

Return of Organization Exempt From Income Tax

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

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.

A For the 2024 calendar year, or tax year beginning 7/01		, 2024, and ending 6/30		, 2025	
B Check if applicable:		C		D Employer identification number	
<input type="checkbox"/> Address change	UNITED WAY OF SOUTHEASTERN CONNECTICUT, INC.	06-0771393			
<input type="checkbox"/> Name change	PO BOX 375	E Telephone number			
<input type="checkbox"/> Initial return	GALES FERRY, CT 06335	(860) 464-7281			
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
F Name and address of principal officer:		G Gross receipts \$ 14,231,949.			
SAME AS C ABOVE				H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				H(b) Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
				H(c) Group exemption number	
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	J Website:	WWW.UWSECT.ORG	K Form of organization:	<input checked="" type="checkbox"/> Corporation
	501(c) () (insert no.)			Trust	Association
	4947(a)(1) or			Other	
	527				
				L Year of formation:	1969
				M State of legal domicile:	CT

Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE AND COORDINATE THE GENEROSITY AND COMMITMENT THAT SUSTAINS A UNITED, THRIVING COMMUNITY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 24
	6 Total number of volunteers (estimate if necessary)	6 2,039
	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.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,956,058. Current Year 13,932,840.
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	260,358. 299,109.
	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)	11,216,416. 14,231,949.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,114,444. 10,747,792.	
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)	2,062,968. 2,219,970.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	952,874.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	751,925. 917,023.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,929,337. 13,884,785.	
19 Revenue less expenses. Subtract line 18 from line 12	287,079. 347,164.	
20 Total assets (Part X, line 16)	Beginning of Current Year 12,355,927. End of Year 13,188,378.	
21 Total liabilities (Part X, line 26)	1,290,069. 1,261,491.	
22 Net assets or fund balances. Subtract line 21 from line 20	11,065,858. 11,926,887.	

Part II Signature Block	
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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	TREASURER			
Type or print name and title					
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STACEY L GUALTIERI, CPA	<i>Stacey L. Gualtieri, CPA</i>			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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

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?.....

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

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

4 Describe the 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 \$ 6,835,361. including grants of \$ 5,730,095.) (Revenue \$ _____)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 3,357,659. including grants of \$ 3,070,561.) (Revenue \$ _____)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 1,505,283. including grants of \$ 1,376,573.) (Revenue \$ _____)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

SEE SCHEDULE O(Expenses \$ 724,398. including grants of \$ 570,563.) (Revenue \$ _____)

4e Total program service expenses **12,422,701.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 <input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <input checked="" type="checkbox"/>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 <input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part I	6 <input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b <input checked="" type="checkbox"/>	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <input checked="" type="checkbox"/>	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d <input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f <input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule F, Parts I and IV	14b <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule F, Parts II and IV	15 <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule F, Parts III and IV	16 <input checked="" type="checkbox"/>	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 <input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 <input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V.....

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....	1a 93	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c 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		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....	2b	X	
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).	7a	X	
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?.....	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?.....	7c	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year.....	7e	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7f	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	8		
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?.....	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
10 Section 501(c)(7) organizations. Enter:	10a		
a Initiation fees and capital contributions included on Part VIII, line 12.....	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....	11a		
11 Section 501(c)(12) organizations. Enter:	11b		
a Gross income from members or shareholders.....	12a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	12b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....	13a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.....	13b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13c		
a Is the organization licensed to issue qualified health plans in more than one state?.....	14a	X	
Note: See the instructions for additional information the organization must report on Schedule O.	14b		
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.....	15	X	
c Enter the amount of reserves on hand.....	16	X	
14a Did the organization receive any payments for indoor tanning services during the tax year?.....	14b		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	15		
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?.....	16		
If "Yes," see the instructions and file Form 4720, Schedule N.	17		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.....			
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.....			
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
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21	
1b	Enter the number of voting members included on line 1a, above, who are independent.	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
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.		

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

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

SEE SCHEDULE O

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.	
	<input checked="" type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> 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

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

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

- List all of the organization's **current** key employees, if any. See 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, box 6 of 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 organi- zations 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			
(1) DINA SEARS-GRAVES PRESIDENT & CEO	40 0			X			152,145.	0.	39,703.
(2) JULIE WACHTMANN VICE PRESIDENT OF FINANCE	40 0				X		128,364.	0.	43,321.
(3) REBECCA REUTLINGER VICE PRESIDENT OF RESOURCE	40 0				X		122,625.	0.	17,963.
(4) SCOTT UMBEL VICE PRESIDENT OF COMMUNITY IM	40 0				X		103,382.	0.	16,045.
(5) ANNE STOCKTON VICE PRESIDENT OF FOOD CENTER	40 0				X		105,898.	0.	8,472.
(6) BRIAN ORENSTEIN DIRECTOR	1 0	X					0.	0.	0.
(7) JOSH KELLY DIRECTOR	1 0	X					0.	0.	0.
(8) MEGAN ROBERTS DIRECTOR	1 0	X					0.	0.	0.
(9) JIM NEWMAN DIRECTOR	1 0	X					0.	0.	0.
(10) MEGAN GILBERT DIRECTOR	1 0	X					0.	0.	0.
(11) DALE CUNNINGHAM DIRECTOR	1 0	X					0.	0.	0.
(12) WAYNE BURGESS DIRECTOR	1 0	X					0.	0.	0.
(13) RODNEY BUTLER DIRECTOR	1 0	X					0.	0.	0.
(14) RAY STANLEY DIRECTOR	1 0	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			
(15) JULIE VANCE DIRECTOR	0 0	X				0.	0.	0.
(16) KEN EWELL TREASURER	1 0	X	X			0.	0.	0.
(17) JEFF HAMILTON DIRECTOR	1 0	X				0.	0.	0.
(18) ORNET HINES DIRECTOR	1 0	X				0.	0.	0.
(19) ANTHONY MASTROIANNI DIRECTOR	1 0	X				0.	0.	0.
(20) CHRIS LAROSE CHAIR	1 0	X	X			0.	0.	0.
(21) MICHELE SCOTT DIRECTOR	1 0	X				0.	0.	0.
(22) MARIE-CLAIREE PEAKMAN PAST CHAIR	1 0	X	X			0.	0.	0.
(23) KAREN WALTERS SECRETARY	1 0	X	X			0.	0.	0.
(24) NIKKI GULLICKSON DIRECTOR	1 0	X				0.	0.	0.
(25) JOSH MORRIS DIRECTOR	1 0	X				0.	0.	0.
1b Subtotal						612,414.	0.	125,504.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						612,414.	0.	125,504.

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 5

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

Continuation Sheet for Form 990

2024

Department of the Treasury
Internal Revenue Service

Name of the Organization

UNITED WAY OF SOUTHEASTERN

Employer Identification number

06-0771393

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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
(1) <u>JERRY RENAUD</u> DIRECTOR	1 0	X		0.	0.
(2) <u>NATE QUESNEL</u> DIRECTOR	1 0	X		0.	0.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					

Part VIII Statement of RevenueCheck 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	1a Federated campaigns	1a			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	3,514,826.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,418,014.			
	g Noncash contributions included in lines 1a-1f	1g 5,498,569.			
	h Total. Add lines 1a-1f	13,932,840.			
Program Service Revenue		Business Code			
	2a -----				
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)	299,109.			299,109.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	(ii) Personal		
	6a				
	6b				
	6c				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7a				
	7b				
	7c				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including <u>\$</u> of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
	11a -----				
	b -----				
	c -----				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	14,231,949.	0.	0.	299,109.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	1,834,805.	1,834,805.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,912,987.	8,912,987.		
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	737,918.	344,377.	252,294.	141,247.
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	1,043,390.	546,764.	73,432.	423,194.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	77,033.	48,116.	7,084.	21,833.
9 Other employee benefits	232,718.	131,492.	2,296.	98,930.
10 Payroll taxes	128,911.	73,479.	23,204.	32,228.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,088.	1,088.		
c Accounting.....	15,401.	6,467.	4,467.	4,467.
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees	62,964.		62,964.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	27,173.	14,719.	4,529.	7,925.
12 Advertising and promotion	64,981.			64,981.
13 Office expenses	13,774.	6,488.	2,685.	4,601.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	219,339.	166,239.	19,310.	33,790.
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....	45,120.	18,485.	11,932.	14,703.
20 Interest.....				
21 Payments to affiliates.....	51,930.	20,772.	10,386.	20,772.
22 Depreciation, depletion, and amortization	164,898.	127,918.	13,447.	23,533.
23 Insurance.....	53,815.	40,018.	5,017.	8,780.
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 EQUIPMENT MAINTENANCE	62,604.	28,333.	12,861.	21,410.
b FOOD CENTER FUNDRAISING EXP	56,952.	56,952.		
c AUTO EXPENSE	26,692.	26,692.		
d CAMPAIGN EXPENSE	25,075.			25,075.
e All other expenses.....	25,217.	16,510.	3,302.	5,405.
25 Total functional expenses. Add lines 1 through 24e....	13,884,785.	12,422,701.	509,210.	952,874.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
	1 Cash – non-interest-bearing.....	300.	1	300.
	2 Savings and temporary cash investments.....	1,744,590.	2	1,768,617.
	3 Pledges and grants receivable, net.....	1,946,958.	3	1,894,458.
	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.....		9	53,552.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 4,240,502.		
	b Less: accumulated depreciation.....	10b 2,349,371.	10c	1,891,131.
	11 Investments – publicly traded securities.....	1,750,408.	11	6,570,886. 7,220,499.
	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.....	342,785.	15	359,821.
	16 Total assets. Add lines 1 through 15 (must equal line 33).....	12,355,927.	16	13,188,378.
Liabilities	17 Accounts payable and accrued expenses.....	96,347.	17	497,760.
	18 Grants payable		18	
	19 Deferred revenue	1,055,970.	19	704,883.
	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.	137,752.	25	58,848.
	26 Total liabilities. Add lines 17 through 25.....	1,290,069.	26	1,261,491.
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.....	8,898,515.	27	9,699,170.
	28 Net assets with donor restrictions.....	2,167,343.	28	2,227,717.
	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.....	11,065,858.	32	11,926,887.
	33 Total liabilities and net assets/fund balances.....	12,355,927.	33	13,188,378.

Part XI Reconciliation of Net AssetsCheck 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	14,231,949.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	13,884,785.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	347,164.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	11,065,858.
5 Net unrealized gains (losses) on investments.....	5	513,865.
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	11,926,887.

Part XII Financial Statements and ReportingCheck 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?.....	2a	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?.....	2b	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?.....	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	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.....	3b	

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

2024

**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number

06-0771393

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,534,264.	8,783,874.	10068499.	10956058.	13932841.	52,275,536.
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....	8,534,264.	8,783,874.	10068499.	10956058.	13932841.	52,275,536.
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.....						52,275,536.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.....	8,534,264.	8,783,874.	10068499.	10956058.	13932841.	52,275,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....	136,816.	159,128.	227,892.	260,358.	299,109.	1,083,303.
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.....						53,358,839.
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 2024 (line 6, column (f), divided by line 11, column (f)).....	14	97.97 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.....	15	98.04 %
16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input checked="" type="checkbox"/>
b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.....		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.....		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests—2024. 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.....		<input type="checkbox"/>
b 33-1/3% support tests—2023. 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.....		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in Part VI .	6	
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? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in Part VI .	9a	
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? If "Yes," provide detail in Part VI .	9b	
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? If "Yes," provide detail in Part VI .	9c	
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)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

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?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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? 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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c 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? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
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? 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.

	Yes	No
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? If "Yes" or "No," provide details in **Part VI**.

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
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 – <i>provide details in Part VI</i>)	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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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Schedule A (Form 990) 2024

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)

(Rev. December 2024)

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

**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? Yes 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? Yes No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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 2d 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.

1a 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.

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....	210,956.	200,214.	191,669.	231,040.	194,630.
b Contributions.....					
c Net investment earnings, gains, and losses.....		10,742.	8,545.	-39,370.	36,410.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					0.
f Administrative expenses.....					
g End of year balance.....	210,956.	210,956.	200,214.	191,670.	231,040.

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%.

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		75,895.		75,895.
b Buildings.....		2,744,303.	1,727,302.	1,017,001.
c Leasehold improvements.....		696,731.	152,446.	544,285.
d Equipment.....		389,119.	268,853.	120,266.
e Other.....		334,454.	200,770.	133,684.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))..... **1,891,131.**

Part VII Investments – Other Securities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		
Part VIII Investments – Program Related		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
N/A		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		
Part IX Other Assets		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
N/A		
(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....		
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		58,848.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....	58,848.	
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. X		

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

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

1 Total revenue, gains, and other support per audited financial statements.....	1	14,645,326.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments.....	2a	513,865.
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	513,865.
3 Subtract line 2e from line 1.....	3	14,131,461.
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	100,488.
c Add lines 4a and 4b.....	4c	100,488.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	14,231,949.

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	13,784,297.
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	13,784,297.
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	100,488.
c Add lines 4a and 4b.....	4c	100,488.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	13,884,785.

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) (Rev. 12-2024)

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, 2025, 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	\$ 100,488.
TOTAL	<u>\$ 100,488.</u>

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

DONOR DESIGNATIONS	\$ 100,488.
TOTAL	<u>\$ 100,488.</u>

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

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 instructions and the latest information.**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		54,360.	0.			HEALTHY COMMUNITY
(2) ARC NEW LONDON COUNTY 125 SACHEM STREET NORWICH, CT 06360	06-6010477		37,608.	0.			FINANCIAL SECURITY
(3) AMERICAN RED CROSS 209 FARMINGTON AVE FARMINGTON, CT 06032	53-0196605		25,500.	0.			COMMUNITY RESILIENCY
(4) CATHOLIC CHARITIES 331 MAIN STREET NORWICH, CT 06360	06-0646609		32,536.	0.			FINANCIAL SECURITY
(5) CHILD & FAMILY AGY SECT 225 HEMPSTEAD STREET NEW LONDON, CT 06320	23-7212022		203,867.	0.			HEALTHY COMMUNITY
(6) CT LEGAL SERVICES, INC 62 WASHINGTON STREET 4TH MIDDLETOWN, CT 06457	06-0955461		14,893.	0.			FINANCIAL SECURITY
(7) THE DROP IN LEARNING CENTER 45 BROAD ST ANNEX NEW LONDON, CT 06320	06-0869262		43,596.	0.			YOUTH OPPORTUNITY
(8) JEWISH FEDERATION E CT 28 CHANNING STREET NEW LONDON, CT 06320	23-7121362		17,841.	0.			FINANCIAL SECURITY
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							1

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

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, HOUSING & HEATING ASSISTANCE	24,266	633,803.	5,012,409.		2,544,370 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)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**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>MADONNA PLACE</u> <u>225 MAIN STREET 2ND FLR</u> NORWICH, CT 06360	06-1205879		99,829.				YOUTH OPPORTUNITY
<u>MARTIN HOUSE</u> <u>401 W THAMES ST 700</u> NORWICH, CT 06360	06-1064857		88,779.				FINANCIAL SECURITY
<u>PAWCATUCK NEIGHBHD CTR</u> <u>27 CHASE STREET</u> PAWCATUCK, CT 06379	06-1121511		37,086.				HEALTHY COMMUNITY
<u>RIVERFRONT CHILDRENS CTR</u> <u>476 THAMES STREET</u> GROTON, CT 06340	06-0732017		94,446.				YOUTH OPPORTUNITY
<u>SCADD</u> <u>CAMP MOWEEN ROAD</u> LEBANON, CT 06249	06-0860926		74,907.				HEALTHY COMMUNITY
<u>THAMES RIVER COMMUNITY SERVIC</u> <u>1 THAMES RIVER PLACE</u> NORWICH, CT 06360	22-3096914		63,118.				FINANCIAL SECURITY
<u>TVCCA</u> <u>1 SYLVANDALE ROAD</u> JEWETT CITY, CT 06351	06-0806128		41,678.				YOUTH OPPORTUNITY
<u>UCP OF EASTERN CT</u> <u>42 NORWICH ROAD</u> QUAKERHILL, CT 06375	06-0792820		40,457.				FINANCIAL SECURITY
<u>UNITED COMM & FAM SERV</u> <u>34 EAST TOWN STREET</u> NORWICH, CT 06360	06-0653142		230,563.				HEALTHY COMMUNITY
<u>UNITED WAY 2-1-1</u> <u>1344 SILAS DEANE HGHWY</u> ROCKY HILL, CT 06067	06-1084194		39,478.				COMMUNITY RESILIENCY

Continuation Sheet for Schedule I (Form 990)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**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> 403 N FRONTAGE RD WATERFORD, CT 06385	06-0646616		68,229.				HEALTHY COMMUNITY
<u>SAFE FUTURES</u> 16 JAY STREET NEW LONDON, CT 06320	06-0950718		125,757.				FINANCIAL SECURITY
<u>COVENANT SHELTER</u> 42 JAY STREET NEW LONDON, CT 06320	06-1085545		47,119.				FINANCIAL SECURITY
<u>HIGHER EDGE</u> 35 REDDEN AVENUE NEW LONDON, CT 06320	06-2852512		12,243.				YOUTH OPPORTUNITY
<u>NEW LONDON HOSPITALITY CENTER</u> 730 STATE PIER ROAD NEW LONDON, CT 06320	20-5606908		8,021.				YOUTH OPPORTUNITY
<u>THE LIGHTHOUSE VOC-ED</u> 125 SHAW STREET NEW LONDON, CT 06320	06-1352951		12,406.				YOUTH OPPORTUNITY

SCHEDULE J
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number

06-0771393**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (such as maid, chauffeur, chef)

	Yes	No
1a		
1b		
2		
3		

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.

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4	4a	X
4	4b	X
4	4c	X
5		
5	5a	X
5	5b	X
6	6a	X
6	6b	X
7		
7		X
8		X
9		

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DINA SEARS-GRAVES 1 PRESIDENT & CEO	(i) 152,145. (ii) 0.	0.	0.	12,172. 0.	27,531. 0.	191,848. 0.	0. 0.
JULIE WACHTMANN 2 VICE PRESIDENT OF FINANCE	(i) 128,364. (ii) 0.	0.	0.	10,269. 0.	33,052. 0.	171,685. 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**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****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	5,471,569.	
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other (-----).....	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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

	Yes	No
30a		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?.....

31		X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

32a		X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**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. ALMOST 19% OF CHILDREN ARE FOOD INSECURE IN THE SOUTHEASTERN CONNECTICUT REGION, MEANING, THEY LACK CONSISTENT ACCESS TO ENOUGH FOOD TO LIVE A HEALTHY, ACTIVE LIFE.

THE FOOD CENTER PROVIDES FOOD AND BASIC NEEDS ITEMS TO SIXTY-FIVE FOOD ASSISTANCE PROGRAMS AND A MOBILE FOOD PANTRY PROGRAM THROUGHOUT NEW LONDON COUNTY WHICH SUPPORT OVER 27,500 PEOPLE EVERY MONTH. THESE SITES INCLUDE FOOD PANTRIES, AFTER-SCHOOL PROGRAMS, DAY CARE CENTERS, DOMESTIC VIOLENCE SHELTERS, HOMELESS SHELTERS, COMMUNITY MEAL SITES, HUD HOUSING COMPLEXES, AND TARGETED PROGRAMS FOR THE ELDERLY, VETERANS, AND YOUNG FAMILIES WITH CHILDREN. LAST YEAR, THE FOOD CENTER DISTRIBUTED THE EQUIVALENT OF 2.12 MILLION MEALS, AT NO COST, THROUGHOUT NEW LONDON COUNTY. FORTY-FIVE PERCENT OF THE FOOD WAS RECEIVED THROUGH THE FOOD CENTER'S FOOD RESCUE PROGRAM, WHERE HIGH-QUALITY FOOD THAT WOULD OTHERWISE GO TO WASTE IS PROCURED, INSPECTED, AND SAFELY DELIVERED, STORED, AND DISTRIBUTED TO THE COMMUNITY.

IN ADDITION TO PROVIDING OPERATING EXPENSES, UNITED WAY ALSO MOBILIZES VOLUNTEERS TO INSPECT, SORT, AND ORGANIZE FOOD AT THE FOOD CENTER THROUGHOUT THE YEAR AS WELL AS ENCOURAGES LOCAL BUSINESSES AND ORGANIZATIONS TO RUN FOOD DRIVES AND ENSURE CULTURALLY PREFERRED PRODUCT IS AVAILABLE AT THE WAREHOUSE.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**FINANCIAL SECURITY:**

UWSECT SUPPORTS THE EASTERN COORDINATED ACCESS NETWORK (ECAN) THROUGH FISCAL

MANAGEMENT AND PARTNER COLLABORATION. THE ECAN IS PRIMARILY FUNDED THROUGH THE

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number

06-0771393**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

CONNECTICUT DEPARTMENT OF HOUSING. UWSECT BOLSTERS THE ECAN BY PROVIDING THE OVERALL MANAGEMENT OF THE DEPARTMENT OF HOUSING FUNDS AND COORDINATING THE USE OF A PORTION OF THOSE FUNDS FOR CLIENT ASSISTANCE. THIS PAST YEAR, UWSECT SUPPORTED THE APPLICATION, AWARD, AND DISTRIBUTION OF \$2.1M IN FUNDING TO THE HOMELESSNESS RESPONSE SYSTEM, WITH OVER \$400,000 IN DIRECT FINANCIAL ASSISTANCE TO HOUSEHOLDS EXPERIENCING A HOUSING CRISIS. CLIENT ASSISTANCE IS MEANT TO HELP KEEP FAMILIES AND INDIVIDUALS HOUSED IN THEIR CURRENT HOME OR TO HELP THEM ACCESS NEW HOUSING IF THEY WERE EXPERIENCING HOMELESSNESS. UWSECT'S ROLE IN PROVIDING THIS SERVICE IS INTEGRAL IN COORDINATING THE EFFECTIVE AND EFFICIENT USE OF THE FUNDS. IT ALSO ALLOWS FOR ALL AGENCIES ENGAGED IN THE ECAN TO HAVE ACCESS TO FUNDS FOR THEIR CLIENTS. FOR EXAMPLE, ONE AGENCY, WAS WORKING WITH AN INDIVIDUAL THAT WAS RESIDING IN A TENT ENCAMPMENT. THE AGENCY WAS ABLE TO FIND AN APARTMENT UNIT FOR THIS INDIVIDUAL AND UTILIZE THE CLIENT ASSISTANCE FUNDS TO HELP THEM WITH THE SECURITY DEPOSIT. ONCE THIS INDIVIDUAL HAD A HOME, THEY BEGAN WORKING ON INCREASING THEIR INCOME THROUGH EARNED CAREER TRAINING TO PROVIDE EVEN MORE STABILITY. HOUSING OPTIONS ARE ALREADY LIMITED AND WITH THE HIGH COST NECESSARY JUST TO ENTER AN APARTMENT, FLEXIBLE FUNDING ASSISTANCE IS IMPERATIVE.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**HEALTHY COMMUNITY:**

UNITED WAY OF SOUTHEASTERN CONNECTICUT SUPPORTS PROGRAMS LOCATED IN NEW LONDON COUNTY THAT PROMOTE AND PROVIDE A HEALTHY COMMUNITY. 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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number

06-0771393**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

UNITED WAY SERVES AS THE BACKBONE AGENCY ON BEHALF OF THE EASTERN CONNECTICUT HEALTH COLLABORATIVE (ECHC), A THIRTEEN-TOWN COLLABORATIVE, INCLUDING BOTH TRIBAL NATIONS, JOINED TOGETHER TO FOCUS ON EQUITABLE OUTCOMES, WORKING COLLECTIVELY TO REMOVE BARRIERS AND IMPROVE ACCESS TO HEALTHCARE AND NUTRITIOUS FOOD, AND STRIVING TO MINIMIZE NEGATIVE CHILDHOOD EXPERIENCES TO ENSURE A HEALTHIER COMMUNITY AND DECREASE HEALTHCARE SPENDING. ECHC CONSISTS OF THIRTY-TWO ORGANIZATIONS REPRESENTING HUMAN SERVICES, LOCAL PUBLIC HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, STATE, AND MUNICIPAL AGENCIES.

ECHC WORKS TO ACHIEVE THESE GOALS THROUGH THE FOLLOWING INITIATIVES:

1. COORDINATED OUTREACH: DEVELOPED TO SUPPORT AND ENHANCE THE WORK OF OUR REGION'S COMMUNITY HEALTH WORKERS (CHW'S) AND VARIOUS OUTREACH WORKERS IN A STRATEGIC AND COORDINATED APPROACH TO REACH LOW ACCESS, VULNERABLE COMMUNITIES, AND ADDRESS BARRIERS. THE ANTICIPATED IMPACT IS AN INCREASE IN CULTURALLY RELEVANT CASE MANAGEMENT AND THE EXPANSION OF THE GEOGRAPHIC/DEMOGRAPHIC REACH OF COMMUNITY HEALTH WORKERS AND OUTREACH STAFF REDUCING THE DUPLICATION OF SERVICES. COORDINATED OUTREACH ALSO PROVIDES CHW'S THE OPPORTUNITY TO SHARE STRATEGIES, BEST PRACTICES, AND RESOURCES TO BETTER SERVICE THEIR CLIENTS TO MINIMIZE THE LEVEL AND FREQUENCY OF HEALTHCARE AND SOCIAL SERVICE NEEDS. NINE AGENCIES HAVE PARTICIPATED TO DATE WITH AN AVERAGE OF THIRTY CHW'S ATTENDING EACH SESSION.

2. MOBILE HEALTH HUBS: AN INNOVATIVE APPROACH TO BRINGING MOBILIZED HEALTH-RELATED SERVICES TO UNDERSERVED COMMUNITIES IN NEW LONDON COUNTY AND THE TOWN OF WINDHAM ON A MONTHLY BASIS. THIS IS A COORDINATED EFFORT TO PARTNER AGENCIES WITH

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number

06-0771393**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

EXISTING MOBILES TO OFFER MORE COMPREHENSIVE, WRAP-AROUND RESOURCES AT EACH OF THESE LOCATIONS. MOBILE HEALTH HUBS HAVE SERVES APPROXIMATELY 19,000 INDIVIDUALS ACROSS NEARLY 100 EVENTS ANNUALLY.

3. FAMILY BRIDGE: ECHC IS THE SECOND REGION SELECTED BY THE CT OFFICE OF EARLY CHILDHOOD (OEC) FOR A NEW UNIVERSAL NURSE HOME VISITING PROGRAM FOR ALL BIRTH MOTHERS. FAMILY BRIDGE EASTERN CT INCLUDES A PROVEN, EVIDENCE-BASED NURSE HOME VISITING PROGRAM WITH A COMMUNITY HEALTH WORKER (CHW) SUPPORT COMPONENT THAT WILL BE TAILORED TO OUR COMMUNITY. THE PILOT PHASE LAUNCHED WITH THE SUBCONTRACTED PARTNER (TVCCA) THIS FEBRUARY 2025 OFFERING SERVICES TO TRIBAL BIRTHING MOMS AND THOSE LIVING IN NORWICH, WINDHAM, LISBON, GRISWOLD AND MONTVILLE. EVENTUALLY THE GOAL IS TO OFFER FAMILY BRIDGE EASTERN CT SERVICES TO EVERY BIRTHING FAMILY LIVING IN ALL 13 TOWN'S IN ECHC'S CATCHMENT AREA.

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

EXPENSES	INCLUDING GRANTS	REVENUE
523,467.	478,708.	

YOUTH OPPORTUNITY:

UNITED WAY OF SOUTHEASTERN CONNECTICUT'S PARTNER PROGRAMS AND COLLECTIVE IMPACT INITIATIVES THAT WORK WITH YOUNG CHILDREN AND ADOLESCENTS (AGE 0 - 18) ARE PROVIDING SERVICES, RESOURCES, AND ACTIVITIES FOR NEW LONDON COUNTY YOUTH TO GAIN THE SKILLS, AND KNOWLEDGE NEEDED TO OBTAIN FAMILY-SUSTAINING EMPLOYMENT. THE WORK IN ATTAINING THIS GOAL STARTS FROM THE VERY BEGINNING IN ENSURING THAT YOUNG CHILDREN ARE PROVIDED WITH QUALITY EDUCATION AND FAMILY SUPPORTS THAT INCREASE THE LIKELIHOOD THAT THEY WILL THRIVE LATER IN LIFE. THE WORK OF OUR PARTNERS CONTINUES IN WORKING WITH YOUNG ADULTS IN DEVELOPING WORKFORCE READY SKILLS AND OBTAINING THE APPROPRIATE CREDENTIALS TO SUSTAIN THEIR CAREERS.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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**

AN EXAMPLE OF THIS WORK THAT UNITED WAY OF SOUTHEASTERN CONNECTICUT FUNDS IS THE NEW CAPACITIES JOB DEVELOPER ROLE. THIS POSITION WORKS WITH HIGH SCHOOL AGED STUDENTS TO DEVELOP A SUSTAINABLE PLAN FOR AFTER HIGH SCHOOL AND PROVIDES OPPORTUNITIES FOR CAREER EXPLORATION WHILE DEVELOPING RELATIONSHIPS WITH LOCAL EMPLOYERS TO INCREASE THE LIKELIHOOD OF STUDENTS ATTAINING GAINFUL EMPLOYMENT AFTER GRADUATION. THE JOB DEVELOPER PROVIDES A FULL MENU OF SUPPORTS RUNNING THE GAMUT FROM TRADITIONAL CAREER EXPLORATION AND JOB READINESS (RESUME BUILDING, SOFT SKILLS WORKSHOPS), TO JOB PLACEMENT (23 STUDENTS DIRECTLY PLACED IN JOBS AS OF JUNE 2025 AND STILL THROUGH THE SUMMER), TO UNIQUE SUPPORTS FOR A DIVERSE STUDENT BODY AND MULTI-LINGUAL LEARNERS. THE JOB DEVELOPER WAS A BILINGUAL STAFF MEMBER AND ABLE TO PROVIDE ADDITIONAL LANGUAGE SUPPORTS AND CONFIDENCE-BUILDING AS MANY STUDENTS NAVIGATE CULTURE AND LANGUAGE IN A WORK ENVIRONMENT. THIS ROLE IS A PILOT AT NFA TO DEMONSTRATE THAT ADDITIONAL STAFF SUPPORTS CAN TRULY CLOSE THE GAP BETWEEN HIGH SCHOOL GRADUATION AND ATTAINMENT OF GAINFUL EMPLOYMENT. THE OUTCOMES TO DATE CLEARLY STATE BOTH THE DEMAND AND SUCCESS OF THE POSITION- 135 STUDENTS (OVER 20% OF THE GRADUATING CLASS) CONNECTED TO ADDITIONAL RESOURCES, EXTERNAL SERVICES, ADDITIONAL KNOWLEDGE AND PREPAREDNESS FOR A FUTURE JOB, NAVIGATING CAREER INTERESTS, AND REAL SKILL DEVELOPMENT.

EXPENSES	INCLUDING GRANTS	REVENUE
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100,488.

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.

EXPENSES	INCLUDING GRANTS	REVENUE
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100,443.

91,855.

COMMUNITY RESILIENCY:

UWSEBT PROVIDES FUNDING TO A REGIONAL DISASTER RELIEF PROGRAM, PROVIDING FLEXIBLE

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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**

FUNDING TO ENABLE IMMEDIATE CRISIS SUPPORT FOR FAMILIES EXPERIENCING A DISASTER - MOST TYPICALLY A DEVASTATING HOUSE FIRE, INSTANTLY DESTROYING ALL PERSONAL POSSESSION, SHELTER, CLOTHING, AND BEYOND. ADDITIONALLY, UWSECT PROVIDES DIRECT SUPPORT TO CT-211, THE STATEWIDE INFORMATION AND REFERRAL SYSTEM THAT CONNECTS HOUSEHOLDS WITH DIRECT SERVICE SUPPORTS. THIS PAST YEAR OVER 27,000 REQUESTS WERE MADE TO 211 BY NEW LONDON COUNTY HOUSEHOLDS. THE TOP TWO NEEDS WERE HOUSING (EMERGENCY, SHELTER, LONG-TERM HOUSING SUPPORTS, LEGAL CONSULTING) AND MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS.

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.

UNITED WAY MAKES FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE, GUIDE STAR, OR AT REQUEST.

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	12,422,701.	12,422,701.	PART IX, LINE 25, COL. B
GRANTS	10,747,792.	10,747,792.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
IT CONSULTANT - ADMIN	4,529.		4,529.	
IT CONSULTANT - CAMPAIGN	6,793.			6,793.
IT CONSULTANT - COMM INV	5,661.	5,661.		
IT CONSULTANT - FOOD CENTER	9,058.	9,058.		
IT CONSULTANT - MARKETING	1,132.			1,132.
TOTAL	\$ 27,173.	\$ 14,719.	\$ 4,529.	\$ 7,925.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MOBILE PANTRY EXPENSE	1,521.	1,521.		
POSTAGE AND SHIPPING	3,081.	891.	932.	1,258.
TELEPHONE	17,296.	10,779.	2,370.	4,147.
WAREHOUSE EXPENSE	3,319.	3,319.		
TOTAL	\$ 25,217.	\$ 16,510.	\$ 3,302.	\$ 5,405.