

PKF O'CONNOR DAVIES, LLP
3001 SUMMER STREET, 5TH FLOOR, EAST
STAMFORD, CT 06905

UNITED WAY OF GREENWICH, INC
500 WEST PUTNAM AVENUE, NO. 415
GREENWICH, CT 06830

|||||

DRAFT



MARCH 29, 2019

UNITED WAY OF GREENWICH, INC
500 WEST PUTNAM AVENUE NO. 415
GREENWICH, CT 06830

UNITED WAY OF GREENWICH, INC:

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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, 2019.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

GARRETT M. HIGGINS

MARCH 29, 2019

UNITED WAY OF GREENWICH, INC
500 WEST PUTNAM AVENUE NO. 415
GREENWICH, CT 06830

UNITED WAY OF GREENWICH, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2017 FORM 990

2017 CONNECTICUT ANNUAL REGISTRATION FORM

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

GARRETT M. HIGGINS

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

UNITED WAY OF GREENWICH, INC
500 WEST PUTNAM AVENUE NO. 415
GREENWICH, CT 06830

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
3001 SUMMER STREET, 5TH FLOOR, 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, 2019.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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		D Employer identification number 06-0646578
	Doing business as GREENWICH UNITED WAY		E Telephone number (203) 869-2221
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,397,171.
	500 WEST PUTNAM AVENUE	415	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DAVID RABIN SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.GREENWICHUNITEDWAY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	520
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,589,457.	2,643,113.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	15,350.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11)	2,213,118.	84,745.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	-8,127.	-71,283.
		4,794,448.	2,671,925.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,054,494.	978,075.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	503,834.	531,385.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,421.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	350,322.	360,682.	
19 Revenue less expenses. Subtract line 18 from line 12	1,908,650.	1,870,142.	
	2,885,798.	801,783.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,783,502.	4,680,884.
	22 Net assets or fund balances. Subtract line 21 from line 20	63,870.	59,835.
	3,719,632.	4,621,049.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DAVID RABIN, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	03/29/19	<input type="checkbox"/>	P00543209
	Firm's name	Firm's EIN			
	PKF O'CONNOR DAVIES, LLP	27-1728945			
	Firm's address	Phone no.			
	3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905	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 \$ 978,000. including grants of \$ 978,000.) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF FUND DISTRIBUTION PROGRAMS

4b (Code:) (Expenses \$ 361,105. including grants of \$) (Revenue \$ 15,350.) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF COMMUNITY PLANNING, NEEDS ASSESSMENT & AGENCY RELATIONS PROGRAMS

4c (Code:) (Expenses \$ 125,173. including grants of \$) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF YOUTH SERVICES PROGRAMS

4d Other program services (Describe in Schedule O.) (Expenses \$ 75. including grants of \$ 75.) (Revenue \$)

4e Total program service expenses 1,464,353.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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); 7b 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 Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose any financial interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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. [X] Own website [] Another's website [X] 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: JEREMY NAPPI - (203) 869-2221 500 WEST PUTNAM AVENUE, SUITE 415, 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 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 CHAIR OF THE BOARD (THRU 01/24/18)	5.00	X		X			0.	0.	0.	
(2) ANNE SHERRERD CHAIR OF THE BOARD	3.00	X		X			0.	0.	0.	
(3) BILL FINGER VICE CHAIR OF COMMUNITY IMPACT	2.00	X		X			0.	0.	0.	
(4) DIANE VITON VICE CHAIR OF FUND DEVELOPMENT	2.00	X		X			0.	0.	0.	
(5) EILEEN KIM VICE CHAIR OF FINANCE	2.00	X		X			0.	0.	0.	
(6) BROOK URBAN VICE CHAIR OF STEWARDSHIP	2.00	X		X			0.	0.	0.	
(7) DAN FITZGERALD SECRETARY	2.00	X					0.	0.	0.	
(8) ELIZABETH ANGELONE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KATHLEEN BURGWEGER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DONNA BYRNES BOARD MEMBER	1.00	X					0.	0.	0.	
(11) FRANK CARPENTERI BOARD MEMBER	1.00	X					0.	0.	0.	
(12) GRACE DJURANOVIC BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JAMIE EISENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JEFFEREY EVANS BOARD MEMBER (THRU 5/16/18)	1.00	X					0.	0.	0.	
(15) MARIO FORLINI BOARD MEMBER	1.00	X					0.	0.	0.	
(16) PAMELA FORNERO BOARD MEMBER	1.00	X					0.	0.	0.	
(17) ANNE FRANSCIONI BOARD MEMBER (THRU 5/16/18)	1.00	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) JOUI HESSEL BOARD MEMBER	1.00	X						0.	0.	0.
(19) NISHA HURST BOARD MEMBER	1.00	X						0.	0.	0.
(20) EVA MARIA JANERUS BOARD MEMBER	1.00	X						0.	0.	0.
(21) NANCY KAIL BOARD MEMBER	1.00	X						0.	0.	0.
(22) NICOLE KWASNIEWSKI BOARD MEMBER	1.00	X						0.	0.	0.
(23) ERIN MCCALL BOARD MEMBER	1.00	X						0.	0.	0.
(24) RICHARD PORTER BOARD MEMBER (THRU 1/24/18)	1.00	X						0.	0.	0.
(25) JILL WEINER BOARD MEMBER (THRU 1/24/18)	1.00	X						0.	0.	0.
(26) NANCY VOYE WEISSLER BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								160,000.	0.	8,040.
d Total (add lines 1b and 1c)								160,000.	0.	8,040.

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

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

Section B. Independent Contractors

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

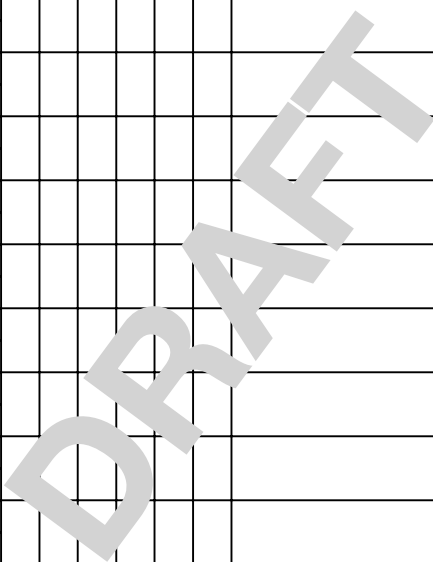
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARIE WOODBURN BOARD MEMBER (THRU 1/24/18)	1.00	X						0.	0.	0.
(28) DAVID RABIN CEO	40.00			X				160,000.	0.	8,040.
Total to Part VII, Section A, line 1c								160,000.	8,040.	



Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	433,090.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,210,023.				
	g	Noncash contributions included in lines 1a-1f: \$		104,903.				
	h	Total. Add lines 1a-1f		2,643,113.				
Program Service Revenue	2 a	CAMP GUIDE REVENUE	Business Code	900099	15,350.	15,350.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			15,350.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			48,995.		48,995.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				35,750.		35,750.
	8 a	Gross income from fundraising events (not including \$ 433,090. of contributions reported on line 1c). See Part IV, line 18	a			45,586.		
		Less: direct expenses	b			116,869.		
		Net income or (loss) from fundraising events				-71,283.		-71,283.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	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.				2,671,925.	15,350.	0.	

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	978,075.	978,075.		
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	168,160.	111,728.	22,778.	33,654.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	288,265.	191,528.	39,047.	57,690.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,628.	5,732.	1,169.	1,727.
9 Other employee benefits	22,005.	14,620.	2,981.	4,404.
10 Payroll taxes	44,327.	29,452.	6,004.	8,871.
11 Fees for services (non-employees):				
a Management				
b Legal	2,119.	138.	1,527.	454.
c Accounting	78,409.	5,101.	56,497.	16,811.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,729.		10,729.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,335.	217.	2,403.	715.
12 Advertising and promotion	54,000.	3,513.	38,909.	11,578.
13 Office expenses	83,077.	47,644.	9,559.	25,874.
14 Information technology	9,966.	648.	7,181.	2,137.
15 Royalties				
16 Occupancy	21,436.	10,718.	7,503.	3,215.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,912.	1,270.	259.	383.
20 Interest				
21 Payments to affiliates	22,033.		22,033.	
22 Depreciation, depletion, and amortization	3,726.	2,475.	505.	746.
23 Insurance	8,254.	5,484.	1,118.	1,652.
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	44,359.	44,359.		
b MISC OPERATING EXPENSES	17,327.	11,651.	2,166.	3,510.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,870,142.	1,464,353.	232,368.	173,421.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,173.	1	249.
	2 Savings and temporary cash investments	3,192,570.	2	1,438,268.
	3 Pledges and grants receivable, net	323,661.	3	331,527.
	4 Accounts receivable, net	11.	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	9,278.	9	3,850.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,778.		
	b Less: accumulated depreciation	10b 3,726.	10c 0.	8,052.
	11 Investments - publicly traded securities	241,809.	11	2,898,938.
	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)	3,783,502.	16	4,680,884.	
Liabilities	17 Accounts payable and accrued expenses	55,455.	17	56,115.
	18 Grants payable	1,990.	18	3,720.
	19 Deferred revenue	5,900.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	525.	21	0.
	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	63,870.	26	59,835.
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	2,983,770.	27	3,448,841.
	28 Temporarily restricted net assets	735,862.	28	1,172,208.
	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	3,719,632.	33	4,621,049.	
34 Total liabilities and net assets/fund balances	3,783,502.	34	4,680,884.	

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	2,671,925.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,870,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	801,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,719,632.
5	Net unrealized gains (losses) on investments	5	99,634.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,621,049.

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			
2b	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		

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2729068.	2586322.	2422135.	2589457.	2643113.	12970095.
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	2729068.	2586322.	2422135.	2589457.	2643113.	12970095.
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)						159,214.
6 Public support. Subtract line 5 from line 4.						12810881.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2729068.	2586322.	2422135.	2589457.	2643113.	12970095.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,399.	30,465.	13,224.	17,224.	48,995.	133,307.
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						13103402.
12 Gross receipts from related activities, etc. (see instructions)					12	33,342.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	97.77 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.18 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (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 12a or 12b 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 organization.</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 .		
11a		
11b		
11c		

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.		
1		
2		

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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the first 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 (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.		
1		
2		
3		

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.		
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.		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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		
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		(A) Prior Year	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).		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

DRAFT

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

OMB No. 1545-0047

2017

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

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

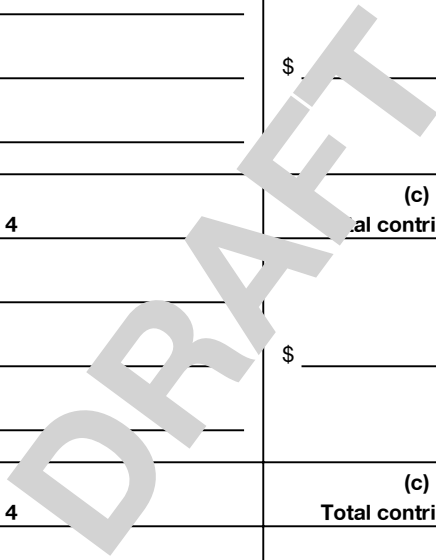
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE FIDELITY CHARITABLE GIFT FUND 100 CROSBY PARKWAY COVINGTON, KY 41015	\$ 96,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MR. AND MRS. DENNIS KEEGAN 22 LAKEVIEW DRIVE RIVERSIDE, CT 06878	\$ 117,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE MADRIGAL FOUNDATION 61 INDIAN HEAD ROAD RIVERSIDE, CT 06878	\$ 165,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BRIAN K. HURST 487 NORTH STREET GREENWICH, CT 06830	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ERNST OHNELL FAMILY FOUNDATION 75 KHAKUM WOOD ROAD GREENWICH, CT 06831	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JAMES P. WARBURG 216 JOHN STREET GREENWICH, CT 06830	\$ 250,000.	Person <input checked="" 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
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

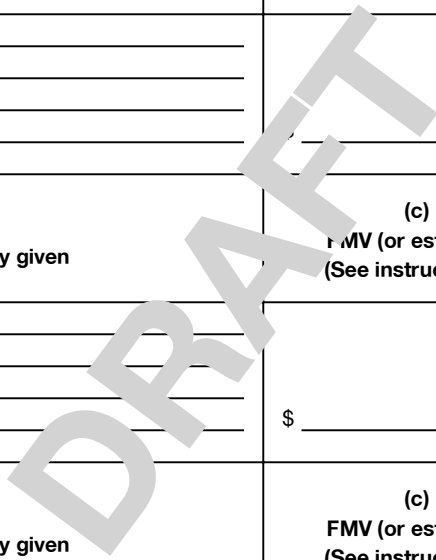
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE BYDALE FOUNDATION 114 WEST 47TH STREET, 10TH FLOOR NEW YORK, NY 10036	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II 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.)
_____	_____ _____ _____	\$ _____	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
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

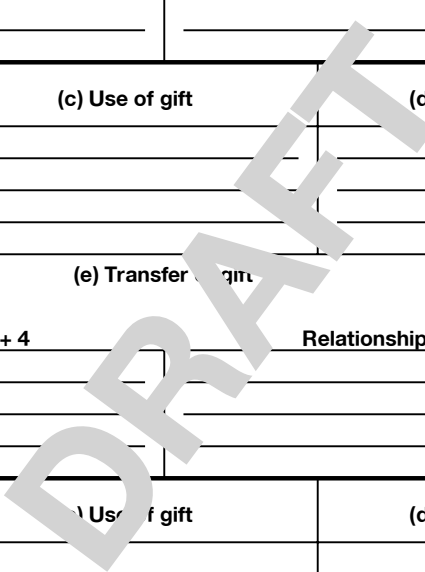
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____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



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

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

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

OMB No. 1545-0047

2017

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for works of art and historical treasures, and revenue/asset amounts for collections.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, 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	2,998,272.	594,911.	560,543.	537,601.	694,403.
b Contributions	250,000.	2,370,868.	17,925.	19,625.	5,000.
c Net investment earnings, gains, and losses	174,554.	32,493.	26,443.	5,737.	73,198.
d Grants or scholarships					
e Other expenditures for facilities and programs	82,250.		10,000.	2,420.	235,000.
f Administrative expenses					
g End of year balance	3,340,576.	2,998,272.	594,911.	560,543.	537,601.

2 Provide the estimated percentage of the current year end balance (line g, 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,480.	3,240.	3,240.
c Leasehold improvements				
d Equipment		5,298.	486.	4,812.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,052.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). A Total row is at the bottom.

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 [X]

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	2,820,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	99,634.	
b	Donated services and use of facilities	2b	60,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	159,634.	
3	Subtract line 2e from line 1	3	2,661,121.	
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	10,729.	
b	Other (Describe in Part XIII.)	4b	75.	
c	Add lines 4a and 4b	4c	10,804.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,671,925.	

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

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

1	Total expenses and losses per audited financial statements		1	1,919,338.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	60,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	60,000.	
3	Subtract line 2e from line 1	3	1,859,338.	
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	10,729.	
b	Other (Describe in Part XIII.)	4b	75.	
c	Add lines 4a and 4b	4c	10,804.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 8.)	5	1,870,142.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 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. AS VOTED ON BY THE BOARD OF DIRECTORS IN JUNE OF 2017, THIS FUND CAN BE USED TO HELP SUPPORT THE GREENWICH UNITED WAY DIRECT IMPACT PROGRAMS AT A FUTURE DATE.

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. AS VOTED ON BY THE BOARD OF DIRECTORS IN JUNE OF 2017, THIS FUND CAN BE USED TO HELP SUPPORT THE GREENWICH UNITED WAY DIRECT IMPACT PROGRAMS AT A FUTURE DATE.

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.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1 75.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1 75.

DRAFT

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 (add col. (a) through col. (c))	
		SOLE SISTERS LUNCHEON (event type)	COMEDY NIGHT (event type)	3 (total number)		
Revenue	1	Gross receipts	252,800.	111,710.	114,166.	478,676.
	2	Less: Contributions	231,460.	99,160.	102,470.	433,090.
	3	Gross income (line 1 minus line 2)	21,340.	12,550.	11,696.	45,586.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	23,382.	4,494.	38,098.	65,974.
	7	Food and beverages	1,806.	10,140.		11,946.
	8	Entertainment	4,800.	3,185.		7,985.
	9	Other direct expenses	15,986.	10,168.	4,810.	30,964.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				116,869.
11	Net income summary. Subtract line 10 from line 3, column (d)				-71,283.	

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)*

DRAFT

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENWICH, INC

Part I General Information on Grants and Assistance

Employer identification number
06-0646578

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)	80,000.	0.			COMMUNITY INVESTMENT - SUPPORT FOR PEOPLE WITH SPECIAL NEEDS
BOYS AND GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	06-0646655	501(C)(3)	45,000.	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)	25,000.	0.			COMMUNITY INVESTMENT - PREVENTION & VICTIM SUPPORT
CHILD GUIDANCE CENTER OF SOUTHERN CT - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-0712058	501(C)(3)	90,000.	0.			COMMUNITY INVESTMENT - YOUTH MENTAL HEALTH, BEHAVIORAL & DEVELOPMENTAL SERVICES
COMMUNITY CENTERS, INC 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	95,000.	0.			COMMUNITY INVESTMENT - SUPPORT FOR INDIVIDUALS AND FAMILIES
FAMILY CENTERS, INC 40 ARCH STREET GREENWICH, CT 06830	06-0646656	501(C)(3)	168,000.	0.			COMMUNITY INVESTMENT - CHILDCARE, HEADSTART AND MENTAL HEALTH SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **18.**

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) (2017)

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
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906	02-0684220	501(C)(3)	17,000.	0.			COMMUNITY INVESTMENT - FOOD DISTRIBUTION FOR THE HUNGRY
JEWISH FAMILY SERVICES OF GREENWICH - 1 HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590	501(C)(3)	7,000.	0.			COMMUNITY INVESTMENT - SENIOR SERVICES
KIDS IN CRISIS, INC. ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)(3)	68,050.	0.			COMMUNITY INVESTMENT - YOUTH SHELTER & CRISIS SERVICES
LAUREL HOUSE, INC. 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT - SERVICES FOR PEOPLE WITH CHRONIC MENTAL ILLNESS
LIBERATION PROGRAMS INC. 129 GLOVER AVE NORWALK, CT 06850	06-0867006	501(C)(3)	45,000.	0.			COMMUNITY INVESTMENT - SUBSTANCE ABUSE PREVENTION & TREATMENT
NEIGHBOR TO NEIGHBOR 248 EAST PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENT - FOOD AND CLOTHING
PACIFIC HOUSE SHELTER 137 HENRY STREET, SUITE 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	35,000.	0.			COMMUNITY INVESTMENT - EMERGENCY SHELTER, SERVICES & SUPPORT FOR THE HOMELESS
PATHWAYS, INC. 175 MILBANK AVENUE GREENWICH, CT 06830	06-1051588	501(C)(3)	45,000.	0.			COMMUNITY INVESTMENT - SERVICES FOR PEOPLE WITH CHRONIC MENTAL ILLNESS
RIVER HOUSE (GREENWICH ADULT DAY CARE, INC.) - 123 RIVER ROAD EXTENSION - COS COB, CT 06807	06-1066787	501(C)(3)	43,000.	0.			COMMUNITY INVESTMENT - ADULT CARE SENIOR SERVICES

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
TRANSPORTATION ASSOC OF GREENWICH 13 RIVERSIDE AVENUE RIVERSIDE, CT 06878	22-2531166	501(C)(3)	50,000.	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)	80,000.	0.			COMMUNITY INVESTMENT - YOUTH SERVICES & CHILDCARE
YWCA OF GREENWICH 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	55,000.	0.			COMMUNITY INVESTMENT - CRISIS

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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 22, 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.

DRAFT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used only by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, receive any payment with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	104,903.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

DRAFT

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

DRAFT

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.

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

OMB No. 1545-0047

2017

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 THE FALL OF 2017 THE GREENWICH UNITED WAY BOARD INITIATED A PROCESS
TO REVIEW THE ORGANIZATION'S MISSION AND VISION. AT THE CONCLUSION,
THE FOLLOWING WERE ADOPTED AS THE ORGANIZATION'S REVISED VISION AND
MISSION STATEMENTS:

OUR VISION

THE GREENWICH UNITED WAY IS DEDICATED TO EVERY MEMBER OF OUR LOCAL
COMMUNITY HAVING THE OPPORTUNITY TO BE HEALTHY, EDUCATED AND
SELF-SUFFICIENT.

OUR MISSION

THE GREENWICH UNITED WAY IDENTIFIES UNMET LOCAL HEALTH, EDUCATIONAL AND
SELF-SUFFICIENCY NEEDS, RAISES AWARENESS AND SUPPORT, AND WORKS
COLLABORATIVELY WITH COMMUNITY PARTNERS TO INITIATE SOLUTIONS AND
IMPLEMENT PROGRAMS THAT HAVE A LASTING AND POSITIVE IMPACT.

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

DURING THE 2017/2018 FISCAL YEAR, THE GREENWICH UNITED WAY MADE
COMMUNITY INVESTMENT PROGRAM DISTRIBUTIONS OF \$978,000. THESE
INVESTMENTS WERE DISTRIBUTED TO APPROXIMATELY 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
GREENWICH UNITED WAY BOARD OF DIRECTORS. THROUGH OUR COMMUNITY

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

INVESTMENT PROCESS 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 EARLY CHILDHOOD DEVELOPMENT AND THE
 ACHIEVEMENT GAP INCLUDE FULL DAY CHILDCARE, AFTER-SCHOOL CARE, MENTAL
 HEALTH COUNSELING, PARENTING ASSISTANCE AND SUPPORT AND OTHER
 DEVELOPMENTAL PROGRAMS FOR CHILDREN: \$468,000.

SERVICES THAT SUPPORT MENTAL HEALTH FOR CHILDREN AND FAMILIES AND THOSE
 BATTLING SUBSTANCE ABUSE INCLUDE IMMEDIATE ASSISTANCE FOR PEOPLE
 (INCLUDING CHILDREN AND TEENS) DEALING WITH VIOLENCE OR ABUSE, MENTAL
 OR EMOTIONAL CRISIS AND DOMESTIC VIOLENCE: \$293,000.

SERVICES THAT ASSIST INDIVIDUALS STRIVING FOR SELF-SUFFICIENCY INCLUDE
 FOOD FOR THE HUNGRY, SHELTER FOR THE HOMELESS, 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: \$217,000.

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: \$75.

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

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

THE GREENWICH UNITED WAY PLAYS A LEADERSHIP ROLE IN THE IDENTIFICATION AND DOCUMENTATION OF CRITICAL HUMAN SERVICE NEEDS WITHIN THE COMMUNITY.

GREENWICH 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 GREENWICH UNITED WAY BRINGS OTHERS TO THE TABLE TO DEVELOP A PLAN, DETERMINE MEANINGFUL GOALS AND INITIATE ACTION.

COMMUNITY PLANNING PROCESS INCLUDES 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 GREENWICH 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 GREENWICH UNITED WAY, IT CREATES A

ROADMAP FOR THE DISTRIBUTION 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.

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

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 GREENWICH 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 GREENWICH UNITED WAY'S COMMUNITY ANSWERS PROGRAM, A GREENWICH UNITED WAY CREATED, INFORMATION AND REFERRAL SERVICE. OVER THE COURSE OF A YEAR THOUSANDS OF QUESTIONS ARE ANSWERED THROUGH A SEARCHABLE ONLINE DATABASE OF LOCAL PROGRAMS, ORGANIZATIONS AND SERVICES.

THE TOTAL EXPENSES RELATED TO COMMUNITY PLANNING, AGENCY RELATIONS, SERVICE COORDINATION AND THE PROVISION OF LOCAL INFORMATION AND REFERRAL SERVICES WAS \$320,499.

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

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 NINE YEARS, THE PROGRAM GREW FROM SEVEN TUTORS WITH TWENTY-FOUR STUDENTS TO MORE THAN 125 VOLUNTEER TUTORS WITH WELL OVER 400 CHILDREN ANNUALLY. THE POSITIVE DIFFERENCE THE PROGRAM IS

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

MAKING ON THE ACHIEVEMENT OF INDIVIDUAL STUDENTS IS BEING DOCUMENTED BY READING SPECIALISTS IN THE GREENWICH PUBLIC SCHOOLS, WHO HAVE FOUND THAT THOSE WHO PARTICIPATE FOR ONE YEAR ARE GENERALLY NOT IN NEED OF CONTINUED ASSISTANCE IN THE SECOND YEAR.

GREENWICH JUNIOR UNITED WAY DEVELOPS CONSTRUCTIVE SOCIAL AND RECREATIONAL OUTLETS AND BENEFICIAL COMMUNITY PROJECTS. THE JUNIOR UNITED WAY ORGANIZES EVENTS LARGE AND SMALL FROM SCHOOL SUPPLY DRIVES TO SOCIALS AND DANCES AS WELL AS SPORTS ACTIVITIES AND MENTORING PROJECTS FOR PRE-SCHOOLERS. THESE ACTIVITIES NOT ONLY GIVE BACK TO OUR COMMUNITY BUT ALSO HELP TO CREATE A NEW GENERATION OF LEADERS FOR GREENWICH. WITH THE SUPPORT OF MANY COMMUNITY PARTNERS, JUNIOR UNITED WAY MEMBERS HAVE BEEN BRIDGING GAPS IN GREENWICH'S DIVERSE STUDENT POPULATIONS AND MAKING GREENWICH A BETTER PLACE TO LIVE FOR ONE AND ALL.

YOUTH PLANNING COUNCIL LED BY THE GREENWICH UNITED WAY IS A GROUP OF LEADING PROFESSIONALS SERVING GREENWICH YOUTH THAT WORKS TO CONDUCT AN ONGOING ASSESSMENT OF YOUTH, PARENT, AND SERVICE PROVIDER NEEDS, WHILE ALSO PROVIDING A FORUM FOR YOUTH ISSUES. AS GAPS OR OPPORTUNITIES ARE IDENTIFIED, THE COUNCIL HELPS PLAN AND COORDINATE THE RESPONSE OF LOCAL AGENCIES. THIS GROUP WAS TRANSITIONED TO THE TOWN OF GREENWICH'S DEPARTMENT OF HUMAN SERVICES IN THE FALL OF 2017.

THE TOTAL EXPENSES RELATED TO YOUTH IMPACT WAS \$130,573.

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

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

FUNDS RECEIVED ON BEHALF OF OTHERS

EXPENSES \$ 75. INCLUDING GRANTS OF \$ 75. REVENUE \$ 0.

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

THE 990 IS COMPLETED 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.

UNITED WAY OF GREENWICH BOARD MEMBERS AND STAFF SHALL DISCLOSE TO THE BOARD OF DIRECTORS OF THE UNITED WAY OF GREENWICH ANY KNOWN CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST IN ANY MATTER BEFORE THE UNITED WAY OF

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

GREENWICH BOARD OF DIRECTORS AND SHALL ABSTAIN FROM VOTING IN CONNECTION WITH SUCH MATTER. THE MINUTES OF THE BOARD MEETING WILL REFLECT THE REASON FOR THE ABSTENTION. SHOULD CIRCUMSTANCES WARRANT, THE BOARD MAY REQUEST THAT THE INDIVIDUAL WITH THE (POTENTIAL) CONFLICT OF INTEREST WITHDRAW FROM THE MEETING OR OTHERWISE REFRAIN FROM PARTICIPATION IN THE DISCUSSION.

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 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 CHAIR 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.

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

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 CHAIR 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 CHAIR OF THE FINANCE COMMITTEE, AS NECESSARY, TO REVIEW ANY IMPLICATIONS OF THE COMPENSATION RECOMMENDATION ON THE OVERALL ORGANIZATION BUDGET. UPON COMPLETION OF THE REVIEW PROCESS, A FORMAL EVALUATION AND COMPENSATION SUMMARY IS PREPARED AND APPROVED.

5. THE CHAIR 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 CHAIR IF THEY WISH ADDITIONAL DETAILS.

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

THE UNITED WAY OF GREENWICH MAKES ITS FORM 990, AUDITED FINANCIAL STATEMENTS AND CODE OF ETHICS/CONFLICT OF INTEREST POLICY AVAILABLE FOR

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

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 XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

DRAFT

2017 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
	BUILDINGS														
1	BUILDING WIRING	07/07/17	SL	2.00		16	6,480.				6,480.			3,240.	3,240.
	* 990 PAGE 10 TOTAL BUILDINGS						6,480.				6,480.	0.		3,240.	3,240.
	MACHINERY & EQUIPMENT														
2	OFFICE FURNITURE	07/28/17	SL	10.00		16	5,298.				5,298.			486.	486.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,298.				5,298.	0.		486.	486.
	* GRAND TOTAL 990 PAGE 10 DEPR						11,778.				11,778.	0.		3,726.	3,726.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						11,778.			0.	11,778.	0.			3,726.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						11,778.			0.	11,778.	0.			3,726.
	ENDING ACCUM DEPR										3,726.				
	ENDING BOOK VALUE										8,052.				

728111 04-01-17

(D) - Asset disposed

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

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED WAY OF GREENWICH, INC

FORM 990 PAGE 10

06-0646578

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	510,000.
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	2,030,000.
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 2016 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	3,726.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2017 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 2017 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	3,726.
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 percentages.

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

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 columns (a) through (f) for Vehicle and rows 30-36 for mileage and availability questions.

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 aren't more than 5% owners or related persons.

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

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

Part VI Amortization

Table for Part VI with 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.

24 Amortization of costs that begins during your 2017 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2017 tax year 43

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

2017 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
	BUILDINGS											
1	BUILDING WIRING	070717	SL	2.00	16	6,480.			6,480.			3,240.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					6,480.		0.	6,480.	0.		3,240.
	MACHINERY & EQUIPMENT											
2	OFFICE FURNITURE	072817	SL	10.00	16	5,298.			5,298.			486.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPME					5,298.		0.	5,298.	0.		486.
	* GRAND TOTAL 990 PAGE 10 DEPR					11,778.		0.	11,778.	0.		3,726.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					0.		0.	0.	0.		
	ACQUISITIONS					11,778.		0.	11,778.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					11,778.		0.	11,778.	0.		

(D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

