

Return of Organization Exempt From Income Tax

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

2021

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 **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable:	C	D Employer identification number
<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	UNITED WAY OF SOUTHEASTERN CONNECTICUT, INC. PO BOX 375 GALES FERRY, CT 06335	06-0771393 E Telephone number (860) 464-7281
F Name and address of principal officer: SAME AS C ABOVE		G Gross receipts \$ 8,943,002.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.UWSECT.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
L Year of formation: 1969		M State of legal domicile: CT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO INSPIRE AND COORDINATE THE GENEROSITY AND COMMITMENT THAT SUSTAINS A UNITED, THRIVING COMMUNITY.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		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 2021 (Part V, line 2a)	5		25
	6 Total number of volunteers (estimate if necessary)	6		989
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	8,534,264.	8,783,874.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,815.	159,128.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,671,079.	8,943,002.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,981,971.	6,502,737.
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,767,188.	1,825,599.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>717,167.</u>				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		719,921.	744,226.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,469,080.	9,072,562.	
19 Revenue less expenses. Subtract line 18 from line 12	201,999.	-129,560.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	12,113,928.	10,705,205.	
	22 Net assets or fund balances. Subtract line 21 from line 20	885,956.	438,644.	
		11,227,972.	10,266,561.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	▶ KEN EWELL <small>Type or print name and title</small>	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STACEY L GUALTIERI, CPA		11/29/22		P00093558
	Firm's name ▶ DOHERTY, BEALS & BANKS, P.C.				
	Firm's address ▶ 187 WILLIAMS ST. NEW LONDON, CT 06320	Firm's EIN ▶ 06-0872192			
					Phone no. (860) 443-2033

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:

TO INSPIRE AND COORDINATE THE GENEROSITY AND COMMITMENT THAT SUSTAINS A UNITED, THRIVING COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses \$ 4,466,379. including grants of \$ 3,652,155.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,630,253. including grants of \$ 1,472,069.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 802,797. including grants of \$ 724,901.) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 911,554. including grants of \$ 653,612.) (Revenue \$)

4e Total program service expenses 7,810,983.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

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 on 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
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 24 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 on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 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, 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
7 a	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
7 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:		
8 a	The governing body?	X	
8 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 on Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on 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?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16 a	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
16 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 ▶ CT
- 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 on Schedule O)
- 19** Describe on 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. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 JULIE WACHTMANN 283 STODDARDS WHARF RD. GALES FERRY CT 06335 (860) 464-3316

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

1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DINA SEARS-GRAVES PRESIDENT & CEO	40 0			X				134,088.	0.	31,980.
(2) JULIE WACHTMANN VICE PRESIDENT OF FINANCE	40 0				X			113,991.	0.	37,620.
(3) REBECCA REUTLINGER VICE PRESIDENT OF RESOURCE	40 0				X			108,815.	0.	14,346.
(4) BRIAN ORENSTEIN DIRECTOR	1 0	X						0.	0.	0.
(5) WILLIAM LOUIS PAST CHAIR	1 0	X		X				0.	0.	0.
(6) MEGAN GILBERT DIRECTOR	1 0	X						0.	0.	0.
(7) NIKKI GULLICKSON SECRETARY	1 0	X		X				0.	0.	0.
(8) JIM NEWMAN DIRECTOR	1 0	X						0.	0.	0.
(9) CHRISTINE MEOLA DIRECTOR	1 0	X						0.	0.	0.
(10) WAYNE BURGESS DIRECTOR	1 0	X						0.	0.	0.
(11) RODNEY BUTLER DIRECTOR	1 0	X						0.	0.	0.
(12) CHICK CORRADO DIRECTOR	1 0	X						0.	0.	0.
(13) NANCY COWSER DIRECTOR	1 0	X						0.	0.	0.
(14) KEN EWELL TREASURER	1 0	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) MELIHNA MARSHALL DIRECTOR	1 0	X					0.	0.	0.	
(16) JEFF HAMILTON DIRECTOR	1 0	X					0.	0.	0.	
(17) ORNET HINES DIRECTOR	1 0	X					0.	0.	0.	
(18) ANTHONY MASTROIANNI DIRECTOR	1 0	X					0.	0.	0.	
(19) CHRIS LAROSE DIRECTOR	1 0	X					0.	0.	0.	
(20) MICHELE SCOTT DIRECTOR	1 0	X					0.	0.	0.	
(21) MARIE-CLAIRE PEAKMAN CHAIR	1 0	X		X			0.	0.	0.	
(22) MEGAN ROBERTS DIRECTOR	1 0	X					0.	0.	0.	
(23) SUSAN SEDENSKY DIRECTOR	1 0	X					0.	0.	0.	
(24) MATTHEW TEICHOLZ DIRECTOR	1 0	X					0.	0.	0.	
(25) KAREN WALTERS DIRECTOR	1 0	X					0.	0.	0.	
1 b Subtotal							356,894.	0.	83,946.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							356,894.	0.	83,946.	
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 3										

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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>	4	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>	5	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
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		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 8,783,874.				
	g Noncash contributions included in lines 1a-1f	1 g 3,249,806.				
	h Total. Add lines 1a-1f	▶ 8,783,874.				
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 159,128.			159,128.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 a				
		6 b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 a				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
d Net gain or (loss)	▶					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8 a					
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold	10 b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue	11 a Business Code					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total revenue. See instructions	▶ 8,943,002.	0.	0.	159,128.	

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	2,223,544.	2,223,544.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,279,193.	4,279,193.		
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	440,840.	87,746.	223,497.	129,597.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,017,299.	584,340.	132,139.	300,820.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,673.	41,236.	3,140.	12,297.
9 Other employee benefits	209,218.	135,974.	15,708.	57,536.
10 Payroll taxes	101,569.	55,863.	20,314.	25,392.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,696.		3,696.	
c Accounting	14,651.	6,217.	4,217.	4,217.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	56,344.		56,344.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	37,128.	16,501.	8,251.	12,376.
12 Advertising and promotion	33,279.			33,279.
13 Office expenses	14,321.	6,328.	3,289.	4,704.
14 Information technology				
15 Royalties				
16 Occupancy	164,701.	110,969.	21,495.	32,237.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,699.	9,267.	3,641.	5,791.
20 Interest				
21 Payments to affiliates	71,510.	28,604.	14,302.	28,604.
22 Depreciation, depletion, and amortization	162,681.	118,883.	17,519.	26,279.
23 Insurance	42,445.	31,391.	4,422.	6,632.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT MAINTENANCE</u>	41,043.	20,563.	8,769.	11,711.
b <u>AUTO EXPENSE</u>	23,535.	22,693.	421.	421.
c <u>CAMPAIGN EXPENSE</u>	17,055.			17,055.
d <u>FUNDRAISING - FOOD CENTER</u>	11,101.	11,101.		
e All other expenses	32,037.	20,570.	3,248.	8,219.
25 Total functional expenses. Add lines 1 through 24e	9,072,562.	7,810,983.	544,412.	717,167.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	1,379,729.	2	1,178,572.
	3	Pledges and grants receivable, net	2,202,629.	3	1,758,995.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,655.	9	10,650.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,185,468.		
	b	Less: accumulated depreciation	10b 2,296,106.	10c	1,889,362.
	11	Investments – publicly traded securities	6,219,894.	11	5,555,227.
	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	392,384.	15	312,099.
16	Total assets. Add lines 1 through 15 (must equal line 33)	12,113,928.	16	10,705,205.	
Liabilities	17	Accounts payable and accrued expenses	105,985.	17	127,327.
	18	Grants payable		18	
	19	Deferred revenue	354,908.	19	139,848.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	425,063.	25	171,469.
	26	Total liabilities. Add lines 17 through 25	885,956.	26	438,644.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	9,064,655.	27	8,198,761.
	28	Net assets with donor restrictions	2,163,317.	28	2,067,800.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	11,227,972.	32	10,266,561.	
33	Total liabilities and net assets/fund balances.	12,113,928.	33	10,705,205.	

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	8,943,002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,072,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	-129,560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,227,972.
5	Net unrealized gains (losses) on investments	5	-831,851.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,266,561.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization UNITED WAY OF SOUTHEASTERN CONNECTICUT, INC.	Employer identification number 06-0771393
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	8,389,987.	7,778,794.	8,440,581.	8,534,264.	8,783,874.	41,927,500.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	8,389,987.	7,778,794.	8,440,581.	8,534,264.	8,783,874.	41,927,500.
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)						0.
6 Public support. Subtract line 5 from line 4.						41,927,500.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	8,389,987.	7,778,794.	8,440,581.	8,534,264.	8,783,874.	41,927,500.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	122,836.	135,294.	150,910.	136,816.	159,128.	704,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						42,632,484.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	98.35 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	98.46 %

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2021.** 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. ▶

b **10%-facts-and-circumstances test—2020.** 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. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	1	
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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

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?	1	
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>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, 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>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
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>	3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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Schedule A (Form 990) 2021

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.)

**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

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHEASTERN CONNECTICUT, INC.

Employer identification number

06-0771393

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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? Yes No

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)? Yes No

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.

1 a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance	231,040.	194,630.	195,805.	197,562.	191,234.
b Contributions					
c Net investment earnings, gains, and losses	-39,370.	36,410.	-1,175.	-1,757.	6,328.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	191,670.	231,040.	194,630.	195,805.	197,562.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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
1 a Land		75,895.		75,895.
b Buildings		2,702,704.	1,477,717.	1,224,987.
c Leasehold improvements		495,424.	115,141.	380,283.
d Equipment		732,755.	574,391.	158,364.
e Other		178,690.	128,857.	49,833.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,889,362.

Part VII Investments – Other Securities.

N/A

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

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) DONOR DIRECTED DESIGNATION PAYABLE	171,469.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	171,469.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE 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	7,923,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-831,851.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-831,851.	
3	Subtract line 2e from line 1		3	8,755,295.
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		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	187,707.	
	c Add lines 4a and 4b	4c	187,707.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,943,002.

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	8,884,855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	8,884,855.
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		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	187,707.	
	c Add lines 4a and 4b	4c	187,707.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,072,562.

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 X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, HAS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS WHEN IT IS

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Schedule D (Form 990) 2021

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

MORE-LIKELY-THEN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. AS OF JUNE 30, 2022, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION'S TAX RETURNS FOR THE LAST THREE YEARS REMAIN OPEN FOR EXAMINATION.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DONOR DESIGNATIONS.....	\$ 187,707.
TOTAL	<u>\$ 187,707.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DONOR DESIGNATIONS.....	\$ 187,707.
TOTAL	<u>\$ 187,707.</u>

**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

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number

06-0771393

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. SEE PART IV

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1244514		76,301.	0.			COMMUNITY WELLNESS
(2) THE ARC NEW LONDON COUNTY 125 SACHEM STREET NORWICH, CT 06360	06-6010477		44,895.	0.			PROMOTING INDEPENDENCE
(3) AMERICAN RED CROSS 209 FARMINGTON AVE FARMINGTON, CT 06032	53-0196605		30,000.	0.			COMMUNITY WELLNESS
(4) CATHOLIC CHARITIES 331 MAIN STREET NORWICH, CT 06360	06-0646609		46,424.	0.			BASIC NEEDS
(5) CHILD & FAMILY AGY SECT 225 HEMPSTEAD STREET NEW LONDON, CT 06320	23-7212022		268,744.	0.			THRIVING CHILDREN
(6) CT LEGAL SERVICES, INC 62 WASHINGTON STREET 4TH MIDDLETOWN, CT 06457	06-0955461		26,717.	0.			PROMOTING INDEPENDENCE
(7) DROP IN LEARNING CENTER 45 BROAD ST ANNEX NEW LONDON, CT 06320	06-0869262		71,087.	0.			THRIVING CHILDREN
(8) JEWISH FEDERATION E CT 28 CHANNING STREET NEW LONDON, CT 06320	23-7121362		12,650.	0.			BASIC NEEDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 23

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD & HEATING ASSISTANCE	20,363	555,438.	3,181,811.		1,777,548 LBS OF FOOD DISTRIBUTED
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

COMMITTEES ARE FORMED TO EVALUATE EACH AGENCY AND THE APPLICABLE GRANTS. OUTCOMES ARE REVIEWED AND OVERALL PERFORMANCE IS ASSESSED.

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization UNITED WAY OF SOUTHEASTERN	Employer identification number 06-0771393
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MADONNA PLACE 225 MAIN STREET 2ND FLR NORWICH, CT 06360	06-1205879		129,072.				THRIVING CHILDREN
MARTIN HOUSE 401 W THAMES ST 700 NORWICH, CT 06360	06-1064857		119,117.				PROMOTING INDEPENDENCE
PAWCATUCK NEIGHBHD CTR 27 CHASE STREET PAWCATUCK, CT 06379	06-1121511		43,529.				COMMUNITY WELLNESS
RIVERFRONT CHILDRENS CTR 476 THAMES STREET GROTON, CT 06340	06-0732017		125,028.				THRIVING CHILDREN
SCADD CAMP MOWEEN ROAD LEBANON, CT 06249	06-0860926		92,149.				COMMUNITY WELLNESS
THAMES RIVER COMMUNITY SERVIC 1 THAMES RIVER PLACE NORWICH, CT 06360	22-3096914		76,024.				PROMOTING INDEPENDENCE
TVCCA 1 SYLVANDALE ROAD JEWETT CITY, CT 06351	06-0806128		28,602.				THRIVING CHILDREN
UCP OF EASTERN CT 42 NORWICH ROAD QUAKERHILL, CT 06375	06-0792820		32,751.				PROMOTING INDEPENDENCE
UNITED COMM & FAM SERV 34 EAST TOWN STREET NORWICH, CT 06360	06-0653142		331,081.				COMMUNITY WELLNESS
UNITED WAY 2-1-1 1344 SILAS DEANE HGHWY ROCKY HILL, CT 06067	06-1084194		35,922.				COMMUNITY WELLNESS

Continuation Sheet for Schedule I (Form 990)

2021

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

Name of the organization UNITED WAY OF SOUTHEASTERN	Employer identification number 06-0771393
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>VISITING NURSE ASSOC OF SECT</u> <u>403 N FRONTAGE RD</u> <u>WATERFORD, CT 06385</u>	06-0646616		118,017.				COMMUNITY WELLNESS
<u>SAFE FUTURES</u> <u>16 JAY STREET</u> <u>NEW LONDON, CT 06320</u>	06-0950718		150,900.				COMMUNITY WELLNESS
<u>COVENANT SHELTER</u> <u>42 JAY STREET</u> <u>NEW LONDON, CT 06320</u>	06-1085545		50,559.				BASIC NEEDS
<u>YOUTH PROGRAMS OF SE CT</u> <u>PO BOX 375</u> <u>GALES FERRY, CT 06335</u>			84,826.				THRIVING CHILDREN
<u>HIGHER EDGE</u> <u>35 REDDEN AVENUE</u> <u>NEW LONDON, CT 06320</u>	06-2852512		11,768.				THRIVING CHILDREN
<u>NEW LONDON HOMELESS HOSPITALI</u> <u>730 STATE PIER ROAD</u> <u>NEW LONDON, CT 06320</u>	20-5606908		15,447.				THRIVING CHILDREN
<u>LIGHTHOUSE VOC-ED</u> <u>125 SHAW STREET</u> <u>NEW LONDON, CT 06320</u>	06-1352951		14,227.				THRIVING CHILDREN

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number

06-0771393

Part I Questions Regarding Compensation

1 a 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 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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? **4 a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c**
- 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? **5 a**
- b** Any related organization? **5 b**
- 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? **6 a**
- b** Any related organization? **6 b**
- 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. **7**

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. **8**

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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				(C) Retirement and other deferred compensation
1 DINA SEARS-GRAVES PRESIDENT & CEO	(i)	134,088.	0.	0.	10,727.	21,253.	166,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JULIE WACHTMANN VICE PRESIDENT OF FINANCE	(i)	113,991.	0.	0.	9,119.	28,501.	151,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF SOUTHEASTERN CONNECTICUT, INC.** Employer identification number **06-0771393**

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				
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	X	1	3,222,806.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IN KIND)	X	1	27,000.	
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 V, Donee Acknowledgement **29**

	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.		

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

Schedule M (Form 990) 2021

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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number

06-0771393

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

GEMMA E. MORAN UNITED WAY/LABOR FOOD CENTER:

THE GEMMA E. MORAN UNITED WAY/LABOR FOOD CENTER IS MAKING A DIFFERENCE FOR THE FAMILIES FACING HUNGER AND FOOD INSECURITY IN SOUTHEASTERN CONNECTICUT. ONE OUT OF EVERY FIVE CHILDREN IS FOOD INSECURE, MEANING, THEY DO NOT KNOW WHEN THEY MAY EAT THEIR NEXT MEAL.

THE FOOD CENTER PROVIDES FOOD AND HOUSEHOLD ITEMS TO MORE THAN EIGHTY FREE EMERGENCY FOOD PROGRAMS THROUGHOUT NEW LONDON COUNTY WHICH HELPED TO FEED OVER 20,000 PEOPLE EVERY MONTH. THESE SITES INCLUDE SHELTERS, FOOD PANTRIES, AFTER-SCHOOL PROGRAMS, DAY CARE CENTERS, COMMUNITY MEAL SITES, AND PROGRAMS FOR THE ELDERLY. LAST YEAR, THE FOOD CENTER DISTRIBUTED OVER 1.75 MILLION MEALS AND SNACKS, AT NO COST, TO THOSE IN NEED THROUGHOUT NEW LONDON COUNTY.

IN ADDITION TO PROVIDING OPERATING EXPENSES, UNITED WAY ALSO HELPS TO MOBILIZE GROUPS OF VOLUNTEERS TO HELP SORT, ORGANIZE, AND PACKAGE FOOD AT THE FOOD CENTER THROUGHOUT THE YEAR AS WELL AS ENCOURAGING LOCAL BUSINESSES AND ORGANIZATIONS TO RUN FOOD DRIVES TO HELP KEEP THE SHELVES FULL.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY WELLNESS:

UNITED WAY OF SOUTHEASTERN CONNECTICUT SUPPORTS PROGRAMS LOCATED IN NEW LONDON COUNTY THAT PROMOTE AND PROVIDE COMMUNITY WELLNESS. THE OUTCOME FOR THESE PROGRAMS IS TO ENSURE THAT INDIVIDUALS/FAMILIES HAVE ACCESS TO HEALTHCARE AND IMPROVE THEIR HEALTH. THESE PROGRAMS IMPROVE THE PHYSICAL, MENTAL, AND EMOTIONAL HEALTH OF INDIVIDUALS AND FAMILIES, ELIMINATING PERSONAL BARRIERS AND IMPROVING THE QUALITY OF LIFE.

Name of the organization UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number
06-0771393

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

UNITED WAY'S PARTNER PROGRAMS IN COMMUNITY WELLNESS IMPROVE ACCESS TO PRIMARY MEDICAL, DENTAL AND BEHAVIORAL HEALTH; PROVIDE EDUCATION AND RESOURCES TO BUILD HEALTHY ENVIRONMENTS FOR AT-RISK FAMILIES; PROVIDE ACCESS TO LEGAL SERVICES; AND PROVIDE SERVICES FOR SENIORS AND PEOPLE WITH DISABILITIES TO MAINTAIN THEIR INDEPENDENCE.

ONE EXAMPLE OF A POSITIVE RESULT FROM A COMMUNITY WELLNESS PARTNER IS FROM MADONNA PLACE'S GREAT BEGINNINGS PROGRAM. GREAT BEGINNINGS IS A PROGRAM DESIGNED TO ENGAGE HIGH-RISK PREGNANT MOTHERS, INCLUDING FIRST TIME MOTHERS WHO ARE NOT ELIGIBLE FOR OTHER PROGRAMS AND NON-FIRST TIME MOTHERS. GREAT BEGINNINGS ALSO ENGAGES FATHERS THROUGH A FATHERING COMPONENT LED BY A FATHERING HOME VISITOR. THE PROGRAMS USES PARENTS AS TEACHERS, AN EVIDENCED-BASED PARENT EDUCATION AND FAMILY SUPPORT HOME VISITING MODEL. WITH THIS MODEL, MADONNA PLACE PROVIDES PREGNANT WOMAN AND THEIR FAMILIES WITH INFORMATION, SUPPORT, AND ENCOURAGEMENT TO HELP REDUCE THE RISK OF POOR BIRTH OUTCOMES; AS WELL AS INFANT CARE THAT SUPPORTS OPTIMAL CHILD DEVELOPMENT DURING THE CRUCIAL EARLY YEARS OF LIFE. SERVICES INCLUDE WEEKLY HOME VISITS, MATERNAL AND CHILD HEALTH AND DEVELOPMENT SCREENINGS, FAMILY SUPPORT, PARENT EDUCATION, GROUP CONNECTION MEETINGS AND REFERRALS TO OTHER RESOURCES AS NEEDED. PARTICIPATION IN THIS PROGRAM IS VOLUNTARY.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

BASIC NEEDS:

UNITED WAY OF SOUTHEASTERN CONNECTICUT SUPPORTS PROGRAMS LOCATED IN NEW LONDON COUNTY THAT HELP STABILIZE INDIVIDUALS AND FAMILIES ENABLING THEM TO FOCUS ON THE NEXT STEPS TOWARDS THEIR ECONOMIC SELF-SUFFICIENCY NOW AND INTO RETIREMENT. UNITED WAY'S PARTNER PROGRAMS IN BASIC NEEDS MEET THE MOST FUNDAMENTAL OF HUMAN NEEDS FOR

Name of the organization UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number
06-0771393

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THOSE STRUGGLING TO MAKE ENDS MEET INCLUDING FOOD, CLOTHING, TRANSPORTATION AND SHELTER, PROVIDE EMERGENCY SHELTER TO VICTIMS OF DOMESTIC VIOLENCE, PROVIDE HOUSING WITH SUPPORT SERVICES, AND PROVIDE EMERGENCY FINANCIAL AND HEATING ASSISTANCE. THE OUTCOME FOR THESE PROGRAMS IS THAT ALL INDIVIDUALS AND FAMILIES HAVE THEIR BASIC NEEDS MET.

THE NEW LONDON COUNTY FUND TO END HOMELESSNESS FOCUSES ON RAPIDLY REHOUSING INDIVIDUALS AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS AS WELL AS KEEPING THOSE WHO ARE AT RISK OF HOMELESSNESS IN THEIR CURRENT HOUSING WITHOUT EVER HAVING TO ENTER SHELTER. THE GOALS ARE TO REDUCE THE LENGTH OF TIME INDIVIDUALS AND FAMILIES STAY IN SHELTER, REDUCE NEW EPISODES OF HOMELESSNESS, AND REDUCE RETURN ENTRIES INTO HOMELESSNESS. FAMILIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS OR ARE STRUGGLING WITH LOSING THEIR HOUSING FACE MANY BARRIERS. THE FIRST CALL FOR HELP IS TO UNITED WAY 2-1-1 WHERE A HOUSING SPECIALIST WILL DETERMINE IF SOMEONE IS EITHER HOMELESS OR IMMINENTLY HOMELESS. THE INDIVIDUAL OR FAMILY IS REFERRED TO EASTERN CONNECTICUT'S COORDINATED ACCESS NETWORK FOR AN INTAKE APPOINTMENT WHERE ALL POSSIBLE ALTERNATIVES TO SHELTER ARE EXPLORED. UNITED WAY IS THE ADMINISTRATOR OF THE PROGRAM. DIRECT HOUSING AND SUPPORTIVE SERVICES ARE PROVIDED BY 5 AREA ORGANIZATIONS: TVCCA, ALWAYS HOME, COVENANT SHELTER, NEW LONDON HOMELESS HOSPITALITY CENTER AND NORWICH HUMAN SERVICES. SERVICE PROVIDERS WORK THE PREMISE THAT SHELTER SHOULD BE USED AS A LAST RESORT. THIS MAY INVOLVE MEDIATION WITH A FAMILY OR LANDLORD, PROBLEM-SOLVING GUIDANCE, CONNECTION TO COMMUNITY RESOURCES, AND FINANCIAL ASSISTANCE FOR PAST-DUE RENT, SECURITY DEPOSIT, OR SIMILAR COSTS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THRIVING CHILDREN:

UNITED WAY PROGRAM PARTNERS HELP CHILDREN IN NEW LONDON COUNTY TO THRIVE BY GAINING

Name of the organization UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number
06-0771393

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

A HEALTHIER START IN LIFE AND INCREASING THEIR CHANCES OF REACHING THEIR FULL POTENTIAL. THE OUTCOME FOR PROGRAMS THAT FOCUS ON YOUNG CHILDREN IS THAT THEY ENTER SCHOOL READY AND ARE SUCCESSFUL IN PRIMARY SCHOOL. THE OUTCOME FOR THE PROGRAMS THAT WORK WITH ADOLESCENTS IS YOUTH GAIN THE KNOWLEDGE, SKILLS, AND CREDENTIALS TO OBTAIN FAMILY-SUSTAINING EMPLOYMENT. PROGRAMS THAT RECEIVE UNITED WAY SUPPORT UNDER THRIVING CHILDREN PROVIDE QUALITY EARLY CHILDHOOD EDUCATION; GIVE YOUTH OUT OF SCHOOL ENRICHMENT AND MENTORING OPPORTUNITIES; PROVIDE LITERACY AND EDUCATIONS SUPPORTS; AND PROVIDE HEALTHY LIVING AND REFUSAL SKILLS.

ONE EXAMPLE OF A RESULT FROM A THRIVING CHILDREN PARTNER IS FROM HIGHER EDGE, AN ORGANIZATION THAT SUPPORTS COLLEGE-BOUND HIGH SCHOOL STUDENTS. ENGAGING STAFF GUIDE STUDENTS THROUGH CAREER EXPLORATION, COLLEGE VISITS AND REVIEWS, APPLICATIONS, AND ENROLLMENT. THEIR GUIDANCE AND SUPPORT DOESN'T STOP AT THE THRESHOLD OF COLLEGE THOUGH, HIGHER EDGE IS THERE FOR THE STUDENT TO ENSURE THEY STAY ENROLLED AND ARE SUCCESSFUL THROUGHOUT THEIR DEGREE PROGRAM. WORKSHOPS FOR BOTH STUDENTS AND PARENTS, SCHOLARSHIP APPLICATION ASSISTANCE, AND WELL BEYOND. THE PROGRAM IS THERE TO ENSURE EVERY STUDENT HAS AN EQUITABLE OPPORTUNITY TO LEARN AND SUCCEED IN OUR COMMUNITY.

PROMOTING INDEPENDENCE:

UNITED WAY SUPPORTS PROGRAMS THAT WORK TO PROMOTE INDEPENDENCE. UNITED WAY PROGRAM PARTNERS HELP INDIVIDUALS AND FAMILIES IN NEW LONDON COUNTY OVERCOME OBSTACLES TO ACHIEVING OR MAINTAINING PHYSICAL, SOCIAL AND FINANCIAL INDEPENDENCE SO THEY MAY BECOME CONTRIBUTING MEMBERS OF OUR COMMUNITY. THE OUTCOME FOR THESE PROGRAMS IS THAT INDIVIDUALS/FAMILIES IMPROVE THEIR SOCIOECONOMIC STATUS. PROGRAMS RECEIVING UNITED WAY SUPPORT PROVIDE SPECIALIZED WORKFORCE TRAINING AND EMPLOYMENT SUPPORT, PROVIDE

Name of the organization UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number
06-0771393

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THOSE WITH SEVERE DISABILITIES WITH INFORMATION, RESOURCES AND SUPPORT, PROVIDE SINGLE MOTHER AND THOSE BATTLING WITH ADDICTION WITH TRANSITIONAL HOUSING AND LIFE SKILLS, AND GIVE EX-OFFENDERS EMPLOYMENT TRAINING AND SUPPORT SERVICES.

ONE EXAMPLE OF PROMOTING INDEPENDENCE IS FROM THAMES RIVER COMMUNITY SERVICES. THE AGENCY PROVIDES CRITICAL SUPPORT TO HOMELESS OR AT-RISK-TO-BE-HOMELESS FAMILIES IN NEW LONDON COUNTY. THE AGENCY SPECIFICALLY SERVES YOUNG FAMILIES WITH PARENT(S) TWENTY-FOUR YEARS OLD OR YOUNGER. CASE MANAGERS SUPPORT FAMILIES TO PREVENT THE NEED FOR SHELTER AND THEN HOUSE THEM IN STABLE, AFFORDABLE APARTMENTS WITHIN THE PROGRAM FOR UP TO TWELVE-MONTHS. THEY ARE PROVIDED SUPPORT, COUNSELING TO FIND NEW EMPLOYMENT, FINANCIAL EDUCATION AND GUIDANCE, AND BEYOND.

DONOR DIRECTED DESIGNATIONS: DONATIONS DIRECTED BY DONOR ARE PROCESSED AND SENT TO THE APPLICABLE ORGANIZATION. DESIGNATIONS TO UNITED WAY AGENCIES ARE INCLUDED IN WITH THE GRANT AMOUNT REPORTED FOR THE SERVICE AREA SUPPORTED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS DISTRIBUTED TO BOARD MEMBERS PRIOR TO THE SCHEDULED MEETING THEN DISCUSSED AND APPROVED (IF APPLICABLE) AT THE BOARD MEETING, AND NOTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE INTERNAL DOCUMENTS WHICH ARE NOT PUBLISHED BUT ARE AVAILABLE UPON REQUEST FOR APPROPRIATE REASONS.

FINANCIAL STATEMENTS ARE PUBLISHED ON GUIDE STAR AND UNITED WAY'S OWN WEBSITE AND ALSO AVAILABLE UPON REQUEST.

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CONNECTICUT, INC.

06-0771393

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
1310 - LAND																
1	BUILDING AND LAND	6/01/78		75,895							75,895	48,067		30		0
	TOTAL 1310 - LAND			75,895		0	0	0	0	0	75,895	48,067				0
1311 - FOOD CENTER BUILDING																
13	FOOD CENTER BUILDING	6/30/98		732,539							732,539	439,516	S/L	40		18,313
17	FOOD CENTER IMPROVEMENTS	2/23/00		131,848							131,848	72,461	S/L	40		3,296
18	FOOD CTR BLDG	11/22/00		86,436							86,436	43,703	S/L	40		2,161
19	FOOD CTR BLDG	11/28/01		132,250							132,250	66,121	S/L	40		3,306
24	FOOD CTR BLDG	5/26/04		48,864							48,864	20,326	S/L	40		1,222
54	SPRINKLER HEADS FOOD CTR	4/30/13		4,200							4,200	4,200	S/L	5		0
76	NEW GAS LINE INSTALLATION	10/15/14		4,974							4,974	3,355	S/L	10		497
77	TANK REMOVAL	12/15/14		6,877							6,877	6,877	S/L	5		0
78	NEW JOHNSON FX FOR HVAC	1/14/15		6,911							6,911	4,492	S/L	10		691
81	PAVING TANK AREA	12/30/14		3,031							3,031	494	S/L	40		76
88	FOOD CENTER OVERHEAD DOOR	5/22/17		13,880							13,880	8,097	S/L	7		1,983
95	NEW STEEL RAMP	7/19/17		18,020							18,020	4,704	S/L	15		1,201
96	PARKING LOT SEAL &UPGRADE	6/30/18		12,865							12,865	2,574	S/L	15		858
119	SPRINKLER HEADS FOOD CTR	9/24/20		13,835							13,835	2,075	S/L	5		2,767
	TOTAL 1311 - FOOD CENTER BUIL			1,216,530		0	0	0	0	0	1,216,530	678,995				36,371

1312 - FOOD CENTER VEHICLES

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15	STRADDLE TRUCK (F/C)	8/31/99		7,850							7,850	7,850	S/L	10		0
46	CROWN PALLET TRUCK	10/27/11		4,831							4,831	4,831	S/L	7		0
47	CROWN LIFT TRUCK	10/27/11		6,627							6,627	6,627	S/L	7		0
TOTAL 1312 - FOOD CENTER VEHI				19,308		0	0	0	0	0	19,308	19,308				0
1313 - FOOD CENTER FURNITURE																
26	FOOD CTR FURN. & EQUIP	12/31/04		2,358							2,358	2,358	S/L	8		0
36	WALK IN COOLER REPAIR	1/25/11		3,532							3,532	3,532	S/L	7		0
41	PANEL FREEZER WITH FLOOR	4/18/12		30,087							30,087	27,582	S/L	10		2,505
42	FREEZER PANEL AND DOOR	4/18/12		2,890							2,890	2,649	S/L	10		241
43	ELECTRICAL WORK- FREEZER	4/18/12		4,180							4,180	3,832	S/L	10		348
44	FREEZER INSTALLATION	4/18/12		12,302							12,302	11,275	S/L	10		1,027
45	PALLET STORAGE RACK	11/23/11		4,820							4,820	4,820	S/L	5		0
68	OFFICE FURNITURE & CHAIRS	9/29/14		4,271							4,271	4,271	S/L	5		0
69	FREEZER & COOLER DOORS	1/29/15		19,221							19,221	19,221	S/L	5		0
70	RACKS WAREHOUSE & COOLER	5/14/15		7,110							7,110	7,110	S/L	5		0
71	NEW PRODUCE COOLER	5/29/15		33,776							33,776	20,549	S/L	10		3,378
72	ELECTRICAL FOR COOLER	6/22/15		2,188							2,188	1,314	S/L	10		219
82	COOLER RACKS	7/30/15		452							452	452	S/L	5		0
90	MOBILE FOOD PANTRY LAPTOP	10/21/16		798							798	746	S/L	5		52
108	ELECTRIC WALKIE PALLET TRUCK	10/18/19		5,578							5,578	930	S/L	10		558
109	SCRUBBER SWEEPER	3/12/20		6,728							6,728	897	S/L	10		673
120	WALK-IN FREEZER RE-WORK	7/16/20		36,770							36,770	6,741	S/L	5		7,354
TOTAL 1313 - FOOD CENTER FURN				177,061		0	0	0	0	0	177,061	118,279				16,355

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1315 - BUILDING IMPROVEMENTS																
83	REPAIR 2ND FLOOR BATHROOM	4/25/16		5,250							5,250	904	S/L	30		175
84	PARKING LOT RESEAL	9/16/15		3,500							3,500	673	S/L	30		117
100	PAINTING	9/06/18		24,500							24,500	6,942	S/L	10		2,450
121	FIRE ALARM REPLACEMENT	6/09/21		7,020							7,020	59	S/L	10		702
126	HEATING WATER HEATING LOOP	6/02/22		13,040							13,040		S/L	10		109
TOTAL 1315 - BUILDING IMPROVE				53,310		0	0	0	0	0	53,310	8,578				3,553
1315\1316 BUILDING IMPROVEMENTS\ADDITION																
2	IMPROVEMENTS	6/01/88		10,463							10,463	10,463	S/L	40		0
3	IMPROVEMENTS	6/01/88		12,195							12,195	11,107	S/L	40		305
4	NEW ROOF	6/01/90		3,105							3,105	2,887	S/L	25		0
5	BACK PORCH	6/01/93		3,500							3,500	3,325	PRE	20		0
6	PAINT EXTERIOR	6/01/94		5,599							5,599	5,599	S/L	10		0
7	BUILDING IMPROVEMENTS	6/01/94		2,460							2,460	2,217	S/L	30		82
8	BLG IMPR - FIRE MARSHALL	6/01/95		5,157							5,157	4,879	S/L	20		0
9	ROOFING	7/19/96		6,450							6,450	6,146	S/L	20		0
10	BUILDING SIGN	9/25/96		850							850	768	S/L	10		0
11	PAINTING	12/05/96		3,200							3,200	2,866	S/L	10		0
12	BUILDING IMPROVEMENTS	6/27/97		20,442							20,442	15,695	S/L	30		681
14	OUTSIDE STAIRCASE	10/15/98		3,730							3,730	2,668	S/L	30		124
20	BLDG PLANNING	6/30/02		60,562							60,562	30,689	S/L	40		1,514
21	BLDG EXPENSE	7/01/03		889,897							889,897	400,447	S/L	40		22,247
22	BLDG. ADDITION	8/31/03		174,103							174,103	78,352	S/L	40		4,353
23	BLDG ADDITION	10/31/03		227,346							227,346	102,310	S/L	40		5,684

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25	LANDSCAPING IMPROVEMENTS	9/15/04		4,567							4,567	1,917	S/L	40		114
TOTAL 1315\1316 BUILDING IMPR				1,433,626		0	0	0	0	0	1,433,626	682,335				35,104
1317 - BLDG IMPROVEMENTS FOOD CENTER																
27	LANDSCAPING IMPROVEMENTS	6/28/05		1,620							1,620	853	S/L	30		54
53	OUTSIDE DOOR REPLACEMENT	3/13/12		1,150							1,150	1,150	S/L	7		0
110	LIFT REMOVAL	9/05/19		8,400							8,400	3,080	S/L	5		1,680
111	CIRCUIT BREAKER INSTALLATION	11/04/19		3,628							3,628	242	S/L	25		145
112	FOOD BANK ROOF	10/30/19		145,000							145,000	9,667	S/L	25		5,800
122	SKYLIGHT REPAIR	7/22/21		14,000							14,000		S/L	15		856
127	FC GARAGE BAY DOORS	6/15/22		28,520							28,520		S/L	15		158
TOTAL 1317 - BLDG IMPROVEMEN				202,318		0	0	0	0	0	202,318	14,992				8,693
1318 - HVAC SYSTEM																
113	HVAC	3/03/20		28,800							28,800	1,536	S/L	25		1,152
123	HVAC SYSTEM CONTROLS RENOV	5/05/21		75,302							75,302	502	S/L	25		3,012
TOTAL 1318 - HVAC SYSTEM				104,102		0	0	0	0	0	104,102	2,038				4,164
1319 - HVAC SYSTEM - FOOD																
128	FC HANGING HEATERS	2/07/22		56,975							56,975		S/L	25		950
TOTAL 1319 - HVAC SYSTEM - FO				56,975		0	0	0	0	0	56,975	0				950
1325 - OFFICE EQUIPMENT																

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85	IPAD	12/14/15		738							738	738	S/L	5		0
86	4 DELL COMPUTERS	5/16/16		2,716							2,716	2,716	S/L	5		0
101	DELL COMPUTERS & LAPTOP	8/15/18		6,500							6,500	3,792	S/L	5		1,300
102	FOLDER INSERTER	9/19/18		19,815							19,815	10,898	S/L	5		3,963
103	DESKTOP PRINTER- VIRGINIA	2/08/19		1,390							1,390	672	S/L	5		278
104	DELL INSPITATION LAPTOP	4/22/19		870							870	377	S/L	5		174
114	OFFICE EQUIPMENT	2/14/20		1,200							1,200	340	S/L	5		240
115	DELL LAPTOP	7/01/19		6,125							6,125	2,450	S/L	5		1,225
124	1 DESKTOP, 2 LAPTOPS, 2 MONIT	10/15/20		4,989							4,989	748	S/L	5		998
125	IPAD - DINA	6/30/21		2,086							2,086		S/L	5		417
129	CISCO SMALL BUSINESS SG350X	11/22/21		3,047							3,047		S/L	5		355
130	AUDIO CONFERENCE SYSTEM	3/10/22		3,220							3,220		S/L	5		215
131	3 DELL COMPUTERS	4/13/22		6,670							6,670		S/L	5		334
TOTAL 1325 - OFFICE EQUIPMENT				59,366		0	0	0	0	0	59,366	22,731				9,499
1325\1326 EQUIPMENT																
16	FREEZER (F/C)	10/14/99		39,455							39,455	39,455	S/L	10		0
34	8 DELL CMPTRS & 2 HRDIVS	4/15/10		7,110							7,110	7,110	S/L	MQ	5	0
35	DONATION TRACKER SOFTWARE	7/14/09		9,995							9,995	9,995	S/L	MQ	5	0
37	PROJECTOR	4/21/11		1,114							1,114	1,114	S/L	5		0
38	4 MINI TOWER COMPUTERS	10/09/10		3,583							3,583	3,583	S/L	5		0
39	LAPTOPS/ PROJECTOR	8/04/10		1,223							1,223	1,223	S/L	5		0
40	DELL VOSTRO LAPTOP	4/20/11		399							399	399	S/L	5		0
48	4 VOSTRO COMPUTERS/ MONIT	1/17/12		2,596							2,596	2,596	S/L	5		0
49	2 VOSTRO COMPUTERS	1/17/12		1,422							1,422	1,422	S/L	5		0
50	INSERTER MACHINE	7/25/11		13,999							13,999	13,883	S/L	10		116

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51	1 IPDAS	11/08/11		848							848	848	S/L	5		0
52	2 IPADS- CI	2/08/12		1,730							1,730	1,730	S/L	5		0
55	DISHWASHER & GRINDER PUMP	4/23/13		1,190							1,190	1,190	S/L	5		0
56	LIFTGATE FOR TRUCK	4/23/13		4,740							4,740	4,740	S/L	5		0
57	6 CMPTRS & 1 LAPTOP	9/14/12		4,648							4,648	4,648	S/L	5		0
58	NEW IPAD	2/28/13		830							830	830	S/L	5		0
59	3 INSPIRON NOTEBOOKS	5/31/13		2,066							2,066	2,066	S/L	5		0
61	HEATING COIL	4/30/14		2,684							2,684	1,921	S/L	10		268
62	IS-440 POSTAGE SYSTEM	7/31/13		4,268							4,268	4,268	S/L	7		0
63	IPAD	9/30/13		399							399	399	S/L	5		0
64	5 DESKTOP- INSPIRON 660	10/31/13		2,795							2,795	2,795	S/L	5		0
65	5 DESKTOP-INSPIRON 3847	5/30/14		3,999							3,999	3,999	S/L	5		0
66	INSPIRON LAPTOP 17 (3737)	5/30/14		717							717	717	S/L	5		0
TOTAL 1325\1326 EQUIPMENT				111,810		0	0	0	0	0	111,810	110,931				384
1326 - INFO TECHNOLOGY - SOFTWARE																
87	NETWORK BACKBONE UPGRADE	9/15/15		3,301							3,301	3,301	S/L	5		0
105	BLACKBAUD SOFTWARE	1/17/19		19,525							19,525	9,437	S/L	5		3,905
106	CERES UPGRADE	3/28/19		2,312							2,312	1,040	S/L	5		462
116	ANDAR SOFTWARE	2/12/20		51,039							51,039	14,461	S/L	5		10,208
117	DELL POWER EDGE SERVER	5/20/20		10,833							10,833	2,348	S/L	5		2,167
132	CRM LITE ONBOARDING	5/16/22		12,000							12,000		S/L	5		200
TOTAL 1326 - INFO TECHNOLOGY -				99,010		0	0	0	0	0	99,010	30,587				16,942
AUTO / TRANSPORT EQUIPMENT																

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28	REFRIGERATED TRUCK	12/15/06		77,272							77,272	77,272	S/L	7		0
60	2013 INTL. TRUCK 4300	2/28/13		133,998							133,998	133,998	S/L HY	5		0
67	2013 FORD TRANSIT VAN	11/30/13		25,000							25,000	25,000	S/L	7		0
107	BOX TRUCK	6/28/19		5,000							5,000	1,428	S/L	7		714
118	FOOD BANK TRUCK	11/18/19		111,980							111,980	25,329	S/L	7		15,997
133	2007 BOX TRUCK LIFT GATE REPL	12/14/21		9,234							9,234		S/L	7		770
TOTAL AUTO / TRANSPORT EQUIP				362,484		0	0	0	0	0	362,484	263,027				17,481
FURNITURE AND FIXTURES																
73	OFFICE FURNITURE & CHAIRS	9/29/14		1,629							1,629	1,629	S/L	5		0
TOTAL FURNITURE AND FIXTURE				1,629		0	0	0	0	0	1,629	1,629				0
IMPROVEMENTS																
29	IMPROVEMENTS	11/30/07		26,012							26,012	26,012	S/L HY	10		0
74	HVAC CONTROL VALVES	11/25/14		3,891							3,891	3,660	S/L	7		231
75	EXTERIOR PAINTING	5/29/15		10,295							10,295	10,295	S/L	5		0
89	HVAC	8/31/16		29,811							29,811	9,604	S/L	15		1,987
94	NEW FLOORING-GALESFERRY	4/18/18		62,020							62,020	13,094	S/L	15		4,135
TOTAL IMPROVEMENTS				132,029		0	0	0	0	0	132,029	62,665				6,353
MACHINERY AND EQUIPMENT																
30	DESKTOP COMPUTERS - 6	10/23/07		3,221							3,221	3,221	S/L HY	5		0
31	DESKTOP COMPUTERS - 2	4/10/08		1,018							1,018	969	S/L HY	5		0
32	COMPUTER SYSTEM	12/12/08		6,264							6,264	6,264	S/L HY	5		0
33	COMPUTER SOFTWARE	9/15/08		2,699							2,699	2,699	S/L HY	5		0

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79	NEW SERVER & HARDWARE	7/28/14		27,644							27,644	27,644	S/L	5		0
80	5 WORKSTATIONS	2/17/15		4,200							4,200	4,200	S/L	5		0
91	HP DESKTOP COMPUTER	11/21/16		775							775	710	S/L	5		65
92	HP ELITEDESK	1/06/17		875							875	788	S/L	5		87
93	PROJECTOR	6/05/17		8,241							8,241	6,729	S/L	5		1,512
97	IPAD - JULIE	10/17/17		780							780	572	S/L	5		156
98	LAPTOP- VIRGINIA	4/18/18		812							812	513	S/L	5		162
99	NAV SOFTWARE	5/16/18		24,248							24,248	14,954	S/L	5		4,850
	TOTAL MACHINERY AND EQUIPME			80,777		0	0	0	0	0	80,777	69,263				6,832
	TOTAL DEPRECIATION			<u>4,186,230</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,186,230</u>	<u>2,133,425</u>				<u>162,681</u>
	GRAND TOTAL DEPRECIATION			<u>4,186,230</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,186,230</u>	<u>2,133,425</u>				<u>162,681</u>