	0	0	
(6) David Giuffrida Campaign	5.00	X					0	0	0	
(7) Wilfredo Nieves Community Impact	5.00	X					0	0	0	
(8) Christopher Riley Marketing	5.00	X					0	0	0	
(9) William Holder EC At Large	5.00	X					0	0	0	
(10) Kelly Smith EC At Large	5.00	X					0	0	0	
(11) William Wrang EC At Large	5.00	X					0	0	0	
(12) Deborah Bochain Board Member	2.00	X					0	0	0	
(13) Jean D'Aquila Board Member	2.00	X					0	0	0	
(14) David Director Board Member	2.00	X					0	0	0	
(15) Christine Fahey Board Member	2.00	X					0	0	0	
(16) Judith Felton Board Member	2.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Frank Kuan Board Member	2.00	X					0	0	0	
(18) James Mansey Board Member	2.00	X					0	0	0	
(19) Cliff O'Callahan M.D. Board Member	2.00	X					0	0	0	
(20) Andrew Rapp Board Member	2.00	X					0	0	0	
(21) David Reynolds Board Member	2.00	X					0	0	0	
(22) Kristen Roberts Board Member	2.00	X					0	0	0	
(23) Matthew Stillman Board Member	2.00	X					0	0	0	
(24) Martha Temple Board Member	2.00	X					0	0	0	
(25) Harry Burr Honorary	2.00	X					0	0	0	
(26) Jean Adams Shaw Honorary	2.00	X					0	0	0	
(27) Rosario Rizzo Honorary	2.00	X					0	0	0	
(28) Elizabeth Morin Board Member	2.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							100,654			
d Total (add lines 1b and 1c)							100,654			

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 in compensation from the organization **0**

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Kevin Wilhelm Executive Director	35.00					X		100,654	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								100,654		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 in compensation from the organization ▶

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,963,284				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,963,284				
Program Service Revenue	2a Program Service Revenue	Busn. Code	33,201	33,201			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		33,201				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,323			27,323	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	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	(i) Securities	(ii) Other				
				137,637			
	b Less: cost or other basis & sales exps.			121,355			
	c Gain or (loss)			16,282			
	d Net gain or (loss)			16,282	16,282		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Busn. Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			2,040,090	49,483	0	27,323	

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

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest bearing	253,224	1	122,854	
	2	Savings and temporary cash investments	213,378	2	178,736	
	3	Pledges and grants receivable, net	632,590	3	649,951	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	7,167	9	891	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	102,087		
	b	Less: accumulated depreciation	10b	84,857	10c	17,230
	11	Investments—publicly traded securities	1,304,427	11	1,570,890	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	552,478	15	621,801	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,980,073	16	3,162,353		
Liabilities	17	Accounts payable and accrued expenses	53,899	17	45,537	
	18	Grants payable	1,067,695	18	1,124,243	
	19	Deferred revenue	4,227	19	4,046	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial 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 to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,125,821	26	1,173,826	
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	1,210,418	27	1,278,370	
	28	Temporarily restricted net assets	45,968	28	42,118	
	29	Permanently restricted net assets	597,866	29	668,039	
	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	1,854,252	33	1,988,527		
34	Total liabilities and net assets/fund balances	2,980,073	34	3,162,353		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,040,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,194,786
3	Revenue less expenses. Subtract line 2 from line 1	3	-154,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,854,252
5	Other changes in net assets or fund balances (explain in Schedule O)	5	288,971
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,988,527

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
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	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,444,276
6 Public support. Subtract line 5 from line 4						8,618,804

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,075	49,090	32,580	25,440	27,323	158,508
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						11,221,588
12 Gross receipts from related activities, etc. (see instructions)					12	33,201

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	76.81%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	68.25%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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

OMB No. 1545-0047

2010

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

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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
1	Aetna 171 Farmington Avenue Hartford CT 06156	\$ 65,460	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	\$ 182,645	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 MS 401-15 Middletown CT 06457	\$ 239,552	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 400 Main Street East Hartford CT 06105	\$ 70,282	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	\$ 135,861	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Zygo Corporation 21 Laurel Brook Road P.O. Box 448 Middlefield CT 06455	\$ 47,456	Person <input type="checkbox"/> Payroll <input checked="" 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	Connecticut State Employees 30 Laurel Street, Suite 2 Hartford CT 06106	\$ 59,308	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Middlesex Hospital 28 Crescent Street Middletown CT 06457	\$ 118,850	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

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

Table with 2 columns: Question, Amount. Includes questions 1a, 1b, and 2 regarding collections of 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 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	65,115	60,548	79,738		
b Contributions	850	200			
c Net investment earnings, gains, and losses	12,733	5,652	-17,836		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,392	1,285	1,354		
g End of year balance	77,306	65,115	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?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		76,356	65,353	11,003
e Other		25,731	19,504	6,227
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				17,230

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interests in Trusts	618,801
(2) Security Deposit	3,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	621,801

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,040,090
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,194,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-154,696
4	Net unrealized gains (losses) on investments	4	288,971
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	288,971
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	134,275

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	1,947,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	288,971
b	Donated services and use of facilities	2b	18,206
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	307,177
3	Subtract line 2e from line 1	3	1,640,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,471
b	Other (Describe in Part XIV.)	4b	392,875
c	Add lines 4a and 4b	4c	399,346
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,040,090

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,813,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,206
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	18,206
3	Subtract line 2e from line 1	3	1,795,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,471
b	Other (Describe in Part XIV.)	4b	392,875
c	Add lines 4a and 4b	4c	399,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,194,786

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Amounts raised on behalf of others	\$	-392,875
Amounts raised on behalf of others	\$	392,875

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

Amounts raised on behalf of others	\$	392,875
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Part XIV Supplemental Information (continued)

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

Amounts raised on behalf of others \$ **392,875**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Miscellaneous Grants under \$5,000			454,033				Various
(2)	YMCA of No. Middlesex City 99 Union Street Middletown CT 06457	06-0646981	3	82,800				Health/Positive Yout
(3)	MARC - Community Resources P.O. Box 126 Portland CT 06480	06-6011968	3	52,034				Self Sufficiency
(4)	American Red Cross 97 Broad Street Middletown CT 06457	53-0196605	3	43,480				Health/Positive Yout
(5)	Gilead Community Services P.O. Box 1000 Middletown CT 06457	06-0851549	3	40,095				Health/Positive Yout
(6)	Middlesex Hospital Perinatal Prog. 28 Crescent Street Middletown CT 06457	06-0646718	3	40,050				School Readiness
(7)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	38,430				Health/Positive Yout
(8)	Hope Partnership 121 Main Street Old Saybrook CT 06475	20-1683627	3	35,000				Affordable Housing
(9)	Women & Families Center - SACS 169 Colony Street Meriden CT 06451	06-0646994	3	31,185				Health/Positive Yout

- 2 Enter total number of section 501(c)(3) and government organizations ▶ **51**
- 3 Enter total number of other organizations ▶ **10**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Rushford Center Treatment Services 883 Paddock Avenue Meriden CT 06451	06-0932875	3	30,740				Health/Positive Yout
(2)	The Connection - Mtown/O. Saybrook 955 South Main Street Middletown CT 06457	06-0886125	3	30,517				Health/Positive Yout
(3)	The Connection - Eddy Shelter 955 South Main Street Middletown CT 06457	06-0886125	3	29,700				Affordable Housing
(4)	Child Family Agency of SE CT 255 Hempstead Street New London CT 06320	23-7212022	3	29,075				Health/Positive Yout
(5)	Kuhn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819	3	20,493				Self Sufficiency
(6)	Nehemiah Housing Corporation 668 Main Street Middletown CT 06457	22-2765537	3	18,378				Affordable Housing
(7)	St. Luke's Eldercare 100 Riverview Center Middletown CT 06457	06-0653129	3	18,313				Self Sufficiency
(8)	Community Health Center - Dental 635 Main Street Middletown CT 06457	06-0897105	3	17,550				School Readiness
(9)	211 Infoline 1344 Silas Deane Highway Rocky Hill CT 06067	06-1084194	3	17,353				211 Infoline Support

- 2 Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3 Enter total number of other organizations ▶ _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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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
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CT Humane Society 701 Russell Road Newington CT 06111	06-0667605	3	16,593				Donor Designations
(2)	East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	15,750				School Readiness
(3)	The Connection - Housing Advocate 955 South Main Street Middletown CT 06457	06-0886125	3	14,000				Affordable Housing
(4)	Cromwell Board of Education 25 Court Street Cromwell CT 06416	06-0807450	GOV	13,500				School Readiness
(5)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	13,500				School Readiness
(6)	Regional School District #13 135A Pickett Lane Durham CT 06422	06-0855660	GOV	13,500				School Readiness
(7)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	13,500				School Readiness
(8)	John J Driscoll United Labor Agency 56 Town Line Road Rocky Hill CT 06067	06-0987695	3	13,365				Self Sufficiency
(9)	Literacy Volunteers - Valley Shore 25 Middlesex Turnpike Essex CT 06426	30-0229759	3	13,365				Self Sufficiency

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
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Name of the organization

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	St. Vincent DePaul - Amazing Grace 617 Main Street Middletown CT 06457	06-1387081	3	13,312				Donor Designations
(2)	MX Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	12,500				Affordable Housing
(3)	St. Vincent DePaul - Food Pantry 617 Main Street Middletown CT 06457	06-1387081	3	12,474				Self Sufficiency
(4)	Rushford Center 883 Paddock Avenue Meriden CT 06450	06-0932875	3	11,800				Health/Positive Yout
(5)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	11,465				Donor Designations
(6)	Middlesex Hospital Opportunity Knoc 28 Crescent Street Middletown CT 06457	06-0646718	3	11,250				School Readiness
(7)	YMCA of No. Middlesex City - TA 99 Union Street Middletown CT 06457	06-0646981	3	10,800				Health/Positive Yout
(8)	Clinton Youth & Fam. Service Bureau 112 Glenwood Road Clinton CT 06413	06-6001973		10,000				Health/Positive Yout
(9)	East Haddam Youth & Family Services P.O. Box 572 Moodus CT 06469	06-1410267	3	10,000				Health/Positive Yout

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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06-0665170

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Middletown Youth Services 370 Hunting Hill Avenue Middletown CT 06457	02-3486665	GOV	10,000				Health/Positive Yout
(2)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058		10,000				Health/Positive Yout
(3)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	10,000				Health/Positive Yout
(4)	Tri-Town Youth Services P.O. Box 897 Deep River CT 06417	22-2537187	3	10,000				Health/Positive Yout
(5)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	10,000				Health/Positive Yout
(6)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	10,000				Health/Positive Yout
(7)	MX City - Coalition on Homelessness 100 Riverview Center Middletown CT 06457		3	10,000				Affordable Housing
(8)	The Diaper Bank P.O. Box 9017 New Haven CT 06532	20-1179912	3	10,000				Self Sufficiency
(9)	Shoreline Soup Kitchens & Pantries P.O. Box 804 Essex CT 06426	06-1412728	3	8,910				Self Sufficiency

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	GOV	8,550				School Readiness
(2)	East Hampton Board of Education 94 Main Street East Hampton CT 06424	06-6001608	GOV	8,550				School Readiness
(3)	Girl Scouts of Connecticut 340 Washington Street Hartford CT 06106	06-0662134	3	8,550				Health/Positive Yout
(4)	Middletown Adult Education 398 Main Street Middletown CT 06457	06-6001872	3	8,550				School Readiness
(5)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058		8,550				School Readiness
(6)	Regional School District #4 P.O. Box 187 Deep River CT 06417	06-6002456	GOV	8,550				School Readiness
(7)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	8,550				School Readiness
(8)	United Way of SE CT 1868 Route 12 Gales Ferry CT 06335	06-0771393	3	7,056				Donor Designations
(9)	United Way of Greater Waterbury 60 North Main Street Waterbury CT 06723	06-0646634	3	6,285				Donor Designations

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	United Way of Central & NE CT 30 Laurel Street Hartford CT 06106	06-0646653	3	5,797				Donor Designations
(2)	Middlesex Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	5,657				Donor Designations
(3)	Boy Scouts CT Rivers Council 60 Darlin Street East Hartford CT 06128	06-0662110	3	5,400				Health/Positive Yout
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FUNDING PARTNERS ARE REQUIRED TO PROVIDE OUTCOME MEASURES THAT DEMONSTRATE THE SHORT-, MID- AND LONG-TERM RESULTS OF THEIR SERVICES/INITIATIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

06-0665170

Middlesex United Way, Inc.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE COMPLETED 990 IS GIVEN TO THE AUDIT COMMITTEE FOR REVIEW; THE AUDIT
COMMITTEE THEN REPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990
IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL
APPROVAL

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND
EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF
INTEREST DISCLOSURE FORM

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

THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE CHAIRMAN
OF THE BOARD AS WELL AS THE ENTIRE BOARD OF DIRECTORS. SUCH REVIEW IS
COMPLETED IN EXECUTIVE SESSION DURING ONE BOARD MEETING PER YEAR

Form 990, Part VI, Line 15b - Compensation Process for Officers

KEY EMPLOYEES AND THEIR RELATED COMPENSATION IS REVIEWED BY THE CHIEF
EXECUTIVE OFFICER. IN ADDITION, AT LEAST ONCE EVERY THREE YEARS, A
COMPARISON AMONG SIMILAR SIZE UNITED WAYS IS CONDUCTED AND REVIEWED BY THE
PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2010Attachment
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 instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 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 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,375

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 2010	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 2010 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative 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
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,375
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** (2010)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	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
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842				1,842	5	MO S/L	1,842	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
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
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	2,224				2,224	5	MO S/L	2,224	0
	Sold/Scrapped: 6/30/11										
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
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	9,363				9,363	5	MO S/L	9,363	0
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	1,130	0
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	1,334				1,334	5	MO S/L	1,334	0
58	IBM E400 PROJECTOR	8/15/04	1,128				1,128	5	MO S/L	1,128	0
59	DELL COMPUTER W/ MONITOR - PAT	9/15/04	1,228				1,228	5	MO S/L	1,228	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105				1,105	5	MO S/L	1,105	0
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069				2,069	5	MO S/L	2,069	0
62	CREDIT CARD PRINTER	9/15/04	299				299	5	MO S/L	299	0
63	DELL COMPUTER - MARIA D	6/15/05	1,051				1,051	5	MO S/L	1,051	0
64	VOICE MAIL SYSTEM	6/15/05	1,600				1,600	5	MO S/L	1,600	0
65	FLAT PANEL MONITOR	12/01/05	267				267	5	MO S/L	245	22
67	SLOT WALL	7/15/06	579				579	5	MO S/L	463	116
68	HP LASER PRINTER 4200 DEE	9/14/06	1,182				1,182	5	MO S/L	907	236
69	QUANTUM INTERNAL DRIVER FOR SI	12/27/06	925				925	5	MO S/L	648	185
70	SYMANTIC ANTIVIRUS	5/11/07	807				807	5	MO S/L	511	161
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141				1,141	5	MO S/L	685	228
72	PORTLAND ELECTRIC REFRIGERATOI	12/15/06	479				479	5	MO S/L	343	96
73	DELL LAPTOP	5/11/07	1,000				1,000	5	MO S/L	633	200
74	PC MEMORY	7/30/07	218				218	5	MO S/L	127	44
75	CANON DIGITAL CAMERA	8/06/07	343				343	5	MO S/L	200	69
76	MEETING ROOM CHAIRS	8/30/07	602				602	5	MO S/L	341	120
77	FLAT SCREEN MONITORS (3)	12/12/07	440				440	5	MO S/L	227	88
78	WINDOWS UPDATES	8/01/02	1,458				1,458	5	MO S/L	1,458	0
	Sold/Scrapped: 6/30/11										
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	13,982				13,982	5	MO S/L	13,982	0
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	433				433	5	MO S/L	397	36
83	SONIC FIRE WALL & ASSOC PROTECT	9/14/06	1,074				1,074	5	MO S/L	823	215
84	QUARK SOFTWARE	7/30/07	933				933	5	MO S/L	544	187
85	SAGE SOFTWARE VOLUNTEER DATA	11/14/07	225				225	5	MO S/L	120	45
86	ADOBE PHOTOSHOP	2/15/08	101				101	5	MO S/L	49	20
87	Portable Hard Drive	7/21/08	347				347	5	MO S/L	133	69
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670				3,670	5	MO S/L	1,407	734
89	Q2ID	7/30/08	206				206	5	MO S/L	79	41
90	Tape Drive, Tapes, Back up Software	9/09/08	2,210				2,210	5	MO S/L	810	442
91	Monitors 2@ 17" and 1@22"	9/25/08	675				675	5	MO S/L	236	135

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

CT Asset Report

Form 990, Page 1

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

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

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

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	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
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	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
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
40	1.2GHZ COMPUTERS -2 (DEE & MEL)	10/15/01	0					0	0	HY	0	0
	Sold/Scrapped: 6/30/11											
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
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	0					0	0	HY	0	0
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
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
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 REFRIGERATOI	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
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
	Sold/Scrapped: 6/30/11											
79	RAINBOW CAMPAIGN SOFTWARE - 5	6/01/03	0					0	0	HY	0	0
81	ANTI-VIRUS SOFTWARE & LICENSES	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

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

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

0133250 Middlesex United Way, Inc.

06-0665170

FYE: 6/30/2011

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

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

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
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842	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
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
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
58	IBM E400 PROJECTOR	8/15/04	1,128	0	0
59	DELL COMPUTER W/ MONITOR - PAT I	9/15/04	1,228	0	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105	0	0
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069	0	0
62	CREDIT CARD PRINTER	9/15/04	299	0	0
63	DELL COMPUTER - MARIA D	6/15/05	1,051	0	0
64	VOICE MAIL SYSTEM	6/15/05	1,600	0	0
65	FLAT PANEL MONITOR	12/01/05	267	0	0
67	SLOT WALL	7/15/06	579	0	0
68	HP LASER PRINTER 4200 DEE	9/14/06	1,182	39	0
69	QUANTUM INTERNAL DRIVER FOR SERVI	12/27/06	925	92	0
70	SYMANCIC ANTIVIRUS	5/11/07	807	135	0
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141	228	0
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	479	40	0
73	DELL LAPTOP	5/11/07	1,000	167	0
74	PC MEMORY	7/30/07	218	43	0
75	CANON DIGITAL CAMERA	8/06/07	343	68	0
76	MEETING ROOM CHAIRS	8/30/07	602	121	0
77	FLAT SCREEN MONITORS (3)	12/12/07	440	88	0
79	RAINBOW CAMPAIGN SOFTWARE - 5 LIC.	6/01/03	13,982	0	0
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	433	0	0
83	SONIC FIRE WALL & ASSOC PROTECTION	9/14/06	1,074	36	0
84	QUARK SOFTWARE	7/30/07	933	186	0
85	SAGE SOFTWARE VOLUNTEER DATABAS'	11/14/07	225	45	0
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	80	0

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

Asset	Description	Date In Service	Cost	CT
Other Depreciation:				
1	INSULATED FIRE SAFE	7/15/84	627	0
2	DESK WITH RETURN	2/15/92	711	0
3	FAX MODEM AND WINFAX	5/15/96	250	0
5	TOSHIBA TELEPHONE SYSTEM	4/15/97	1,842	0
11	OFFICE CHAIR	6/15/99	349	0
12	CONFERENCE PHONE	6/15/99	975	0
15	ACCESS SOFTWARE - 6 COPIES	3/01/96	474	0
16	SONY RECORDER, MIKE, TRANSCRIBER	8/01/99	499	0
18	OMNI TELEPHONE - ADD'L PHONES	12/01/99	5,873	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	0
20	HAZEN'S CHAIR - KJW	12/01/99	397	0
21	HAZEN'S DESKS (6)	12/01/99	4,862	0
22	HAZEN'S CHAIRS (6)	12/01/99	1,351	0
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318	0
24	HAZEN'S LITERATURE RACK	12/01/99	252	0
25	HAZEN'S TACK BOARD	12/01/99	108	0
26	HAZEN'S COAT RACK	12/01/99	241	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506	0
30	CONF ROOM TABLES (13) HAZEN'S	2/01/00	1,649	0
34	DESK CENTER DRAWERS (7) - WB MASON	9/15/00	420	0
35	TABLE STAND - WB MASON - DLS	9/15/00	260	0
36	TABLE FOR POSTAGE METER - WB MASO	10/15/00	260	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	525	0
38	fire proof safe - suburban statione	4/15/01	346	0
44	LATERAL FILE CABINET - DEE	9/30/02	479	0
45	DELL COMPUTER - ALLI	11/01/02	1,231	0
46	OFFICE CHAIR - JUSTIN	11/01/02	229	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	574	0
48	HP LASER JET PRINTER - 4100 - DEE	12/01/02	1,397	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820	0
52	DELL SERVER UNIT & UPS BACK UP	4/01/03	9,363	0
54	DELL COMPUTER OPTIPLEX - JUSTIN	7/01/03	1,226	0
55	DELL COMPUTER OPTIPLEX - SUSAN	9/01/03	1,130	0
56	DELL COMPUTER OPTIPLEX - DEE	11/01/03	1,334	0
58	IBM E400 PROJECTOR	8/15/04	1,128	0
59	DELL COMPUTER W/ MONITOR - PAT I	9/15/04	1,228	0
60	DELL COMPUTER - MARIA T	9/15/04	1,105	0
61	HP 4200 LASER PRINTER - SUSAN	9/15/04	2,069	0
62	CREDIT CARD PRINTER	9/15/04	299	0
63	DELL COMPUTER - MARIA D	6/15/05	1,051	0
64	VOICE MAIL SYSTEM	6/15/05	1,600	0
65	FLAT PANEL MONITOR	12/01/05	267	0
67	SLOT WALL	7/15/06	579	0
68	HP LASER PRINTER 4200 DEE	9/14/06	1,182	39
69	QUANTUM INTERNAL DRIVER FOR SERVI	12/27/06	925	93
70	SYMAN TIC ANTIVIRUS	5/11/07	807	135
71	DELL COMPUTER AN MONITOR DEE	6/27/07	1,141	228
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	479	40
73	DELL LAPTOP	5/11/07	1,000	167
74	PC MEMORY	7/30/07	218	43
75	CANON DIGITAL CAMERA	8/06/07	343	68
76	MEETING ROOM CHAIRS	8/30/07	602	121
77	FLAT SCREEN MONITORS (3)	12/12/07	440	88
79	RAINBOW CAMPAIGN SOFTWARE - 5 LIC.	6/01/03	13,982	0
81	ANTI-VIRUS SOFTWARE & LICENSES	12/01/05	433	0
83	SONIC FIRE WALL & ASSOC PROTECTION	9/14/06	1,074	36
84	QUARK SOFTWARE	7/30/07	933	186
85	SAGE SOFTWARE VOLUNTEER DATABAS'	11/14/07	225	45
86	ADOBE PHOTOSHOP	2/15/08	101	20
87	Portable Hard Drive	7/21/08	347	69
88	Pitney Bowes Printer for Smart Mailer	7/30/08	3,670	734
89	Q2ID	7/30/08	206	41
90	Tape Drive, Tapes, Back up Software	9/09/08	2,210	442
91	Monitors 2@ 17" and 1@22"	9/25/08	675	135
92	CS3.3 Design for Windows (Jill)	9/25/08	599	120
93	Literature Display Rack	10/08/08	253	51
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399	80

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CT</u>
95	Back up Tapes (25)	11/30/08	801	160
96	750va Smart UPS USB Back UP	3/04/09	304	61
97	Vipre Enterprise Software	3/04/09	243	49
98	Shredder Cross cut	5/11/09	416	83
99	HP Microtower Computer	5/11/09	781	156
100	Dell Add'l Memory for Office 2003	5/11/09	463	92
101	Mind Manager Software	9/09/09	556	111
102	Flat Screen Monitors	10/14/09	364	73
103	Computer	1/15/10	846	169
104	Server	6/21/10	4,300	860
105	Server and Back-up	12/01/10	2,453	491
106	Ergonomic Chair (Kevin)	8/01/10	269	54
107	Reports - Leadership	11/01/10	743	149
108	Software - CS 5 Update	11/01/10	224	45
109	Website Mgmt. System	11/01/10	1,495	299
110	HP Computers (Ed & Dee)	1/01/11	1,612	323
	Total Other Depreciation		<u>102,087</u>	<u>6,156</u>
	Total ACRS and Other Depreciation		<u>102,087</u>	<u>6,156</u>
	Grand Totals		<u>102,087</u>	<u>6,156</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>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 752		14			
Total	<u>\$ 752</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 26,571		14			
Total	<u>\$ 26,571</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Other Professional	\$ 5,984	\$ 2,932	\$ 1,436	\$ 1,616
Total	<u>\$ 5,984</u>	<u>\$ 2,932</u>	<u>\$ 1,436</u>	<u>\$ 1,616</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Telephone	\$ 4,423	\$ 2,167	\$ 1,062	\$ 1,194
Total	<u>\$ 4,423</u>	<u>\$ 2,167</u>	<u>\$ 1,062</u>	<u>\$ 1,194</u>

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

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

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS
FORM PCUREG-01, REV OCT 10 4 PAGES
 TELEPHONE: (860) 713-6170
 EMAIL registration questions to CTCHARITYHELP@CT.GOV

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

STATE OF CONNECTICUT - Charitable Organization Registration Application

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

1. **All organizations must provide an email address.**

Email Address: dee.tulinski@middlesexunitedway.org

2. Enter the organization's Connecticut Registration Number if previously registered.

02149

3. Organization's Legal Name: Middlesex United Way, Inc.

In Care of:

Mailing Address: 100 Riverview Center 230

City: Middletown State: CT Zip Code: 06457

Physical Address (if different): _____

City: _____ State: _____ Zip Code: _____

Tel. Number: 860-346-8695

Web Site URL: WWW www.middlesexunitedway.org

Federal Employer Identification Number (FEIN): 06-0665170

Exempt under Internal Revenue Code Section 501(c)(3) (insert code section if exempt)

Enter the date your last fiscal year ended or the date your first fiscal year will end (mm/dd/yy) _____

4. Names, other than the names given above, under which funds will be solicited (attach a sheet if needed).

5. Is the organization incorporated? Yes No

If YES, enter the State of incorporation: Connecticut

6. Questions 6a, 6b, 6c and 6d relate to your organization's most recently completed year end. If your answer to any question is YES, attach a detailed explanation for that question.

a. Has there been any change in the organization's tax status with the IRS? Yes No

b. Has there been a significant change in the purpose of the organization? Yes No

c. Has the organization's right to solicit funds been denied, suspended, revoked, or enjoined by any state agency or by any court, or are proceedings pending? Yes No

d. Has the organization entered into a voluntary agreement of compliance with any government agency? Yes No

7. Does the organization plan to use an outside fund-raising counsel or paid solicitor within the registration period? If YES, attach a separate sheet with its name and address. Yes No

8. Has the organization used an outside fund-raising counsel or paid solicitor during its most recently completed year? If YES, attach a sheet with its name and address. Yes No

9. If this application is for an initial registration, has the organization solicited contributions in Connecticut during any year prior to the year reported with this application?
 Not an initial application Yes No

DEPARTMENT OF CONSUMER PROTECTION
ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS
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10. If this application is a renewal application of an organization that let its registration expire, has the organization solicited contributions in Connecticut during any year when its application had expired?

Not a renewal application Yes No

If question 9 or 10 is answered YES, the organization must include with this application a financial report (IRS form and audit if required) for each such year in which the organization solicited in Connecticut, but was not registered. Provide only the IRS form and audit for those years, no additional forms or fees.

11. **Required Attachments to this application form:**

- Attach a completed IRS Form 990, 990EZ or 990PF for your **most recently completed year**. (See instructions on page 3.) **For initial applications only**, applicants may attach the prior year IRS form if your most recently completed year end IRS form is not complete. **For any organization**, an IRS form with a year end that is more than 23 months old cannot be used because the registration period plus any extension of time to register for that year has already passed.
- In addition to the IRS Form mentioned above, an audit may be required. Was gross revenue in excess of \$500,000 during the report year accompanying this application?
 Yes No
 If YES, attach an audit to this form. The terms "audit" and "gross revenue" are explained in the instructions to this form.
- Attach a list of the **names, titles and addresses** of officers, directors, trustees, and the principal salaried employees of the organization. (IRS Form 990 Part VII **does not** provide addresses.)
See Statement 1
- If questions 6, 7, 8, 9 or 10 were answered **YES**, attach the required documents.

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signed: _____ Signed: _____

Printed Name: _____ Printed Name: _____

Title: _____ Title: _____

Date: 10/20/11 Date: 10/20/11

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

Public Act No. 05-101 provides:

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

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

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

OMB No. 1545-0047

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Middlesex United Way, Inc.		D Employer identification number 06-0665170
	Doing Business As		E Telephone number 860-346-8695
	Number and street (or P.O. box if mail is not delivered to street address) 100 Riverview Center	Room/suite 230	
	City or town, state or country, and ZIP + 4 Middletown CT 06457		G Gross receipts\$ 2,161,445
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: ▶ **www.middlesexunitedway.org** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1935** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	30	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	9	
	6 Total number of volunteers (estimate if necessary)	918	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,985,794	Current Year 1,963,284
	9 Program service revenue (Part VIII, line 2g)	34,792	33,201
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,974	43,605
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,167	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,093,727	2,040,090
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,349,238	1,451,755
	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)	483,804	522,478
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 195,226		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	212,794	220,553
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,045,836	2,194,786	
19 Revenue less expenses. Subtract line 18 from line 12	47,891	-154,696	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,980,073	End of Year 3,162,353
	21 Total liabilities (Part X, line 26)	1,125,821	1,173,826
	22 Net assets or fund balances. Subtract line 21 from line 20	1,854,252	1,988,527

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 Use Only	Print/Type preparer's name KENNETH A. KRON	Preparer's signature	Date 10/20/11	Check <input type="checkbox"/> if self-employed	PTIN P00412073
	Firm's name ▶ Mahoney Sabol & Company, LLP	Firm's EIN ▶ 06-1289571	Firm's address ▶ 95 Glastonbury Boulevard, Ste 201 Glastonbury, CT 06033-4453		
			Phone no.	860-541-2000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the 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 \$ **1,820,232** including grants of \$ **1,451,755**) (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 ▶ **1,820,232**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question 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		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Faith Jackson President	5.00	X					0	0	0	
(2) Gary Simonsen First VP	5.00	X					0	0	0	
(3) Clifford Straub Second VP	5.00	X					0	0	0	
(4) Linda Morales Personnel	5.00	X					0	0	0	
(5) Russell Carter Treasurer	5.00	X					0	0	0	
(6) David Giuffrida Campaign	5.00	X					0	0	0	
(7) Wilfredo Nieves Community Impact	5.00	X					0	0	0	
(8) Christopher Riley Marketing	5.00	X					0	0	0	
(9) William Holder EC At Large	5.00	X					0	0	0	
(10) Kelly Smith EC At Large	5.00	X					0	0	0	
(11) William Wrang EC At Large	5.00	X					0	0	0	
(12) Deborah Bochain Board Member	2.00	X					0	0	0	
(13) Jean D'Aquila Board Member	2.00	X					0	0	0	
(14) David Director Board Member	2.00	X					0	0	0	
(15) Christine Fahey Board Member	2.00	X					0	0	0	
(16) Judith Felton Board Member	2.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Frank Kuan Board Member	2.00	X						0	0	0
(18) James Mansey Board Member	2.00	X						0	0	0
(19) Cliff O'Callahan M.D. Board Member	2.00	X						0	0	0
(20) Andrew Rapp Board Member	2.00	X						0	0	0
(21) David Reynolds Board Member	2.00	X						0	0	0
(22) Kristen Roberts Board Member	2.00	X						0	0	0
(23) Matthew Stillman Board Member	2.00	X						0	0	0
(24) Martha Temple Board Member	2.00	X						0	0	0
(25) Harry Burr Honorary	2.00	X						0	0	0
(26) Jean Adams Shaw Honorary	2.00	X						0	0	0
(27) Rosario Rizzo Honorary	2.00	X						0	0	0
(28) Elizabeth Morin Board Member	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								100,654		
d Total (add lines 1b and 1c)								100,654		

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 in compensation from the organization **0**

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Kevin Wilhelm Executive Director	35.00					X		100,654	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								100,654		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 in compensation from the organization ▶

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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,963,284			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,963,284			
Program Service Revenue	2a Program Service Revenue	Busn. Code	33,201	33,201		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		33,201			
	3 Investment income (including dividends, interest, and other similar amounts)		27,323			27,323
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross Rents	(i) Real (ii) Personal				
	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	(i) Securities (ii) Other	137,637			
	b Less: cost or other basis & sales exps.		121,355			
	c Gain or (loss)		16,282			
	d Net gain or (loss)		16,282	16,282		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,040,090	49,483	0	27,323

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

Part X Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest bearing	253,224	1	122,854	
	2	Savings and temporary cash investments	213,378	2	178,736	
	3	Pledges and grants receivable, net	632,590	3	649,951	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	7,167	9	891	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	102,087		
	b	Less: accumulated depreciation	10b	84,857	10c	17,230
	11	Investments—publicly traded securities	1,304,427	11	1,570,890	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	552,478	15	621,801	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,980,073	16	3,162,353		
Liabilities	17	Accounts payable and accrued expenses	53,899	17	45,537	
	18	Grants payable	1,067,695	18	1,124,243	
	19	Deferred revenue	4,227	19	4,046	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial 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 to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,125,821	26	1,173,826	
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	1,210,418	27	1,278,370	
	28	Temporarily restricted net assets	45,968	28	42,118	
	29	Permanently restricted net assets	597,866	29	668,039	
	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	1,854,252	33	1,988,527		
34	Total liabilities and net assets/fund balances	2,980,073	34	3,162,353		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,040,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,194,786
3	Revenue less expenses. Subtract line 2 from line 1	3	-154,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,854,252
5	Other changes in net assets or fund balances (explain in Schedule O)	5	288,971
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,988,527

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
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	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,444,276
6 Public support. Subtract line 5 from line 4						8,618,804

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,394,540	2,417,140	2,302,324	1,985,792	1,963,284	11,063,080
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,075	49,090	32,580	25,440	27,323	158,508
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						11,221,588

12 Gross receipts from related activities, etc. (see instructions) 12 33,201

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 76.81%

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 68.25%

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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 ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and monitoring details.

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenues and assets.

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

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

b If "Yes," explain the arrangement in Part 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	65,115	60,548	79,738		
b Contributions	850	200			
c Net investment earnings, gains, and losses	12,733	5,652	-17,836		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,392	1,285	1,354		
g End of year balance	77,306	65,115	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?		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		76,356	65,353	11,003
e Other		25,731	19,504	6,227
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				17,230

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interests in Trusts	618,801
(2) Security Deposit	3,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ **621,801**

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,040,090
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,194,786
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-154,696
4	Net unrealized gains (losses) on investments	4	288,971
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	288,971
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	134,275

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	1,947,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	288,971
b	Donated services and use of facilities	2b	18,206
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	307,177
3	Subtract line 2e from line 1	3	1,640,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,471
b	Other (Describe in Part XIV.)	4b	392,875
c	Add lines 4a and 4b	4c	399,346
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,040,090

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,813,646
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	18,206
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	18,206
3	Subtract line 2e from line 1	3	1,795,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,471
b	Other (Describe in Part XIV.)	4b	392,875
c	Add lines 4a and 4b	4c	399,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,194,786

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Amounts raised on behalf of others	\$	-392,875
Amounts raised on behalf of others	\$	392,875

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

Amounts raised on behalf of others	\$	392,875
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Part XIV Supplemental Information (continued)

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

Amounts raised on behalf of others \$ **392,875**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Miscellaneous Grants under \$5,000			454,033				Various
(2)	YMCA of No. Middlesex City 99 Union Street Middletown CT 06457	06-0646981	3	82,800				Health/Positive Yout
(3)	MARC - Community Resources P.O. Box 126 Portland CT 06480	06-6011968	3	52,034				Self Sufficiency
(4)	American Red Cross 97 Broad Street Middletown CT 06457	53-0196605	3	43,480				Health/Positive Yout
(5)	Gilead Community Services P.O. Box 1000 Middletown CT 06457	06-0851549	3	40,095				Health/Positive Yout
(6)	Middlesex Hospital Perinatal Prog. 28 Crescent Street Middletown CT 06457	06-0646718	3	40,050				School Readiness
(7)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	38,430				Health/Positive Yout
(8)	Hope Partnership 121 Main Street Old Saybrook CT 06475	20-1683627	3	35,000				Affordable Housing
(9)	Women & Families Center - SACS 169 Colony Street Meriden CT 06451	06-0646994	3	31,185				Health/Positive Yout

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 51
- 3 Enter total number of other organizations ▶ 10

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Rushford Center Treatment Services 883 Paddock Avenue Meriden CT 06451	06-0932875	3	30,740				Health/Positive Yout
(2)	The Connection - Mtown/O. Saybrook 955 South Main Street Middletown CT 06457	06-0886125	3	30,517				Health/Positive Yout
(3)	The Connection - Eddy Shelter 955 South Main Street Middletown CT 06457	06-0886125	3	29,700				Affordable Housing
(4)	Child Family Agency of SE CT 255 Hempstead Street New London CT 06320	23-7212022	3	29,075				Health/Positive Yout
(5)	Kuhn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819	3	20,493				Self Sufficiency
(6)	Nehemiah Housing Corporation 668 Main Street Middletown CT 06457	22-2765537	3	18,378				Affordable Housing
(7)	St. Luke's Eldercare 100 Riverview Center Middletown CT 06457	06-0653129	3	18,313				Self Sufficiency
(8)	Community Health Center - Dental 635 Main Street Middletown CT 06457	06-0897105	3	17,550				School Readiness
(9)	211 Infoline 1344 Silas Deane Highway Rocky Hill CT 06067	06-1084194	3	17,353				211 Infoline Support

- 2 Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3 Enter total number of other organizations ▶ _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CT Humane Society 701 Russell Road Newington CT 06111	06-0667605	3	16,593				Donor Designations
(2)	East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	15,750				School Readiness
(3)	The Connection - Housing Advocate 955 South Main Street Middletown CT 06457	06-0886125	3	14,000				Affordable Housing
(4)	Cromwell Board of Education 25 Court Street Cromwell CT 06416	06-0807450	GOV	13,500				School Readiness
(5)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	13,500				School Readiness
(6)	Regional School District #13 135A Pickett Lane Durham CT 06422	06-0855660	GOV	13,500				School Readiness
(7)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	13,500				School Readiness
(8)	John J Driscoll United Labor Agency 56 Town Line Road Rocky Hill CT 06067	06-0987695	3	13,365				Self Sufficiency
(9)	Literacy Volunteers - Valley Shore 25 Middlesex Turnpike Essex CT 06426	30-0229759	3	13,365				Self Sufficiency

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	St. Vincent DePaul - Amazing Grace 617 Main Street Middletown CT 06457	06-1387081	3	13,312				Donor Designations
(2)	MX Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	12,500				Affordable Housing
(3)	St. Vincent DePaul - Food Pantry 617 Main Street Middletown CT 06457	06-1387081	3	12,474				Self Sufficiency
(4)	Rushford Center 883 Paddock Avenue Meriden CT 06450	06-0932875	3	11,800				Health/Positive Yout
(5)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	11,465				Donor Designations
(6)	Middlesex Hospital Opportunity Knoc 28 Crescent Street Middletown CT 06457	06-0646718	3	11,250				School Readiness
(7)	YMCA of No. Middlesex City - TA 99 Union Street Middletown CT 06457	06-0646981	3	10,800				Health/Positive Yout
(8)	Clinton Youth & Fam. Service Bureau 112 Glenwood Road Clinton CT 06413	06-6001973		10,000				Health/Positive Yout
(9)	East Haddam Youth & Family Services P.O. Box 572 Moodus CT 06469	06-1410267	3	10,000				Health/Positive Yout

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Middletown Youth Services 370 Hunting Hill Avenue Middletown CT 06457	02-3486665	GOV	10,000				Health/Positive Yout
(2)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058		10,000				Health/Positive Yout
(3)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	GOV	10,000				Health/Positive Yout
(4)	Tri-Town Youth Services P.O. Box 897 Deep River CT 06417	22-2537187	3	10,000				Health/Positive Yout
(5)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	10,000				Health/Positive Yout
(6)	Youth & Family Services of H/K P.O. Box 432 Higganum CT 06441	06-1366680	3	10,000				Health/Positive Yout
(7)	MX City - Coalition on Homelessness 100 Riverview Center Middletown CT 06457		3	10,000				Affordable Housing
(8)	The Diaper Bank P.O. Box 9017 New Haven CT 06532	20-1179912	3	10,000				Self Sufficiency
(9)	Shoreline Soup Kitchens & Pantries P.O. Box 804 Essex CT 06426	06-1412728	3	8,910				Self Sufficiency

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	GOV	8,550				School Readiness
(2)	East Hampton Board of Education 94 Main Street East Hampton CT 06424	06-6001608	GOV	8,550				School Readiness
(3)	Girl Scouts of Connecticut 340 Washington Street Hartford CT 06106	06-0662134	3	8,550				Health/Positive Yout
(4)	Middletown Adult Education 398 Main Street Middletown CT 06457	06-6001872	3	8,550				School Readiness
(5)	Old Saybrook Youth & Family Service 322 Main Street Old Saybrook CT 06475	06-6002058		8,550				School Readiness
(6)	Regional School District #4 P.O. Box 187 Deep River CT 06417	06-6002456	GOV	8,550				School Readiness
(7)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06498	06-6001683	GOV	8,550				School Readiness
(8)	United Way of SE CT 1868 Route 12 Gales Ferry CT 06335	06-0771393	3	7,056				Donor Designations
(9)	United Way of Greater Waterbury 60 North Main Street Waterbury CT 06723	06-0646634	3	6,285				Donor Designations

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. **Part II** can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	United Way of Central & NE CT 30 Laurel Street Hartford CT 06106	06-0646653	3	5,797				Donor Designations
(2)	Middlesex Habitat for Humanity 9 Pleasant Street Middletown CT 06457	06-1448284	3	5,657				Donor Designations
(3)	Boy Scouts CT Rivers Council 60 Darlin Street East Hartford CT 06128	06-0662110	3	5,400				Health/Positive Yout
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FUNDING PARTNERS ARE REQUIRED TO PROVIDE OUTCOME MEASURES THAT DEMONSTRATE THE SHORT-, MID- AND LONG-TERM RESULTS OF THEIR SERVICES/INITIATIVES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

06-0665170

Middlesex United Way, Inc.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE COMPLETED 990 IS GIVEN TO THE AUDIT COMMITTEE FOR REVIEW; THE AUDIT
COMMITTEE THEN REPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990
IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL
APPROVAL

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND
EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF
INTEREST DISCLOSURE FORM

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

THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE CHAIRMAN
OF THE BOARD AS WELL AS THE ENTIRE BOARD OF DIRECTORS. SUCH REVIEW IS
COMPLETED IN EXECUTIVE SESSION DURING ONE BOARD MEETING PER YEAR

Form 990, Part VI, Line 15b - Compensation Process for Officers

KEY EMPLOYEES AND THEIR RELATED COMPENSATION IS REVIEWED BY THE CHIEF
EXECUTIVE OFFICER. IN ADDITION, AT LEAST ONCE EVERY THREE YEARS, A
COMPARISON AMONG SIMILAR SIZE UNITED WAYS IS CONDUCTED AND REVIEWED BY THE
PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2010

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 instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 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 2011. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,375

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 2010	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 2010 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,375
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** (2010)

Connecticut Statements

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

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

Connecticut Statements

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

<u>Officer Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
Cliff O'Callahan	M.D.				
Andrew Rapp					
David Reynolds					
Kristen Roberts					
Matthew Stillman					
Martha Temple					
Harry Burr					
Jean Adams Shaw					
Rosario Rizzo					
Kevin Wilhelm					
Elizabeth Morin					