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CLIENT'S COPY

DRAFT



UNITED WAY OF GREENWICH, INC
ONE LAFAYETTE COURT
GREENWICH, CT 06830

UNITED WAY OF GREENWICH, INC:

ENCLOSED IS THE 2015 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2015 FORM 990

2015 CONNECTICUT ANNUAL REGISTRATION FORM

INSTRUCTIONS FOR FILING THE ABOVE FORM ARE FURNISHED FOR EASY
REFERENCE. YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

GARRETT M. HIGGINS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	UNITED WAY OF GREENWICH, INC ONE LAFAYETTE COURT GREENWICH, CT 06830
Prepared by	PKF O'CONNOR DAVIES, LLP 3001 SUMMER STREET, 5TH FL EAST STAMFORD, CT 06905
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2017.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

UNITED WAY OF GREENWICH, INC

06-0646578

Name and title of officer

**DAVID RABIN
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,418,016.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 46578
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242303218
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 04/08/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREENWICH, INC Doing business as GREENWICH UNITED WAY Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE LAFAYETTE COURT City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830 F Name and address of principal officer: DAVID RABIN SAME AS C ABOVE	D Employer identification number 06-0646578 E Telephone number (203) 869-2221 G Gross receipts \$ 2,492,697. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.UNITEDWAY-GREENWICH.COM		
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: 1933		M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREENWICH IDENTIFIES NEEDS & PROVIDES PROGRAM SUPPORT TO LOCAL ORGANIZATIONS. 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 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 520 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,586,322.</td> <td style="text-align: right;">2,422,135.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">17,992.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">92,012.</td> <td style="text-align: right;">15,248.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-41,925.</td> <td style="text-align: right;">-19,367.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,654,401.</td> <td style="text-align: right;">2,418,016.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,586,322.	2,422,135.	9 Program service revenue (Part VIII, line 2g)	17,992.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,012.	15,248.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-41,925.	-19,367.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,654,401.	2,418,016.							
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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 DAVID RABIN, PRESIDENT AND CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/08/17	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 3001 SUMMER STREET, 5TH FL EAST STAMFORD, CT 06905		Phone no. 203-323-2400		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF ORGANIZATION'S MISSION

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,177,388. including grants of \$ 1,177,388.) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF FUND DISTRIBUTION PROGRAMS

4b (Code:) (Expenses \$ 245,263. including grants of \$) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF COMMUNITY PLANNING, NEEDS ASSESSMENT & AGENCY RELATIONS PROGRAMS

4c (Code:) (Expenses \$ 127,879. including grants of \$) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF YOUTH SERVICES PROGRAMS

4d Other program services (Describe in Schedule O.) (Expenses \$ 15,110. including grants of \$ 15,110.) (Revenue \$)

4e Total program service expenses 1,565,640.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KAREN KEEGAN - (203) 869-2221**
1 LAFAYETTE COURT, GREENWICH, CT 06830

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN KEEGAN CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
(2) MARY LAUGHLIN VICE CHAIR OF STEWARDSHIP	4.00	X		X				0.	0.	0.
(3) BROOK URBAN VICE CHAIR OF FUND DEVELOPMENT	8.00	X		X				0.	0.	0.
(4) RICHARD PORTER VICE CHAIR OF COMMUNITY SERVICES	4.00	X		X				0.	0.	0.
(5) EILEEN KIM VICE CHAIR OF FINANCE	4.00	X		X				0.	0.	0.
(6) ANNE SHERRERD SECRETARY	8.00	X		X				0.	0.	0.
(7) ELIZABETH ANGELONE BOARD MEMBER	1.00	X						0.	0.	0.
(8) MAXINE ARMSTRONG BOARD MEMBER (THRU 01/16)	1.00	X						0.	0.	0.
(9) KATHLEEN BURGWEGER BOARD MEMBER	4.00	X						0.	0.	0.
(10) DONNA BYRNES BOARD MEMBER	1.00	X						0.	0.	0.
(11) KERI CAMERON BOARD MEMBER (THRU 04/16)	1.00	X						0.	0.	0.
(12) AMY CARBONE BOARD MEMBER (THRU 01/16)	1.00	X						0.	0.	0.
(13) STEPHANIE COWIE BOARD MEMBER (THRU 01/16)	1.00	X						0.	0.	0.
(14) ROBERT DAVIS BOARD MEMBER (THRU 01/16)	2.00	X						0.	0.	0.
(15) FRANCES DEUTSCH BOARD MEMBER	1.00	X						0.	0.	0.
(16) JEFFEREY EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(17) BILL FINGER 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN FITZGERALD BOARD MEMBER	1.00	X						0.	0.	0.
(19) PAMELA FORNERO BOARD MEMBER	2.00	X						0.	0.	0.
(20) WENDY HEARN BOARD MEMBER (THRU 10/15)	1.00	X						0.	0.	0.
(21) NISHA HURST BOARD MEMBER	1.00	X						0.	0.	0.
(22) PATRICK KRAMER BOARD MEMBER	1.00	X						0.	0.	0.
(23) ANGELA LOVELY BOARD MEMBER (THRU 07/15)	1.00	X						0.	0.	0.
(24) ERIN MCCALL BOARD MEMBER	1.00	X						0.	0.	0.
(25) DEBRA MCLAUGHLIN BOARD MEMBER (THRU 05/16)	1.00	X						0.	0.	0.
(26) KENNETH MIFFLIN BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include: (27) NEAL NEILINGER, BOARD MEMBER (THRU 01/16); (28) PATRICK SULLIVAN, BOARD MEMBER; (29) JILL WEINER, BOARD MEMBER; (30) NANCY WEISSLER, BOARD MEMBER; (31) MARIE WOODBURN, BOARD MEMBER; (32) DAVID RABIN, PRESIDENT AND CEO.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	371,814.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,050,321.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,422,135.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,224.			13,224.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			2,024.		2,024.
	8 a Gross income from fundraising events (not including \$ 371,814. of contributions reported on line 1c). See Part IV, line 18	a		47,338.			
		b Less: direct expenses	b	66,705.			
		c Net income or (loss) from fundraising events		-19,367.			-19,367.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,418,016.	0.	0.	-4,119.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,192,498.	1,192,498.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,077.	19,701.	14,350.	21,026.
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	437,096.	156,350.	113,879.	166,867.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,594.	8,082.	5,887.	8,625.
9 Other employee benefits	22,609.	8,087.	5,890.	8,632.
10 Payroll taxes	50,463.	18,051.	13,147.	19,265.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	77,433.	6,940.	67,288.	3,205.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	757.		757.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	87,562.	23,104.	52,600.	11,858.
12 Advertising and promotion	75,815.	20,004.	45,544.	10,267.
13 Office expenses	104,384.	36,680.	28,552.	39,152.
14 Information technology	20,826.	5,495.	12,511.	2,820.
15 Royalties				
16 Occupancy	21,892.	7,831.	5,704.	8,357.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,513.	899.	655.	959.
20 Interest				
21 Payments to affiliates	26,478.		26,478.	
22 Depreciation, depletion, and amortization	17,932.	6,414.	4,673.	6,845.
23 Insurance	11,247.	4,023.	2,930.	4,294.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES AND EX	47,673.	47,673.		
b MISC. OPERATING EXPENSE	8,811.	3,808.	938.	4,065.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,283,660.	1,565,640.	401,783.	316,237.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	1,077.	1	1,080.
	2	Savings and temporary cash investments	538,975.	2	671,578.
	3	Pledges and grants receivable, net	109,325.	3	113,161.
	4	Accounts receivable, net	7,310.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,658.	9	6,894.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 664,119.		
	b	Less: accumulated depreciation	10b 489,019.	10c 193,032.	10c 175,100.
	11	Investments - publicly traded securities	193,286.	11	210,056.
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,054,663.	16	1,177,869.	
Liabilities	17	Accounts payable and accrued expenses	88,422.	17	40,577.
	18	Grants payable	54,968.	18	142,370.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	99,613.	21	106,735.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	243,003.	26	289,682.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	678,040.	27	741,099.
	28	Temporarily restricted net assets	133,620.	28	147,088.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	811,660.	33	888,187.	
34	Total liabilities and net assets/fund balances	1,054,663.	34	1,177,869.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,418,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,283,660.
3	Revenue less expenses. Subtract line 2 from line 1	3	134,356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	811,660.
5	Net unrealized gains (losses) on investments	5	11,849.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-69,678.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	888,187.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2986204.	2675709.	2729068.	2586322.	2422135.	13399438.
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	2986204.	2675709.	2729068.	2586322.	2422135.	13399438.
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)						
6 Public support. Subtract line 5 from line 4.						13399438.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2986204.	2675709.	2729068.	2586322.	2422135.	13399438.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,553.	22,766.	23,399.	30,465.	13,224.	105,407.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						13504845.
12 Gross receipts from related activities, etc. (see instructions)					12	17,992.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.22 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.17 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ▶ \$ _____

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

LHA 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) (2015)

Name of organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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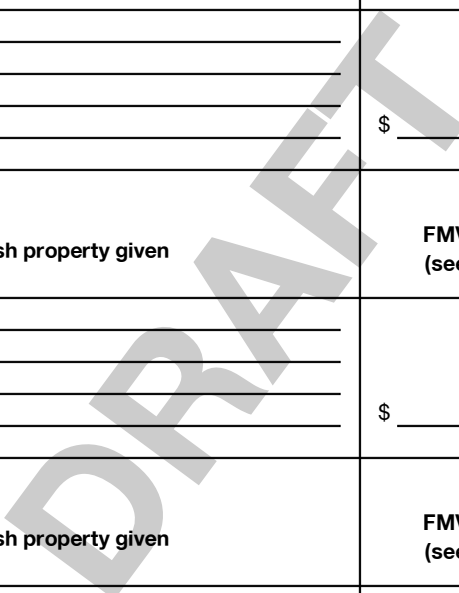
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAIRFIELD COUNTY COMMUNITY FOUNDATION 383 MAIN AVENUE NORWALK, CT 06851	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TUDOR INVESTMENT CORPORATION 1275 KING STREET GREENWICH, CT 06831	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. AND MRS. DENNIS KEEGAN 22 LAKEVIEW DRIVE RIVERSIDE, CT 06878	\$ 70,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF GREENWICH, INC **Employer identification number** 06-0646578

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	560,543.	537,601.	694,403.	764,047.	833,344.
b Contributions	17,925.	19,625.	5,000.	28,521.	22,531.
c Net investment earnings, gains, and losses	26,443.	5,737.	73,198.	42,416.	-16,828.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,000.	2,420.	235,000.	140,581.	75,000.
f Administrative expenses					
g End of year balance	594,911.	560,543.	537,601.	694,403.	764,047.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		125,000.		125,000.
b Buildings		392,606.	355,386.	37,220.
c Leasehold improvements				
d Equipment		146,513.	133,633.	12,880.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				175,100.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,369,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	11,849.	
	b Donated services and use of facilities	2b	24,996.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	36,845.
3	Subtract line 2e from line 1		3	2,332,471.
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	757.	
	b Other (Describe in Part XIII.)	4b	84,788.	
	c Add lines 4a and 4b		4c	85,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,418,016.

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

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

1	Total expenses and losses per audited financial statements		1	2,292,789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	24,996.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	24,996.
3	Subtract line 2e from line 1		3	2,267,793.
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	757.	
	b Other (Describe in Part XIII.)	4b	15,110.	
	c Add lines 4a and 4b		4c	15,867.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,283,660.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

UNITED WAY ACTS AS A FISCAL AGENT FOR FUNDS RAISED IN COLLABORATION WITH OTHER LOCAL AGENCIES FOR SPECIFIC PROGRAMS AND ISSUES OF THE COMMUNITY.

PART V, LINE 4:

A CASH FLOW RESERVE FUND OF UNRESTRICTED NET ASSETS NOT TO EXCEED \$400,000 IS MAINTAINED TO MEET CONTINGENCIES AND EXPENSES WHEN REVENUES ARE NOT SUFFICIENT. IF FUNDS ARE DRAWN DOWN, THEY ARE TO BE REPLENISHED AS SOON AS PRACTICAL.

THE BOARD DESIGNATED INVESTMENT FUND CONTAINS CERTAIN UNRESTRICTED NET ASSETS, INCLUDING PLANNED GIFTS AND ASSETS RECEIVED FROM SOURCES OTHER

Part XIII Supplemental Information (continued)

THAN THE ANNUAL CAMPAIGN. THE PURPOSE OF THE FUND IS TO ENSURE THE FUTURE FINANCIAL STABILITY OF THE AGENCY AND TO EARN INCOME THAT CAN BE USED TO FUND CERTAIN OF THE AGENCY'S FUNCTIONS.

THE PURPOSE OF THE BOARD DESIGNATED JOAN MELBER WARBURG FUND IS THE ENHANCEMENT OF QUALITY CARE IN EARLY CHILDHOOD DEVELOPMENT AND BY PROVIDING STAFF DEVELOPMENT OPPORTUNITIES FOR EARLY CHILDHOOD PROFESSIONALS. UP TO 5% OF THE VALUE OF THE WARBURG FUND MAY BE WITHDRAWN ANNUALLY AT THE DISCRETION OF THE PRESIDENT AND CEO OR MORE WITH BOARD APPROVAL.

THE PURPOSE OF THE BOARD DESIGNATED DIANE DARST FUND IS TO ENCOURAGE AND ENABLE NONPROFIT ORGANIZATIONS TO ENGAGE IN STRATEGIC PLANNING THAT WILL IMPROVE THE EFFECTIVENESS OF THEIR OPERATIONS.

THE PURPOSE OF THE BOARD DESIGNATED STUART ADELBERG FUND IS TO SUSTAIN THE GREENWICH UNITED WAY'S LEADERSHIP ROLE IN THE IDENTIFICATION AND DOCUMENTATION OF COMMUNITY PROBLEMS AND PARTICIPATION IN CREATIVE, COLLABORATIVE AND EFFECTIVE SOLUTIONS.

PART X, LINE 2:

THE AGENCY RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE AGENCY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE AGENCY IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JULY 1, 2013.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1	15,110.
PROVISION FOR UNCOLLECTIBLE PROMISES RECLASSIFIED TO PART XI, LINE 9	69,678.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	84,788.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1	15,110.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SOLE SISTERS LUNCHEON (event type)	COMEDY NIGHT (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	346,988.	66,841.	5,323.	419,152.
	2 Less: Contributions	310,525.	55,966.	5,323.	371,814.
	3 Gross income (line 1 minus line 2)	36,463.	10,875.		47,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	28,602.	2,200.		30,802.
	7 Food and beverages	1,179.	10,000.		11,179.
	8 Entertainment	3,800.			3,800.
	9 Other direct expenses	15,265.	1,957.	3,702.	20,924.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				66,705.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-19,367.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **UNITED WAY OF GREENWICH, INC** Employer identification number **06-0646578**

Part I General Information on Grants and Assistance

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

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

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
ABILIS OF GREENWICH 50 GLENVILLE STREET GREENWICH, CT 06831	06-6009327	501(C)(3)	131,194.	0.			COMMUNITY INVESTMENT - SUPPORT FOR PEOPLE WITH SPECIAL NEEDS
AMERICAN RED CROSS - GREENWICH 99 INDIAN FIELD ROAD GREENWICH, CT 06830	53-0196605	501(C)(3)	10,058.	0.			COMMUNITY INVESTMENT - DISASTER, HEALTH & YOUTH SERVICES
BOYS AND GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	06-0646655	501(C)(3)	18,043.	0.			COMMUNITY INVESTMENT - YOUTH PROGRAMS
CENTER FOR SEXUAL ASSAULT CRISIS COUNSEL & ED. - 733 SUMMER ST, SUITE 503 - STAMFORD, CT 06901	06-1037583	501(C)(3)	12,245.	0.			COMMUNITY INVESTMENT - PREVENTION & VICTIM SUPPORT
CHILD GUIDANCE CENTER OF SOUTHERN CT - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-0712058	501(C)(3)	118,725.	0.			COMMUNITY INVESTMENT - YOUTH MENTAL HEALTH, BEHAVIORAL & DEVELOPMENTAL SERVICES
COMMUNITY CENTERS, INC 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	148,263.	0.			COMMUNITY INVESTMENT - SUPPORT FOR INDIVIDUALS AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **20.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

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

(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
FAMILY CENTERS, INC 40 ARCH STREET GREENWICH, CT 06830	06-0646656	501(C)(3)	291,580.	0.			COMMUNITY INVESTMENT - CHILDCARE, HEADSTART AND MENTAL HEALTH SERVICES
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906	02-0684220	501(C)(3)	13,081.	0.			COMMUNITY INVESTMENT - FOOD DISTRIBUTION FOR THE HUNGRY
GREENWICH ADULT DAY CARE, INC. 123 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)(3)	48,892.	0.			COMMUNITY INVESTMENT - ADULT CARE SENIOR SERVICES
UNITED WAY OF CONNECTICUT (INFOLINE) - 1344 SILAS DEANE HIGHWAY - ROCKY HILL, CT 06067	06-1084194	501(C)(3)	9,303.	0.			COMMUNITY INVESTMENT - LOCAL INFORMATION AND REFERRAL SERVICES
JEWISH FAMILY SERVICES OF GREENWICH - 1 HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590	501(C)(3)	14,103.	0.			COMMUNITY INVESTMENT - SENIOR SERVICES
KIDS IN CRISIS, INC. ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)(3)	47,305.	0.			COMMUNITY INVESTMENT - YOUTH SHELTER & CRISIS SERVICES
LIBERATION PROGRAMS INC. 129 GLOVER AVE NORWALK, CT 06850	06-0867006	501(C)(3)	34,986.	0.			COMMUNITY INVESTMENT - SUBSTANCE ABUSE PREVENTION & TREATMENT
NEIGHBOR TO NEIGHBOR 248 EAST PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	6,287.	0.			COMMUNITY INVESTMENT - FOOD AND CLOTHING
PACIFIC HOUSE SHELTER 137 HENRY STREET, SUITE 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	30,438.	0.			COMMUNITY INVESTMENT - EMERGENCY SHELTER, SERVICES & SUPPORT FOR THE HOMELESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
PATHWAYS, INC 175 MILBANK AVENUE GREENWICH, CT 06830	06-1051588	501(C)(3)	39,358.	0.			COMMUNITY INVESTMENT - SERVICES FOR PEOPLE WITH CHRONIC MENTAL ILLNESS
TRANSPORTATION ASSOC OF GREENWICH 13 RIVERSIDE AVENUE RIVERSIDE, CT 06878	22-2531166	501(C)(3)	49,651.	0.			COMMUNITY INVESTMENT - SERVICES FOR SENIORS & PEOPLE WITH SPECIAL NEEDS
YMCA OF GREENWICH 50 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646976	501(C)(3)	82,266.	0.			COMMUNITY INVESTMENT - YOUTH SERVICES & CHILDCARE
YWCA OF GREENWICH 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	68,272.	0.			COMMUNITY INVESTMENT - YOUTH SERVICES & CHILDCARE
CONNECTICUT LEGAL SERVICES, INC. 62 WASHINGTON STREET, 4TH FLOOR MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	4,373.	0.			COMMUNITY INVESTMENT - LEGAL SERVICES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

EACH YEAR AS PART OF OUR COMMUNITY INVESTMENT PROCESS THE RECIPIENTS MUST LET US KNOW THE RESULTS OF THE PRIOR YEAR FUNDING. WITH THIS YEAR'S CHANGE IN FUNDING EACH RECIPIENT HAD TO PROVIDE A FUNDING REPORT WITH RESULTS OF FUNDS RECEIVED.

PROGRAM FUNDING IS RECOMMENDED BY LOCAL VOLUNTEERS WHO REVIEW INFORMATION ON THE COMMUNITY'S MOST PRESSING NEEDS, VISIT PROGRAM SITES, EXAMINE FUNDING APPLICATIONS AND FINANCIAL DOCUMENTATION. FUNDING RECOMMENDATIONS

Part IV Supplemental Information

IS ULTIMATELY APPROVED BY THE GREENWICH UNITED WAY BOARD OF DIRECTORS.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

FORM 990, PAGE 2, PART III, LINE 1:

IN 2007 THE GREENWICH UNITED WAY BOARD INITIATED A PROCESS TO REVIEW
THE ORGANIZATION'S MISSION AND PRIMARY WORK. AT THE CONCLUSION, THE
FOLLOWING WERE ADOPTED AS THE ORGANIZATION'S REVISED VISION AND MISSION
STATEMENTS:

VISION:

THE GREENWICH UNITED WAY WILL DEEPEN THE COMMUNITY'S UNDERSTANDING OF
LOCAL NEEDS AND SERVICES; CREATE MEANINGFUL SOLUTIONS, AND INSPIRE ALL
WHO CAN TO HELP ALL WHO NEED.

MISSION:

THE GREENWICH UNITED WAY MOBILIZES THE COMMUNITY IN STRATEGIC EFFORTS
TO IDENTIFY AND ADDRESS CRITICAL HUMAN SERVICE NEEDS. THE GREENWICH
UNITED WAY ACHIEVES MEASURABLE AND SUSTAINABLE RESULTS THROUGH
COMPREHENSIVE PLANNING, EFFICIENT FUNDRAISING, AND EFFECTIVE INVESTMENT
IN THE COMMUNITY.

FORM 990, PAGE 2, PART III, LINE 4A:

DURING THE 2015/2016 FISCAL YEAR, THE GREENWICH UNITED WAY MADE
COMMUNITY INVESTMENT PROGRAM DISTRIBUTIONS OF \$1,192,498. THESE
INVESTMENTS WERE DISTRIBUTED AMONG MORE THAN 20 NON-PROFIT
ORGANIZATIONS PROVIDING ESSENTIAL SERVICES TO THE GREENWICH COMMUNITY.
THE LEVEL OF INVESTMENT IN EACH PROGRAM, WITH THE EXCEPTION OF THOSE
FUNDS DIRECTED BY DONORS, IS RECOMMENDED BY LOCAL VOLUNTEERS TO THE

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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GREENWICH UNITED WAY BOARD OF DIRECTORS. THESE VOLUNTEERS REVIEW INFORMATION ON THE COMMUNITY'S MOST PRESSING NEEDS, VISIT PROGRAM SITES, EXAMINE FUNDING APPLICATIONS AND FINANCIAL DOCUMENTATION. THE RECOMMENDED FUNDING LEVELS ARE THEN VOTED ON FOR APPROVAL BY THE BOARD OF DIRECTORS. AS A RESULT OF THIS PROCESS, THIS YEAR'S PROGRAM INVESTMENTS WERE DISTRIBUTED AS FOLLOWS:

SERVICES THAT STRENGTHEN CHILDREN AND FAMILIES INCLUDE FULL DAY CHILDCARE, AFTER-SCHOOL CARE, MENTAL HEALTH COUNSELING, PARENTING ASSISTANCE AND SUPPORT AND OTHER DEVELOPMENTAL PROGRAMS FOR CHILDREN, \$517,337.

SERVICES THAT ASSIST INDIVIDUALS IN CRISIS INCLUDE FOOD FOR THE HUNGRY, SHELTER FOR THE HOMELESS, IMMEDIATE ASSISTANCE FOR PEOPLE (INCLUDING CHILDREN AND TEENS) DEALING WITH VIOLENCE OR ABUSE, MENTAL OR EMOTIONAL CRISIS, AND DISASTER RELIEF, \$276,377.

SERVICES THAT FOSTER SELF-SUFFICIENCY INCLUDE PROGRAMS AND SUPPORT FOR PEOPLE WITH MENTAL, DEVELOPMENTAL OR PHYSICAL CHALLENGES, JOB TRAINING AND SUPPORT, CLASSES IN ADULT LITERACY AND CONVERSATIONAL ENGLISH, FINANCIAL AND HOUSING ASSISTANCE AND COMPREHENSIVE SUPPORTS FOR UNDERREPRESENTED POPULATIONS, \$290,043.

SERVICES THAT SUPPORT OUR GROWING SENIOR POPULATION INCLUDE ADULT DAY CARE, SHOPPING AND CHORE ASSISTANCE, TRANSPORTATION, HOME MONITORING AND OTHER SERVICES THAT ENABLE SENIORS TO REMAIN IN THEIR HOMES AS ACTIVE MEMBERS OF THE COMMUNITY, \$85,363.

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

CORE SERVICES INCLUDE A 24 HOUR STATEWIDE INFORMATION AND REFERRAL PROGRAM AND SERVICES THAT RECRUIT, PLACE AND TRAIN VOLUNTEERS, \$9,303.

DONOR DESIGNATED FUNDS ARE THOSE CONTRIBUTIONS DIRECTED TO SPECIFIC AGENCIES OR PROGRAMS AT THE REQUEST OF THE CONTRIBUTOR. 100% OF DESIGNATED CONTRIBUTIONS ARE DISTRIBUTED BASED ON THE EXPRESSED INSTRUCTIONS OF THE DONORS, \$14,075.

FORM 990, PAGE 2, PART III, LINE 4B:

THE UNITED WAY PLAYS A LEADERSHIP ROLE IN THE IDENTIFICATION AND DOCUMENTATION OF CRITICAL HUMAN SERVICE NEEDS WITHIN THE COMMUNITY. UNITED WAY REPORTS AND DOCUMENTS ARE SHARED WITH MUNICIPAL AGENCIES, OTHER FUNDERS, SERVICE PROVIDERS AND OTHER COMMUNITY ORGANIZATIONS. WHEN IT IS CLEAR THAT A COORDINATED COMMUNITY RESPONSE IS REQUIRED, THE UNITED WAY BRINGS OTHERS TO THE TABLE TO DEVELOP A PLAN, DETERMINE MEANINGFUL GOALS AND INITIATE ACTION.

COMMUNITY PLANNING PROCESS INCLUDING GATHERING AND SHARING OF INFORMATION, CONVENING KEY PLAYERS, LEGISLATIVE ADVOCACY, STUDYING SPECIFIC ISSUES AND DISSEMINATING PUBLISHED REPORTS, ETC. AN AREA OF EMPHASIS OVER THE PAST YEAR HAS BEEN GATHERING INFORMATION AND OTHERWISE ENGAGING IN A PROCESS TO UPDATE THE UNITED WAY'S LATEST ASSESSMENT OF HUMAN SERVICE NEEDS AND STATE OF GREENWICH STATISTICAL PORTRAIT. THIS REPORT, THE ONLY COMPREHENSIVE DOCUMENTATION OF NEEDS IN THE COMMUNITY IS USED BY PUBLIC AND PRIVATE ORGANIZATIONS, FUNDERS, AND OTHERS WHO SEEK TO PLAY A MEANINGFUL ROLE IN ADDRESSING LOCAL NEEDS. FOR THE UNITED WAY, IT CREATES A ROADMAP FOR THE DISTRIBUTION

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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OF FUNDS, USE OF VOLUNTEER AND STAFF RESOURCES, PUBLIC POLICY ADVOCACY, AND THE CREATION OF NEW INITIATIVES THAT ADDRESS DOCUMENTED SERVICE GAPS. THE LAST FULL REPORT WAS COMPLETED, PUBLISHED AND RELEASED TO THE COMMUNITY IN MAY OF 2016. NOW WORK HAS BEGUN TO ADDRESS THE ISSUES IDENTIFIED AS PRIORITIES IN THE REPORT.

AGENCY RELATIONS AND COORDINATION OF SERVICES INCLUDES WORKING WITH AND CONVENING LOCAL AND REGIONAL SERVICE PROVIDERS IN EFFORTS TO ENHANCE COLLABORATION, STRENGTHEN AND SUPPORT INDIVIDUAL ORGANIZATIONS, AS WELL AS, THE WHOLE SYSTEM OF SERVICES. THE UNITED WAY ALSO REGULARLY PROVIDES GUIDANCE AND ASSISTANCE TO INDIVIDUAL AGENCIES, THEIR STAFF AND BOARD MEMBERS, ON ISSUES REGARDING STRATEGIC PLANNING, GOVERNANCE, MANAGEMENT, ETC.

THE UNITED WAY'S COMMUNITY ANSWERS PROGRAM, A UNITED WAY CREATED, LOCAL VOLUNTEER DRIVEN, INFORMATION AND REFERRAL SERVICE. OVER THE COURSE OF A YEAR THOUSANDS OF QUESTIONS ARE ASKED BY LOCAL RESIDENTS BOTH ON THE PHONE AND THROUGH A SEARCHABLE ONLINE DATABASE OF LOCAL PROGRAMS, ORGANIZATIONS, SERVICES AND EVENTS.

THE TOTAL EXPENSES RELATED TO COMMUNITY PLANNING, AGENCY RELATIONS, SERVICE COORDINATION AND THE PROVISION OF LOCAL INFORMATION AND REFERRAL SERVICES WAS \$245,263.

FORM 990, PAGE 2, PART III, LINE 4C:

YOUTH SERVICES COORDINATION IS A PARTNERSHIP WITH THE STATE OF CONNECTICUT AND THE TOWN OF GREENWICH. THE COMMUNITY'S YOUTH SERVICES

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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COORDINATOR IS HOUSED AT THE UNITED WAY AND HER WORK COORDINATING YOUTH SERVICES, ENGAGING TEENS IN SOLUTIONS, DEVELOPING COLLABORATIVE INITIATIVES, ETC. IS FUNDED THROUGH THIS THREE WAY PARTNERSHIP. IN ADDITION, THE YOUTH SERVICE COORDINATOR HAS WORKED IN PARTNERSHIP WITH MULTIPLE OTHER LOCAL AND REGIONAL ENTITIES, BRINGING SIGNIFICANT GRANT DOLLARS INTO THE COMMUNITY TO SUPPORT SPECIFIC YOUTH INITIATIVES, PARENT EMPOWERMENT PROGRAMS, A NEW READING ENHANCEMENT TUTORING PROGRAM, ETC.

EMPHASIS OVER THE PAST YEAR WAS THE CONTINUED DEVELOPMENT OF A JUVENILE REVIEW BOARD IN PARTNERSHIP WITH THE GREENWICH POLICE DEPARTMENT AND SEVERAL LOCAL AGENCIES. THROUGH THIS PROGRAM, A JUVENILE ARRESTED FOR CERTAIN MISDEMEANORS MAY BE GIVEN A CHANCE TO MAKE AMENDS, HAVE ACCESS TO NECESSARY SUPPORTS AND WITH THE SUCCESSFUL COMPLETION OF A "TREATMENT" PLAN, HAVE THE OPPORTUNITY FOR THE LEGAL RECORD TO BE EXPUNGED.

THE READING CHAMPIONS TUTORING/MENTORING PROGRAM SAW TREMENDOUS GROWTH OVER THE PAST YEAR. THIS PROGRAM BRINGS TUTORS, MANY OF THEM RETIRED TEACHERS, INTO THE SCHOOLS AND COMMUNITY CENTERS TO HELP UNDERPERFORMING CHILDREN IMPROVE THEIR READING SKILLS AND DEVELOP A LOVE OF READING. THE TARGETED GOAL OF THIS PROGRAM IS TO LEVEL THE PLAYING FIELD FOR STRUGGLING CHILDREN AND HELP ELIMINATE THE ACHIEVEMENT GAP. IN FIVE YEARS, THE PROGRAM GREW FROM SEVEN TUTORS WITH TWENTY-FOUR STUDENTS TO MORE THAN 125 VOLUNTEER TUTORS WITH WELL OVER 400 CHILDREN. THE POSITIVE DIFFERENCE THE PROGRAM IS MAKING ON THE ACHIEVEMENT OF INDIVIDUAL STUDENTS IS BEING DOCUMENTED BY READING SPECIALISTS IN THE GREENWICH PUBLIC SCHOOLS, WHO HAVE FOUND THAT THOSE

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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WHO PARTICIPATE FOR ONE YEAR ARE GENERALLY NOT IN NEED OF CONTINUED ASSISTANCE IN THE SECOND YEAR.

THE AGREEMENT WITH THE TOWN OF GREENWICH CONCERNING THE YOUTH SERVICES BUREAU/COORDINATOR OF YOUTH SERVICES CONCLUDED FEBRUARY 29, 2016. YOUTH PROGRAMS THAT WERE TRANSFERRED TO THE TOWN OF GREENWICH AT THE END OF THE AGREEMENT WERE: JUVENILE REVIEW BOARD, INTER AGENCY TEAM AND THE SELECTMAN'S YOUTH COMMISSION. THE UNITED WAY CONTINUES TO RUN AND OVERSEE THE READING CHAMPIONS PROGRAM, YOUTH PLANNING COUNCIL AND JR UNITED WAY.

EARLY CHILDHOOD EDUCATION COORDINATION INCLUDES BRINGING EARLY CHILDHOOD EDUCATORS TOGETHER TO SHARE INFORMATION AND TRAINING OPPORTUNITIES.

THIS PAST YEAR UNITED WAY OF GREENWICH CONTINUED A MAJOR PARTNERSHIP BETWEEN THE UNITED WAY AND THE GREENWICH PUBLIC SCHOOLS WORKING TOGETHER TO DEVELOP A STRATEGIC PLAN FOR IMPROVING EARLY CHILDHOOD EDUCATION, ENHANCING THE TRANSITION FROM PRE-SCHOOL TO KINDERGARTEN, ENGAGING UNDER REPRESENTED PARENTS IN THEIR CHILDREN'S EDUCATION, IMPROVING EDUCATIONAL OUTCOMES AND ELIMINATION OF THE ACHIEVEMENT GAP. UNITED WAY ALSO PROVIDES SCHOLARSHIPS FOR EARLY CHILDHOOD EDUCATORS, ENABLING THEM TO CONTINUE THEIR OWN PROFESSIONAL DEVELOPMENT AND SKILLS.

THE TOTAL EXPENSES RELATED TO YOUTH SERVICE COORDINATION WAS \$136,821.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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FUNDS RECEIVED ON BEHALF OF OTHERS

EXPENSES \$ 15,110. INCLUDING GRANTS OF \$ 15,110. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED IN NOVEMBER 2015. TWO MAJOR GOALS OF THE AMENDMENTS WERE TO:

1. DIVIDE THE ROLE OF VICE CHAIRMAN OF STEWARDSHIP INTO TWO ROLES: "VICE CHAIRMAN OF FINANCE" TO TAKE ON OVERSIGHT OF FINANCIAL MATTERS, AND "VICE CHAIRMAN OF STEWARDSHIP" TO RETAIN MATTERS SUCH AS GOVERNANCE, NOMINATING, AND HUMAN RESOURCES.

2. ELIMINATE THE OFFICER POSITION OF "VICE CHAIRMAN OF INFORMATION AND REFERRAL SERVICES" IN THE BYLAWS DUE TO THE COMMUNITY ANSWERS PROGRAM BECOMING FULLY INTEGRATED INTO GREENWICH UNITED WAY.

FINALLY, REVISIONS WERE MADE TO THE BYLAWS TO REFLECT CURRENT PRACTICES AS FOLLOWS:

1. UPDATING DESCRIPTIONS OF CERTAIN COMMITTEE RESPONSIBILITIES AS ASSIGNED BY THE BOARD OF DIRECTORS

2. UPDATING DESCRIPTION OF THE TIMING OF FUNDING CYCLE AS DETERMINED BY THE BOARD OF DIRECTORS

3. REVISING OFFICERS' TITLES TO REFLECT EXPANDED FUNCTIONS AS DETERMINED BY THE BOARD OF DIRECTORS

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS COMPLETED BY THROUGH A JOINT EFFORT BETWEEN MANAGEMENT AND THE INDEPENDENT AUDITING FIRM. UPON ITS COMPLETION, IT IS SHARED WITH THE AUDIT COMMITTEE WHO MAY ASK QUESTIONS, AND MAKE SUGGESTED IMPROVEMENTS. AFTER THE RETURN IS APPROVED BY THE AUDIT COMMITTEE, IT IS SHARED WITH THE ENTIRE GOVERNING BOARD OF DIRECTORS, PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE UNITED WAY HAS A FORMAL CODE OF ETHICS AND CONFLICT OF INTEREST POLICY WHICH WAS DEVELOPED BY A BOARD COMMITTEE, ORIGINALLY ADOPTED IN 2004, REVISED AND APPROVED A SECOND TIME IN 2007. EVERY BOARD MEMBER AND MEMBER OF THE STAFF IS REQUIRED TO SIGN THE CODE OF ETHICS AND IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST EACH YEAR. THE SECRETARY OF THE BOARD IS CHARGED WITH REVIEWING AND ENSURING COMPLIANCE.

THE CODE OF ETHICS/CONFLICT OF INTEREST POLICY DIRECTS ANYONE SUSPECTING BEHAVIOR THAT IS NOT IN COMPLIANCE WITH UNITED WAY'S POLICIES OR THAT PUTS THE ORGANIZATION'S INTEGRITY AT RISK TO REPORT THESE SUSPICIONS TO THE EXECUTIVE COMMITTEE OR A MEMBER OF THE EXECUTIVE COMMITTEE FOR FURTHER INVESTIGATION. GREENWICH UNITED WAY STAFF HAS A "WHISTLE BLOWER POLICY" AS STATED IN THE ORGANIZATION'S EMPLOYEE HANDBOOK.

THE EXECUTIVE COMMITTEE IS CHARGED BY THE POLICY WITH ADDRESSING ANY SUSPECTED PROBLEMS OR ISSUES WITH REGARD TO THE POLICY. ALL REPORTED BREACHES WILL BE INVESTIGATED AND, IF NEEDED, APPROPRIATE ACTION TAKEN BASED UPON THE POLICIES OF THE ORGANIZATION. THE UNITED WAY OF GREENWICH AFFIRMS PROMPT AND FAIR RESOLUTION OF ALL REPORTED BREACHES. RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A BREACH IN GOOD FAITH WILL BE

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

TREATED AS AN INDEPENDENT BREACH OF THE CODE OF ETHICS.

FORM 990, PART VI, SECTION B, LINE 15A:

1. THE EXECUTIVE COMMITTEE HAS PRIMARY RESPONSIBILITY FOR EVALUATING THE PERFORMANCE OF THE CEO. THIS RESPONSIBILITY IS GENERALLY DELEGATED TO THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE.

2. THE EXECUTIVE COMMITTEE AND THE CEO AGREE ON THE FORMAT OF THE CEO EVALUATION. THE EVALUATION IS DISTRIBUTED TO ALL BOARD MEMBERS FOR INPUT AND COLLECTED BY THE SECRETARY OF THE BOARD.

3. CONCURRENT WITH THE BOARD MEMBERS COMPLETING THEIR EVALUATION FORMS, THE CEO COMPLETES A SELF-EVALUATION REVIEWING HIS OWN THOUGHTS WITH REGARD TO PROGRESS ACHIEVED ON MEETING GOALS AND OBJECTIVES SET THE PREVIOUS YEAR AND PROVIDING AN OVERALL REVIEW OF THE ORGANIZATION'S ACTIVITIES, SUCCESSES AND CHALLENGES.

4. THE SECRETARY OF THE BOARD COLLECTS ALL FORMS AND TABULATES/SYNTHESIZES COMMENTS INTO ONE DOCUMENT, INCLUDING ANY DATA RECEIVED FROM OTHER BOARD MEMBERS. THIS INCLUDES GOAL-SETTING. EXECUTIVE COMMITTEE MEETS TO DISCUSS AND FINALIZE PERFORMANCE EVALUATION. A COMPENSATION REVIEW IS CONDUCTED BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE WHO REVIEW THE CURRENT LEVEL OF COMPENSATION AND GATHER REPRESENTATIVE SAMPLES OF COMPENSATION LEVELS AND OTHER BENEFITS PROVIDED BY SIMILAR ORGANIZATIONS THROUGHOUT THE REGION. A COMPENSATION RECOMMENDATION IS THEN DISCUSSED AMONG THE EXECUTIVE COMMITTEE MEMBERS. THEY ALSO CONSULT WITH THE CHAIRMAN OF THE FINANCE COMMITTEE, AS NECESSARY, TO REVIEW ANY IMPLICATIONS OF THE COMPENSATION RECOMMENDATION ON THE OVERALL ORGANIZATION BUDGET. UPON

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

COMPLETION OF THE REVIEW PROCESS, A FORMAL EVALUATION AND COMPENSATION SUMMARY IS PREPARED AND APPROVED.

5. THE CHAIRMAN OF THE BOARD AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE MEET WITH THE CEO TO PROVIDE FEEDBACK FROM THE PERFORMANCE EVALUATION, DELIVER COMPENSATION RECOMMENDATION AND COLLABORATE ON GOALS FOR NEXT YEAR.

6. FINAL VERSION OF GOALS FOR NEXT YEAR ARE DISTRIBUTED TO EXECUTIVE COMMITTEE AND CEO, AND THEN THEY ARE INCORPORATED INTO NEXT YEAR'S EVALUATION FORM. THE OVERALL RESULTS OF THE PERFORMANCE EVALUATION PROCESS ARE SHARED WITH THE FULL BOARD, AND MEMBERS ARE ENCOURAGED TO SPEAK DIRECTLY WITH THE CHAIRMAN IF THEY WISH ADDITIONAL DETAILS.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNITED WAY OF GREENWICH MAKES ITS FORM 990, ITS AUDITED FINANCIAL STATEMENTS AND ITS CODE OF ETHICS/CONFLICT OF INTEREST POLICY AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND HAS THESE DOCUMENTS POSTED ON ITS WEBSITE. ADDITIONALLY, THE FINANCIAL STATEMENTS ARE CONDENSED INTO AN ANNUAL REPORT WHICH IS DISTRIBUTED TO THE GREATER COMMUNITY AS WELL AS POSTED ONLINE AT THE UNITED WAY'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PROMISES -69,678.

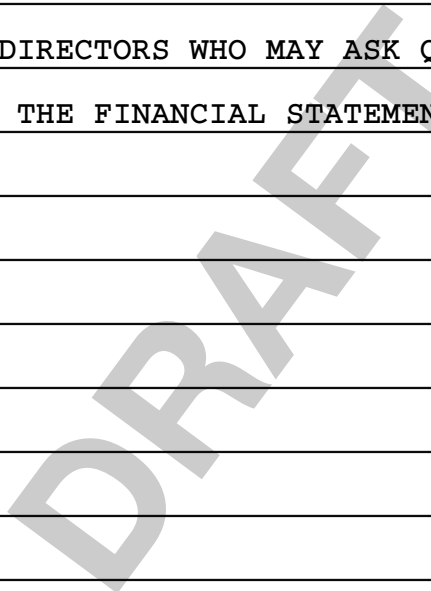
FORM 990, PART XII, LINE 2C:

THE UNITED WAY HAS AN AUDIT COMMITTEE WHICH IS SEPARATE FROM THE FINANCE COMMITTEE. THE MEMBERS OF WHICH SHALL INCLUDE THE VICE CHAIRMAN OF FINANCE AND AT LEAST THREE (3) DIRECTORS, A MAJORITY OF WHOM DO NOT

Name of the organization UNITED WAY OF GREENWICH, INC	Employer identification number 06-0646578
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CURRENTLY SERVE ON THE FINANCE COMMITTEE. THE CHAIRMAN OF THE AUDIT COMMITTEE SHALL BE APPOINTED BY THE BOARD CHAIRMAN.

FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT AUDITING FIRM. THE AUDIT COMMITTEE, MANAGEMENT, AND INDEPENDENT AUDITORS WORK TOGETHER ON REVIEWING THE FINANCIAL STATEMENTS AND RESOLVING ANY ISSUES THAT MAY ARISE IN THE COURSE OF THE AUDIT. UPON ITS COMPLETION AND THE APPROVAL OF THE AUDIT COMMITTEE, THE FINANCIAL STATEMENTS ARE SHARED WITH THE ENTIRE GOVERNING BOARD OF DIRECTORS WHO MAY ASK QUESTIONS AND THEN ULTIMATELY VOTE TO APPROVE THE FINANCIAL STATEMENTS.



2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS	L				125,000.				125,000.			0.	
2	BUILDING & IMPROVEMENTS	VARIOUS	SL	.000		16	294,206.				294,206.	287,330.		0.	287,330.
4	IMPROVEMENTS - WINDOW REPLACEMENT	05/06/03	SL	20.00		16	32,766.				32,766.	19,995.		1,638.	21,633.
5	RENOVATIONS	05/18/03	SL	20.00		16	1,418.				1,418.	864.		71.	935.
6	SINK-FIRST FLOOR	05/05/03	SL	10.00		16	410.				410.	410.		0.	410.
7	ELECTRIC RENOVATIONS	05/08/03	SL	20.00		16	2,149.				2,149.	1,302.		107.	1,409.
8	BLINDS	05/03/03	SL	10.00		16	162.				162.	162.		0.	162.
9	2 CHAIRS	04/01/03	SL	10.00		16	180.				180.	180.		0.	180.
10	CARPET - FIRST FLOOR	05/27/03	SL	10.00		16	3,240.				3,240.	3,240.		0.	3,240.
11	FURNITURE	06/27/03	SL	10.00		16	7,126.				7,126.	7,126.		0.	7,126.
15	FURNACE	11/22/02	SL	10.00		16	5,600.				5,600.	5,600.		0.	5,600.
16	TEMP AIR	08/15/03	SL	10.00		16	2,640.				2,640.	2,640.		0.	2,640.
17	AMER EXP BLINDS	09/04/03	SL	10.00		16	88.				88.	88.		0.	88.
18	TWO MASTER SIGNS	05/20/04	SL	20.00		16	1,026.				1,026.	564.		51.	615.
19	AMER EXP PROJECT SOFTWARE	09/05/03	SL	5.00		16	206.				206.	205.		0.	205.
20	AMER EXP DELL PC-ADELBERG	11/10/03	SL	5.00		16	605.				605.	605.		0.	605.
21	CONVERSION CONSULTING	VARIOUS	SL	5.00		16	38,291.				38,291.	38,292.		0.	38,292.
22	M PERROTTA MASONRY	10/20/03	SL	20.00		16	550.				550.	329.		28.	357.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
24	FURNITURE	11/02/04	SL	10.00		16	3,000.				3,000.	3,000.		0.	3,000.
25	NST SYSTEMS	08/31/04	SL	5.00		16	450.				450.	450.		0.	450.
26	AMER EXP DELL - GELLAMAN	08/21/04	SL	5.00		16	595.				595.	595.		0.	595.
27	BLACKBAUD	01/21/05	SL	5.00		16	344.				344.	344.		0.	344.
28	BLACKBAUD	06/07/05	SL	5.00		16	1,860.				1,860.	1,860.		0.	1,860.
29	AMEX DELL COMP. EMM	06/28/05	SL	3.00		16	869.				869.	869.		0.	869.
30	ALL AMERICAN SEWER & DRAIN	06/02/06	SL	10.00		16	6,890.				6,890.	6,258.		632.	6,890.
31	BLACKBAUAD - 2 LICENSES	07/01/05	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
32	NST - SOFTWARE NEW SERVER	04/01/07	SL	5.00		16	9,435.				9,435.	9,277.		0.	9,277.
33	NST - LABOR-NEW SERVER INSTALLATION	05/01/07	SL	5.00		16	12,566.				12,566.	11,597.		0.	11,597.
34	HOT WATER HEATER	11/08/07	SL	10.00		16	1,168.				1,168.	897.		117.	1,014.
35	COMPUTER	09/28/07	SL	5.00		16	1,580.				1,580.	1,501.		0.	1,501.
36	COMPUTER	10/05/07	SL	5.00		16	1,020.				1,020.	969.		0.	969.
37	BACKUP SERVER	05/29/08	SL	5.00		16	3,168.				3,168.	2,589.		0.	2,589.
38	ALL AMERICAN SEWER & DRAIN	10/03/06	SL	10.00		16	508.				508.	446.		51.	497.
39	AMER EXP PROJECTOR	04/19/07	SL	10.00		16	495.				495.	409.		50.	459.
40	SMICK CONSTRUCTION KITCHEN PAINTING	08/18/08	SL	10.00		16	1,477.				1,477.	1,023.		148.	1,171.
41	BERGEN ARCHITECTURE KITCHEN COUNTERTOPS	08/14/08	SL	10.00		16	4,652.				4,652.	3,216.		465.	3,681.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
42	KITCHEN FLOOR	09/05/08	SL	10.00		16	13,774.				13,774.	9,410.		1,377.	10,787.
43	PUTNAM PLUMBING	09/05/08	SL	10.00		16	370.				370.	253.		37.	290.
44	SINK AND FAUCET HOME DEPOT	11/06/08	SL	10.00		16	370.				370.	247.		37.	284.
45	VILLAGE APPLIANCE REFRIGERATOR	08/07/08	SL	10.00		16	504.				504.	300.		50.	350.
46	2 DESKTOPS SDA & CVR	08/04/10	SL	5.00		16	1,112.				1,112.	1,092.		20.	1,112.
47	NST - CONFIGURE DESKTOP SDA & CVR	08/04/10	SL	5.00		16	2,805.				2,805.	2,758.		47.	2,805.
48	2 DELL DESKTOPS JB & PAD	12/15/10	SL	5.00		16	820.				820.	752.		68.	820.
49	NST - CONFIGURE DESKTOP SDA	08/04/10	SL	5.00		16	510.				510.	502.		8.	510.
50	NST - CONFIGURE DESKTOP JB & PAD	12/15/10	SL	5.00		16	2,083.				2,083.	1,911.		172.	2,083.
51	DELL COMPUTER SUSAN FERRIS	02/15/11	SL	5.00		16	423.				423.	375.		48.	423.
52	NST - CONFIGURE DESKTOP - FERRIS	02/15/11	SL	5.00		16	850.				850.	751.		99.	850.
53	NST - NEW SERVER EVALUATION	04/27/11	SL	5.00		16	170.				170.	142.		28.	170.
54	DELL T GABRIEL COMPUTER	06/02/11	SL	5.00		16	383.				383.	314.		69.	383.
55	SEWER LINE - PUTNAM PLUMBING	03/09/11	SL	20.00		16	1,500.				1,500.	325.		75.	400.
56	TEMP AIR - FURNACE	05/18/11	SL	10.00		16	1,495.				1,495.	612.		150.	762.
57	TEMP AIR	07/21/11	SL	10.00		16	1,245.				1,245.	489.		125.	614.
58	TEMP AIR-FURNACE	08/31/11	SL	10.00		16	1,495.				1,495.	575.		150.	725.
59	HOT WATER HEATER-PUTNAM PLUMBING	10/05/11	SL	10.00		16	1,226.				1,226.	461.		123.	584.

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04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60	DIAGNOSE-HOT WATER HEATER	10/05/11	SL	10.00		16	140.				140.	53.		14.	67.
61	PAINT ENTRY & DOOR	11/16/11	SL	10.00		16	1,345.				1,345.	483.		135.	618.
62	FENCE REPLACEMENT	01/11/12	SL	10.00		16	1,460.				1,460.	511.		146.	657.
63	SERVER	08/18/11	SL	5.00		16	8,215.				8,215.	6,298.		1,643.	7,941.
64	SERVER	08/31/11	SL	5.00		16	1,828.				1,828.	1,403.		366.	1,769.
65	SERVER SOFTWARE	08/31/11	SL	5.00		16	825.				825.	633.		165.	798.
66	SERVER HARDWARE	08/31/11	SL	5.00		16	4,050.				4,050.	3,105.		810.	3,915.
67	EXTERNAL TAPE DRIVE	08/17/11	SL	5.00		16	2,465.				2,465.	1,890.		493.	2,383.
68	SERVER IMPLEMENTATION	09/15/11	SL	5.00		16	298.				298.	230.		60.	290.
69	SERVER IMPLEMENTATION	09/15/11	SL	5.00		16	4,888.				4,888.	3,749.		978.	4,727.
70	SERVER SOFTWARE	09/28/11	SL	5.00		16	905.				905.	679.		181.	860.
71	COMPUTER	10/12/11	SL	5.00		16	553.				553.	416.		111.	527.
72	SERVER IMPLEMENTATION	11/16/11	SL	5.00		16	340.				340.	244.		68.	312.
73	COMPUTER	01/11/12	SL	5.00		16	365.				365.	256.		73.	329.
74	COMPUTER	01/25/12	SL	5.00		16	1,148.				1,148.	786.		230.	1,016.
75	COMPUTER HARD DRIVE	02/08/12	SL	5.00		16	1,740.				1,740.	1,189.		348.	1,537.
76	REPAIR AND REPAVE PARKING LOT	09/07/12	SL	20.00		16	11,709.				11,709.	2,274.		585.	2,859.
77	REPLACE FENCE (STORM SANDY)	12/24/12	SL	20.00		16	5,606.				5,606.	844.		280.	1,124.

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return UNITED WAY OF GREENWICH, INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 06-0646578
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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	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 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2016. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	12,727.

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 2015	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2015 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 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	12,727.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and depreciation.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle usage details (a-f) and personal use availability (Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No) for employer questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2015 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2015 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREENWICH, INC	Employer identification number (EIN) or 06-0646578
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE LAFAYETTE COURT	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENWICH, CT 06830	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KAREN KEEGAN

• The books are in the care of **1 LAFAYETTE COURT - GREENWICH, CT 06830**
Telephone No. **(203) 869-2221** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	VARIABLE	SL			125,000.			125,000.			0.
2	BUILDING & IMPROVEMENTS	VARIABLE	SL	.000	16	294,206.			294,206.	287,330.		0.
4	IMPROVEMENTS - WINDOW REPLACEMENT	050603	SL	20.00	16	32,766.			32,766.	19,995.		1,638.
5	RENOVATIONS	051803	SL	20.00	16	1,418.			1,418.	864.		71.
6	SINK-FIRST FLOOR ELECTRIC	050503	SL	10.00	16	410.			410.	410.		0.
7	RENOVATIONS	050803	SL	20.00	16	2,149.			2,149.	1,302.		107.
8	BLINDS	050303	SL	10.00	16	162.			162.	162.		0.
9	2 CHAIRS	040103	SL	10.00	16	180.			180.	180.		0.
10	CARPET - FIRST FLOOR	052703	SL	10.00	16	3,240.			3,240.	3,240.		0.
11	FURNITURE	062703	SL	10.00	16	7,126.			7,126.	7,126.		0.
15	FURNACE	112202	SL	10.00	16	5,600.			5,600.	5,600.		0.
16	TEMP AIR	081503	SL	10.00	16	2,640.			2,640.	2,640.		0.
17	AMER EXP BLINDS	090403	SL	10.00	16	88.			88.	88.		0.
18	TWO MASTER SIGNS	052004	SL	20.00	16	1,026.			1,026.	564.		51.
19	AMER EXP PROJECT SOFTWARE	090503	SL	5.00	16	206.			206.	205.		0.
20	AMER EXP DELL PC-ADELBERG	111003	SL	5.00	16	605.			605.	605.		0.
21	CONVERSION CONSULTING	VARIABLE	SL	5.00	16	38,291.			38,291.	38,292.		0.
22	M PERROTTA MASONRY	102003	SL	20.00	16	550.			550.	329.		28.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	FURNITURE	110204	SL	10.00	16	3,000.			3,000.	3,000.		0.
25	INST SYSTEMS	083104	SL	5.00	16	450.			450.	450.		0.
26	AMER EXP DELL - GELLAMAN	082104	SL	5.00	16	595.			595.	595.		0.
27	BLACKBAUD	012105	SL	5.00	16	344.			344.	344.		0.
28	BLACKBAUD	060705	SL	5.00	16	1,860.			1,860.	1,860.		0.
29	AMEX DELL COMP. EMM	062805	SL	3.00	16	869.			869.	869.		0.
30	ALL AMERICAN SEWER & DRAIN	060206	SL	10.00	16	6,890.			6,890.	6,258.		632.
31	BLACKBAUD - 2	070105	SL	5.00	16	2,500.			2,500.	2,500.		0.
32	LICENSES INST - SOFTWARE NEW SERVER	040107	SL	5.00	16	9,435.			9,435.	9,277.		0.
33	INST - LABOR-NEW SERVER INSTALLATION	050107	SL	5.00	16	12,566.			12,566.	11,597.		0.
34	HOT WATER HEATER	110807	SL	10.00	16	1,168.			1,168.	897.		117.
35	COMPUTER	092807	SL	5.00	16	1,580.			1,580.	1,501.		0.
36	COMPUTER	100507	SL	5.00	16	1,020.			1,020.	969.		0.
37	BACKUP SERVER	052908	SL	5.00	16	3,168.			3,168.	2,589.		0.
38	ALL AMERICAN SEWER & DRAIN	100306	SL	10.00	16	508.			508.	446.		51.
39	AMER EXP PROJECTOR	041907	SL	10.00	16	495.			495.	409.		50.
40	SMICK CONSTRUCTION KITCHEN PAINTING	081808	SL	10.00	16	1,477.			1,477.	1,023.		148.
41	BERGEN ARCHITECTURE KITCHEN COUNTERTOP	081408	SL	10.00	16	4,652.			4,652.	3,216.		465.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	KITCHEN FLOOR	090508	SL	10.00	16	13,774.			13,774.	9,410.		1,377.
43	PUTNAM PLUMBING	090508	SL	10.00	16	370.			370.	253.		37.
44	SINK AND FAUCET HOME DEPOT	110608	SL	10.00	16	370.			370.	247.		37.
45	VILLAGE APPLIANCE REFRIGERATOR	080708	SL	10.00	16	504.			504.	300.		50.
46	2 DESKTOPS SDA & CVR	080410	SL	5.00	16	1,112.			1,112.	1,092.		20.
47	INST - CONFIGURE DESKTOP SDA & CVR	080410	SL	5.00	16	2,805.			2,805.	2,758.		47.
48	2 DELL DESKTOPS JB & PAD	121510	SL	5.00	16	820.			820.	752.		68.
49	INST - CONFIGURE DESKTOP SDA	080410	SL	5.00	16	510.			510.	502.		8.
50	INST - CONFIGURE DESKTOP JB & PAD	121510	SL	5.00	16	2,083.			2,083.	1,911.		172.
51	DELL COMPUTER SUSAN FERRIS	021511	SL	5.00	16	423.			423.	375.		48.
52	INST - CONFIGURE DESKTOP - FERRIS	021511	SL	5.00	16	850.			850.	751.		99.
53	INST - NEW SERVER EVALUATION	042711	SL	5.00	16	170.			170.	142.		28.
54	DELL T GABRIEL COMPUTER	060211	SL	5.00	16	383.			383.	314.		69.
55	SEWER LINE - PUTNAM PLUMBING	030911	SL	20.00	16	1,500.			1,500.	325.		75.
56	TEMP AIR - FURNACE	051811	SL	10.00	16	1,495.			1,495.	612.		150.
57	TEMP AIR	072111	SL	10.00	16	1,245.			1,245.	489.		125.
58	TEMP AIR-FURNACE HOT WATER	083111	SL	10.00	16	1,495.			1,495.	575.		150.
59	HEATER-PUTNAM PLUMB	100511	SL	10.00	16	1,226.			1,226.	461.		123.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	DIAGNOSE-HOT WATER HEATER	100511	SL	10.00	16	140.			140.	53.		14.
61	PAINT ENTRY & DOOR	111611	SL	10.00	16	1,345.			1,345.	483.		135.
62	FENCE REPLACEMENT	011112	SL	10.00	16	1,460.			1,460.	511.		146.
63	SERVER	081811	SL	5.00	16	8,215.			8,215.	6,298.		1,643.
64	SERVER	083111	SL	5.00	16	1,828.			1,828.	1,403.		366.
65	SERVER SOFTWARE	083111	SL	5.00	16	825.			825.	633.		165.
66	SERVER HARDWARE	083111	SL	5.00	16	4,050.			4,050.	3,105.		810.
67	EXTERNAL TAPE DRIVE	081711	SL	5.00	16	2,465.			2,465.	1,890.		493.
68	SERVER IMPLEMENTATION	091511	SL	5.00	16	298.			298.	230.		60.
69	SERVER IMPLEMENTATION	091511	SL	5.00	16	4,888.			4,888.	3,749.		978.
70	SERVER SOFTWARE	092811	SL	5.00	16	905.			905.	679.		181.
71	COMPUTER SERVER	101211	SL	5.00	16	553.			553.	416.		111.
72	COMPUTER SERVER IMPLEMENTATION	111611	SL	5.00	16	340.			340.	244.		68.
73	COMPUTER	011112	SL	5.00	16	365.			365.	256.		73.
74	COMPUTER	012512	SL	5.00	16	1,148.			1,148.	786.		230.
75	COMPUTER HARD DRIVE REPAIR AND REPAVE	020812	SL	5.00	16	1,740.			1,740.	1,189.		348.
76	PARKING LOT REPLACE FENCE	090712	SL	20.00	16	11,709.			11,709.	2,274.		585.
77	(STORM SANDY)	122412	SL	20.00	16	5,606.			5,606.	844.		280.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	LAND	VARIES	SL		125,000.		125,000.		0.
2	BUILDING & IMPROVEMENTS	VARIES	SL	.000	294,206.		294,206.	287,330.	0.
4	IMPROVEMENTS - WINDOW REPLACEMENT	050603	SL	20.00	32,766.		32,766.	21,633.	1,638.
5	RENOVATIONS	051803	SL	20.00	1,418.		1,418.	935.	71.
6	SINK-FIRST FLOOR	050503	SL	10.00	410.		410.	410.	0.
7	ELECTRIC RENOVATIONS	050803	SL	20.00	2,149.		2,149.	1,409.	107.
8	BLINDS	050303	SL	10.00	162.		162.	162.	0.
9	2 CHAIRS	040103	SL	10.00	180.		180.	180.	0.
10	CARPET - FIRST FLOOR	052703	SL	10.00	3,240.		3,240.	3,240.	0.
11	FURNITURE	062703	SL	10.00	7,126.		7,126.	7,126.	0.
15	FURNACE	112202	SL	10.00	5,600.		5,600.	5,600.	0.
16	TEMP AIR	081503	SL	10.00	2,640.		2,640.	2,640.	0.
17	AMER EXP BLINDS	090403	SL	10.00	88.		88.	88.	0.
18	TWO MASTER SIGNS	052004	SL	20.00	1,026.		1,026.	615.	51.
19	AMER EXP PROJECT SOFTWARE	090503	SL	5.00	206.		206.	205.	0.
20	AMER EXP DELL PC-ADELBERG	111003	SL	5.00	605.		605.	605.	0.
21	CONVERSION CONSULTING	VARIES	SL	5.00	38,291.		38,291.	38,292.	0.
22	M PERROTTA MASONRY	102003	SL	20.00	550.		550.	357.	28.
24	FURNITURE	110204	SL	10.00	3,000.		3,000.	3,000.	0.
25	NST SYSTEMS	083104	SL	5.00	450.		450.	450.	0.
26	AMER EXP DELL - GELLAMAN	082104	SL	5.00	595.		595.	595.	0.
27	BLACKBAUD	012105	SL	5.00	344.		344.	344.	0.
28	BLACKBAUD	060705	SL	5.00	1,860.		1,860.	1,860.	0.
29	AMEX DELL COMP. EMM	062805	SL	3.00	869.		869.	869.	0.
30	ALL AMERICAN SEWER & DRAIN	060206	SL	10.00	6,890.		6,890.	6,890.	0.
31	BLACKBAUD - 2 LICENSES	070105	SL	5.00	2,500.		2,500.	2,500.	0.
32	NST - SOFTWARE NEW SERVER	040107	SL	5.00	9,435.		9,435.	9,277.	0.
33	NST - LABOR-NEW SERVER INSTALLATION	050107	SL	5.00	12,566.		12,566.	11,597.	0.
34	HOT WATER HEATER	110807	SL	10.00	1,168.		1,168.	1,014.	117.
35	COMPUTER	092807	SL	5.00	1,580.		1,580.	1,501.	0.
36	COMPUTER	100507	SL	5.00	1,020.		1,020.	969.	0.
37	BACKUP SERVER	052908	SL	5.00	3,168.		3,168.	2,589.	0.
38	ALL AMERICAN SEWER & DRAIN	100306	SL	10.00	508.		508.	497.	11.
39	AMER EXP PROJECTOR	041907	SL	10.00	495.		495.	459.	36.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
40	SMICK CONSTRUCTION KITCHEN PAINTING	081808	SL	10.00	1,477.		1,477.	1,171.	148.
	BERGEN ARCHITECTURE KITCHEN								
41	COUNTERTOPS	081408	SL	10.00	4,652.		4,652.	3,681.	465.
42	KITCHEN FLOOR	090508	SL	10.00	13,774.		13,774.	10,787.	1,377.
43	PUTNAM PLUMBING	090508	SL	10.00	370.		370.	290.	37.
44	SINK AND FAUCET HOME DEPOT	110608	SL	10.00	370.		370.	284.	37.
45	VILLAGE APPLIANCE REFRIGERATOR	080708	SL	10.00	504.		504.	350.	50.
46	2 DESKTOPS SDA & CVR	080410	SL	5.00	1,112.		1,112.	1,112.	0.
47	NST - CONFIGURE DESKTOP SDA & CVR	080410	SL	5.00	2,805.		2,805.	2,805.	0.
48	2 DELL DESKTOPS JB & PAD	121510	SL	5.00	820.		820.	820.	0.
49	NST - CONFIGURE DESKTOP SDA	080410	SL	5.00	510.		510.	510.	0.
50	NST - CONFIGURE DESKTOP JB & PAD	121510	SL	5.00	2,083.		2,083.	2,083.	0.
51	DELL COMPUTER SUSAN FERRIS	021511	SL	5.00	423.		423.	423.	0.
52	NST - CONFIGURE DESKTOP - FERRIS	021511	SL	5.00	850.		850.	850.	0.
53	NST - NEW SERVER EVALUATION	042711	SL	5.00	170.		170.	170.	0.
54	DELL T GABRIEL COMPUTER	060211	SL	5.00	383.		383.	383.	0.
55	SEWER LINE - PUTNAM PLUMBING	030911	SL	20.00	1,500.		1,500.	400.	75.
56	TEMP AIR - FURNACE	051811	SL	10.00	1,495.		1,495.	762.	150.
57	TEMP AIR	072111	SL	10.00	1,245.		1,245.	614.	125.
58	TEMP AIR-FURNACE	083111	SL	10.00	1,495.		1,495.	725.	150.
59	HOT WATER HEATER-PUTNAM PLUMBING	100511	SL	10.00	1,226.		1,226.	584.	123.
60	DIAGNOSE-HOT WATER HEATER	100511	SL	10.00	140.		140.	67.	14.
61	PAINT ENTRY & DOOR	111611	SL	10.00	1,345.		1,345.	618.	135.
62	FENCE REPLACEMENT	011112	SL	10.00	1,460.		1,460.	657.	146.
63	SERVER	081811	SL	5.00	8,215.		8,215.	7,941.	274.
64	SERVER	083111	SL	5.00	1,828.		1,828.	1,769.	59.
65	SERVER SOFTWARE	083111	SL	5.00	825.		825.	798.	27.
66	SERVER HARDWARE	083111	SL	5.00	4,050.		4,050.	3,915.	135.
67	EXTERNAL TAPE DRIVE	081711	SL	5.00	2,465.		2,465.	2,383.	82.
68	SERVER IMPLEMENTATION	091511	SL	5.00	298.		298.	290.	8.
69	SERVER IMPLEMENTATION	091511	SL	5.00	4,888.		4,888.	4,727.	161.
70	SERVER SOFTWAE	092811	SL	5.00	905.		905.	860.	45.
71	COMPUTER	101211	SL	5.00	553.		553.	527.	26.
72	SERVER IMPLEMENTATION	111611	SL	5.00	340.		340.	312.	28.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

UNITED WAY OF GREENWICH, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
73	COMPUTER	011112	SL	5.00	365.		365.	329.	36.
74	COMPUTER	012512	SL	5.00	1,148.		1,148.	1,016.	132.
75	COMPUTER HARD DRIVE	020812	SL	5.00	1,740.		1,740.	1,537.	203.
76	REPAIR AND REPAVE PARKING LOT	090712	SL	20.00	11,709.		11,709.	2,859.	585.
77	REPLACE FENCE (STORM SANDY)	122412	SL	20.00	5,606.		5,606.	1,124.	280.
	* TOTAL 990 PAGE 10 DEPR				647,255.		647,255.	475,771.	7,172.