

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

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 COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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)

2018

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 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREENWICH, INC Doing business as GREENWICH UNITED WAY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 WEST PUTNAM AVENUE 415 City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830 F Name and address of principal officer: DAVID RABIN SAME AS C ABOVE	D Employer identification number 06-0646578 E Telephone number (203) 869-2221 G Gross receipts \$ 3,434,069. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.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

	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.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11	
	6 Total number of volunteers (estimate if necessary)	6	500	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,643,113.	Current Year 1,968,125.
9 Program service revenue (Part VIII, line 2g)		15,350.	7,950.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84,745.	204,292.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-71,283.	-71,712.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,671,925.	2,108,655.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	978,075.	912,571.
		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)	531,385.	666,648.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 169,626.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	360,682.	499,317.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,870,142.	2,078,536.		
19 Revenue less expenses. Subtract line 18 from line 12	801,783.	30,119.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,680,884.	End of Year 4,765,336.	
	21 Total liabilities (Part X, line 26)	59,835.	122,365.	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,621,049.	4,642,971.	

Part II Signature Block

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

Sign Here	Signature of officer DAVID RABIN, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/23/20	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's address ▶ 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905	Firm's EIN ▶ 27-1728945	Phone no. 203-323-2400	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 911,500. including grants of \$ 911,500.) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF FUND DISTRIBUTION PROGRAMS

4b (Code:) (Expenses \$ 347,305. including grants of \$) (Revenue \$ 7,950.) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF THE EARLY CHILDHOOD ACHIEVEMENT GAP SOLUTIONS (ECAGS) PROGRAM

4c (Code:) (Expenses \$ 274,236. including grants of \$) (Revenue \$) SEE SCHEDULE O FOR COMPLETE DESCRIPTION OF THE COMMUNITY IMPACT PROGRAM

4d Other program services (Describe in Schedule O.) (Expenses \$ 126,961. including grants of \$ 1,071.) (Revenue \$)

4e Total program service expenses 1,660,002.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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 the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE SHERRERD CHAIR OF THE BOARD	5.00	X		X			0.	0.	0.	
(2) JOUI HESSEL VICE CHAIR OF COMMUNITY IMPACT	2.00	X		X			0.	0.	0.	
(3) DIANE VITON VICE CHAIR OF FUND DEVELOPMENT	2.00	X		X			0.	0.	0.	
(4) EILEEN KIM VICE CHAIR OF FINANCE	2.00	X		X			0.	0.	0.	
(5) BROOK URBAN VICE CHAIR OF STEWARDSHIP	2.00	X		X			0.	0.	0.	
(6) WILLIAM FINGER SECRETARY	2.00	X		X			0.	0.	0.	
(7) ELIZABETH ANGELONE BOARD MEMBER (THRU 01/2019)	1.00	X					0.	0.	0.	
(8) SHARI ASER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KATHLEEN BURGWEGER BOARD MEMBER (THRU 01/2019)	1.00	X					0.	0.	0.	
(10) DONNA BYRNES BOARD MEMBER (THRU 10/2018)	1.00	X					0.	0.	0.	
(11) FRANK CARPENTERI BOARD MEMBER	1.00	X					0.	0.	0.	
(12) KAREN CHAPLIN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) GRACE DJURANOVIC BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JAMIE EISENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(15) LAURA ERICKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DANIEL FITZGERALD BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MARIO FORLINI BOARD MEMBER	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) PAMELA FORNERO BOARD MEMBER (THRU 01/2019)	1.00	X						0.	0.	0.
(19) DEBRA HESS BOARD MEMBER	1.00	X						0.	0.	0.
(20) NISHA HURST BOARD MEMBER	1.00	X						0.	0.	0.
(21) EVA MARIA JANERUS BOARD MEMBER	1.00	X						0.	0.	0.
(22) NANCY KAIL BOARD MEMBER	1.00	X						0.	0.	0.
(23) NICOLE KWASNIEWSKI BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOHN MAUS BOARD MEMBER	1.00	X						0.	0.	0.
(25) ERIN MCCALL BOARD MEMBER	1.00	X						0.	0.	0.
(26) J.P. MUIR BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								165,000.	0.	8,820.
d Total (add lines 1b and 1c)								165,000.	0.	8,820.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part 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	610,420.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,357,705.			
	g Noncash contributions included in lines 1a-1f: \$		32,853.			
	h Total. Add lines 1a-1f		1,968,125.			
Program Service Revenue	2 a CAMP GUIDE REVENUE	Business Code				
		900099	7,950.	7,950.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		7,950.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		91,336.			91,336.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		112,956.			112,956.
	8 a Gross income from fundraising events (not including \$ 610,420. of contributions reported on line 1c). See Part IV, line 18	a	145,148.			
		b Less: direct expenses				
c Net income or (loss) from fundraising events			-76,592.			-76,592.
9 a Gross income from gaming activities. See Part IV, line 19	a	4,880.				
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		4,880.			4,880.
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,108,655.	7,950.	0.	132,580.	

Part IX Statement of Functional Expenses

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

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	912,571.	912,571.		
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	180,200.	123,716.	27,751.	28,733.
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	387,159.	265,805.	59,622.	61,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,725.	5,990.	1,344.	1,391.
9 Other employee benefits	36,501.	25,060.	5,621.	5,820.
10 Payroll taxes	54,063.	37,259.	8,154.	8,650.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	78,860.	5,598.	56,968.	16,294.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,157.		15,157.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,012.	214.	2,176.	622.
12 Advertising and promotion	49,501.	3,514.	35,759.	10,228.
13 Office expenses	77,367.	42,808.	6,172.	28,387.
14 Information technology	14,271.	1,013.	10,309.	2,949.
15 Royalties				
16 Occupancy	7,024.	5,090.	758.	1,176.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,171.	2,074.	38.	59.
20 Interest				
21 Payments to affiliates	16,689.		16,689.	
22 Depreciation, depletion, and amortization	3,769.	2,732.	406.	631.
23 Insurance	10,027.	7,266.	1,082.	1,679.
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	213,855.	213,776.	79.	
b MISC OPERATING EXPENSES	7,614.	5,516.	823.	1,275.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,078,536.	1,660,002.	248,908.	169,626.
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	249.	1	249.
	2 Savings and temporary cash investments	1,438,268.	2	1,913,108.
	3 Pledges and grants receivable, net	331,527.	3	180,281.
	4 Accounts receivable, net		4	
	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	3,850.	9	9,278.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,778.		
	b Less: accumulated depreciation	10b 7,495.	8,052.	10c 4,283.
	11 Investments - publicly traded securities	2,898,938.	11	2,658,137.
	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)	4,680,884.	16	4,765,336.	
Liabilities	17 Accounts payable and accrued expenses	56,115.	17	122,365.
	18 Grants payable	3,720.	18	0.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	59,835.	26	122,365.
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	3,448,841.	27	3,864,609.
	28 Temporarily restricted net assets	1,172,208.	28	778,362.
	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	4,621,049.	33	4,642,971.	
34 Total liabilities and net assets/fund balances	4,680,884.	34	4,765,336.	

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	2,108,655.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,078,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,119.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,621,049.
5	Net unrealized gains (losses) on investments	5	37,265.
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	-45,462.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,642,971.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2586322.	2422135.	2589457.	2643113.	1968125.	12209152.
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	2586322.	2422135.	2589457.	2643113.	1968125.	12209152.
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)						177,396.
6 Public support. Subtract line 5 from line 4.						12031756.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2586322.	2422135.	2589457.	2643113.	1968125.	12209152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,465.	13,224.	17,224.	48,995.	91,336.	201,244.
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						12410396.
12 Gross receipts from related activities, etc. (see instructions)					12	41,292.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	96.95 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.77 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Horizontal lines for supplemental information.

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>74,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>72,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>53,691.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>40,000.</u>	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.)

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,340,576.	2,998,272.	594,911.	560,543.	537,601.
b Contributions	0.	250,000.	2,370,868.	17,925.	19,625.
c Net investment earnings, gains, and losses	-44,278.	174,554.	32,493.	26,443.	5,737.
d Grants or scholarships					
e Other expenditures for facilities and programs	82,250.	82,250.		10,000.	2,420.
f Administrative expenses					
g End of year balance	3,214,048.	3,340,576.	2,998,272.	594,911.	560,543.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
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.	6,480.	0.
c Leasehold improvements				
d Equipment		5,298.	1,015.	4,283.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,283.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,147,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	37,265.	
b	Donated services and use of facilities	2b	63,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	100,265.
3	Subtract line 2e from line 1		3	2,046,965.
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	15,157.	
b	Other (Describe in Part XIII.)	4b	46,533.	
c	Add lines 4a and 4b		4c	61,690.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,108,655.

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

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

1	Total expenses and losses per audited financial statements		1	2,125,308.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	63,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	63,000.
3	Subtract line 2e from line 1		3	2,062,308.
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	15,157.	
b	Other (Describe in Part XIII.)	4b	1,071.	
c	Add lines 4a and 4b		4c	16,228.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,078,536.

Part XIII Supplemental Information.

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

PART 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 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.

Part XIII Supplemental Information (continued)

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 XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1	1,071.
WRITE OFF OF UNCOLLECTIBLE PLEDGES REPORTED ON PART XI,	
LINE 9	45,462.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B 46,533.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECLASSIFIED TO PART IX, LINE 1 1,071.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SOLE SISTERS LUNCHEON (event type)	GALA NIGHT (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	328,582.	349,920.	77,066.	755,568.
	2	Less: Contributions	293,765.	247,685.	68,970.	610,420.
	3	Gross income (line 1 minus line 2)	34,817.	102,235.	8,096.	145,148.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	29,353.	6,750.	33,067.	69,170.
	7	Food and beverages	1,680.	63,282.		64,962.
	8	Entertainment	5,750.	15,575.		21,325.
	9	Other direct expenses	30,906.	29,880.	5,497.	66,283.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				221,740.
11	Net income summary. Subtract line 10 from line 3, column (d)				-76,592.	

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			
	2	Cash prizes			
Direct Expenses	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: _____

**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

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILIS OF GREENWICH 50 GLENVILLE STREET GREENWICH, CT 06831	06-6009327	501(C)(3)	65,000.	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)	60,000.	0.			COMMUNITY INVESTMENT - YOUTH PROGRAMS
CHILD GUIDANCE CENTER OF SOUTHERN CT - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-0712058	501(C)(3)	100,000.	0.			COMMUNITY INVESTMENT - YOUTH MENTAL HEALTH, BEHAVIORAL & DEVELOPMENTAL SERVICES
COMMUNITY CENTERS, INC 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	50,000.	0.			COMMUNITY INVESTMENT - SUPPORT FOR INDIVIDUALS AND FAMILIES
FAMILY CENTERS, INC 40 ARCH STREET GREENWICH, CT 06830	06-0646656	501(C)(3)	155,000.	0.			COMMUNITY INVESTMENT - CHILDCARE, HEADSTART AND MENTAL HEALTH SERVICES
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906	02-0684220	501(C)(3)	13,000.	0.			COMMUNITY INVESTMENT - FOOD DISTRIBUTION FOR THE HUNGRY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19

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) (2018)

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
HORIZONS, INC. 127 BABCOCK HILL ROAD SOUTH WINDHAM, CT 06266	06-1014333	501(C)(3)	8,500.	0.			COMMUNITY INVESTMENT - YOUTH SERVICES & CHILDCARE
JEWISH FAMILY SERVICES OF GREENWICH - 1 HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENT - SENIOR SERVICES
KIDS IN CRISIS, INC. ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)(3)	75,000.	0.			COMMUNITY INVESTMENT - YOUTH SHELTER & CRISIS SERVICES
LAUREL HOUSE, INC. 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT - SERVICES FOR PEOPLE WITH CHRONIC MENTAL ILLNESS
LIBERATION PROGRAMS INC. 129 GLOVER AVE NORWALK, CT 06850	06-0867006	501(C)(3)	41,000.	0.			COMMUNITY INVESTMENT - SUBSTANCE ABUSE PREVENTION & TREATMENT
NEIGHBOR TO NEIGHBOR 248 EAST PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	25,000.	0.			COMMUNITY INVESTMENT - FOOD AND CLOTHING
PACIFIC HOUSE SHELTER 137 HENRY STREET, SUITE 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENT - EMERGENCY SHELTER, SERVICES & SUPPORT FOR THE HOMELESS
PATHWAYS, INC. 175 MILBANK AVENUE GREENWICH, CT 06830	06-1051588	501(C)(3)	10,000.	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)	55,000.	0.			COMMUNITY INVESTMENT - ADULT CARE SENIOR SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ROWAN CENTER, INC. 1111 SUMMER STREET, SUITE 202 STAMFORD, CT 06905	06-1037583	501(C)(3)	36,000.	0.			COMMUNITY INVESTMENT - PREVENTION & VICTIM SUPPORT
TRANSPORTATION ASSOC OF GREENWICH 13 RIVERSIDE AVENUE RIVERSIDE, CT 06878	22-2531166	501(C)(3)	45,000.	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)	65,000.	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 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH YEAR AS PART OF OUR COMMUNITY INVESTMENT PROCESS THE RECIPIENTS MUST LET US KNOW THE RESULTS OF THE PRIOR YEAR FUNDING. EACH RECIPIENT MUST PROVIDE A FUNDING REPORT WITH THE 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 ARE ULTIMATELY APPROVED BY THE GREENWICH UNITED WAY BOARD OF DIRECTORS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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 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, 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
1b		
2		
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) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID RABIN CEO	(i)	165,000.	0.	0.	8,820.	0.	173,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 instructions and 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	12	32,853.	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 ()				

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.

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

2018

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:

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 2018/2019 FISCAL YEAR, THE GREENWICH UNITED WAY MADE
COMMUNITY INVESTMENT PROGRAM DISTRIBUTIONS OF \$911,650. 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
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,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

UNITED WAY OF GREENWICH, INC

Employer identification number

06-0646578

THIS YEAR'S PROGRAM INVESTMENTS WERE DISTRIBUTED AS FOLLOWS:

SERVICES THAT STRENGTHEN EARLY CHILDHOOD DEVELOPMENT AND ADDRESS THE ACHIEVEMENT GAP INCLUDE FULL DAY CHILDCARE, AFTER-SCHOOL CARE, MENTAL HEALTH COUNSELING, PARENTING ASSISTANCE AND SUPPORT AND OTHER DEVELOPMENTAL PROGRAMS FOR CHILDREN.

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.

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.

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 DONOR.

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

LAUNCHED IN MAY 2018 THE EARLY CHILDHOOD ACHIEVEMENT GAP SOLUTIONS

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

(ECAGS) PROGRAM IS SUPPORTED BY OUR IMPACT PARTNERS: FAMILY CENTERS, YMCA OF GREENWICH AND GREENWICH PUBLIC SCHOOLS, ECAGS IS A DATA-DRIVEN SOLUTION TO NARROW THE ACHIEVEMENT GAP UTILIZING A TWO-PRONGED APPROACH IN GREENWICH. ONE, AN EVIDENCE-BASED HOME VISITATION PROGRAM, GREENWICH PARENTS AS TEACHERS, IN COLLABORATION WITH FAMILY CENTERS, TARGETING LOW-INCOME FAMILIES AND CHILDREN, AGES BIRTH TO 3, COUPLED WITH AN ENRICHED PRE-SCHOOL INSTRUCTIONAL COACHING PROGRAM, AT FAMILY CENTERS AND THE YMCA OF GREENWICH PRE-SCHOOL LOCATIONS, SERVING A LARGE PERCENTAGE OF LOW-INCOME CHILDREN, AGES 3-5.

DATA SHOWS CHILDREN IN GREENWICH FROM LOW-INCOME FAMILIES AND THOSE IN WHICH ENGLISH IS A SECOND LANGUAGE PERFORM SIGNIFICANTLY LOWER THAN THEIR PEERS ON STANDARDIZED READING AND MATH TESTS.

THE PERCENTAGE OF CHILDREN IN THESE GROUPS MEET EXPECTED ACHIEVEMENT LEVELS IS 28 TO 36 PERCENTAGE POINTS LOWER THAN THE TOWN AVERAGE.

RESEARCH SHOWS THAT A COMBINATION OF A HIGH-QUALITY HOME VISITATION PROGRAM COUPLED WITH AN ENHANCED PRE-SCHOOL PROGRAM CAN NARROW THE ACHIEVEMENT GAP.

TO TRACK THE RESULTS OF THIS PROGRAM, THE GREENWICH UNITED WAY HAS ENTERED INTO AN AGREEMENT WITH THE GREENWICH PUBLIC SCHOOLS (GPS) TO SHARE DATA AND RESOURCES TO ENSURE PROGRAM SUCCESS.

AS WE HAVE BEEN DOING SINCE 1933, THE GREENWICH UNITED WAY HAS IDENTIFIED A NEED AND ASSEMBLED THE RIGHT COMMUNITY PARTNERS TO ADDRESS THIS NEED: IN THIS CASE, REDUCING THE ACHIEVEMENT GAP IN THE COMMUNITY.

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

THE TOTAL EXPENSES RELATED TO ECAGS WAS \$347,305.

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

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 TOTAL EXPENSES RELATED TO COMMUNITY PLANNING, AGENCY RELATIONS, AND SERVICE COORDINATION WAS \$274,236.

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

OTHER PROGRAMS INCLUDE:

1. YOUTH IMPACT PROGRAMMING
2. HUMMAN SERVICES TECH SOLUTIONS
3. FUNDS RECEIVED ON BEHALF OF OTHERS

EXPENSES \$ 126,961. INCLUDING GRANTS OF \$ 1,071. 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,

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

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 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.

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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 1. THE EXECUTIVE COMMITTEE HAS THE 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 THE PROGRESS ACHIEVED ON MEETING GOALS AND OBJECTIVES SET THE PREVIOUS YEAR AND PROVIDING AN OVERALL REVIEW OF THE ORGANIZATION'S ACTIVITIES, SUCCESSES, AND CHALLENGES.

4. THE SECRETARY OF THE BOARD COLLECTS ALL FORMS AND TABULATES/SYNTHESIZES

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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. THE FINAL VERSION OF GOALS FOR NEXT YEAR IS 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 PUBLIC INSPECTION UPON REQUEST AND HAS THESE DOCUMENTS POSTED ON ITS WEBSITE. ADDITIONALLY, THE FINANCIAL STATEMENTS ARE CONDENSED INTO AN

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ANNUAL REPORT WHICH IS DISTRIBUTED TO THE GREATER COMMUNITY AS WELL AS
POSTED ONLINE AT THE UNITED WAY'S WEBSITE.

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

WRITE OFF OF UNCOLLECTIBLE PLEDGES -45,462.

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREENWICH, INC	Employer identification number (EIN) or 06-0646578
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 500 WEST PUTNAM AVENUE, NO. 415	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENWICH, CT 06830	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEREMY NAPPI

- The books are in the care of ▶ **500 WEST PUTNAM AVENUE, SUITE 415 - GREENWICH, CT 06830**
Telephone No. ▶ **(203) 869-2221** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.