

2024 Tax Returns

Prepared for:

**The United Way of Greater
Waterbury**



ASSURANCE | ADVISORY | TAX | TECHNOLOGY

Return of Organization Exempt From Income Tax

Form 990

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization THE UNITED WAY OF GREATER WATERBURY INC
D Employer identification number 06-0646634
E Telephone number (203) 757-9855
G Gross receipts \$ 6,141,974.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: UNITEDWAYGW.ORG
K Form of organization: Corporation
L Year of formation: 1942
M State of legal domicile: CT

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: KRISTEN JACOBY, PRESIDENT & CPO
Paid: KIMBERLY NAPP
Preparer Use Only: WHITTLESEY PC, 280 TRUMBULL ST 24TH FL, HARTFORD, CT 06103

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED WAY WORKS COLLABORATIVELY WITH AND STRATEGICALLY INVESTS IN COMMUNITY PARTNERS TO HELP SOLVE COMMUNITY PROBLEMS. THE UNITED WAY PROVIDES LEADERSHIP, CONVENES AND FACILITIES COMMUNITY CONVERSATIONS AND INITIATIVES ON PRIORITY ISSUES. THE UNITED WAY PROVIDES STAFF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,892,853. including grants of \$ 1,011,257.) (Revenue \$ 91,000.) THE UNITED WAY WORKS COLLABORATIVELY WITH AND STRATEGICALLY INVESTS IN COMMUNITY PARTNERS TO HELP SOLVE COMMUNITY PROBLEMS. THE UNITED WAY PROVIDES LEADERSHIP, CONVENES AND FACILITIES COMMUNITY CONVERSATIONS AND INITIATIVES ON PRIORITY ISSUES. THE UNITED WAY PROVIDES STAFF LEADERSHIP AND SERVES AS FIDUCIARY FOR SEVERAL PARTNERSHIPS INCLUDING THE GREATER WATERBURY CAMBERSHIP PROGRAM WHICH ENABLES CHILDREN FROM LOW-INCOME FAMILIES TO ATTEND SUMMER CAMP AND BRIDGE TO SUCCESS, A CRADLE TO CAREER INITIATIVE. THE UNITED WAY ALSO TAKES A LEAD ROLE IN FOOD INSECURITY INITIATIVES SUCH AS HOLIDAY ASSISTANCE PROGRAM AND STOCK THE PANTRY.

4b (Code:) (Expenses \$ 1,662,751. including grants of \$ 1,662,751.) (Revenue \$ 102,978.) ALLOCATIONS AND FUNDED AGENCY RELATIONS - THE UNITED WAY ALLOCATES/INVESTS FUNDS IN LOCAL HEALTH AND HUMAN SERVICE PROGRAMS AND INITIATIVES THAT HELP PEOPLE IN NEED. THROUGH THE OUTCOME MEASUREMENT INITIATIVE THE UNITED WAY ASSISTS ITS FUNDED PROGRAMS IN DEVELOPING AND IMPLEMENTING A SYSTEM TO MEASURE THE IMPACT OF THEIR SERVICES ON THEIR CLIENTS. USING THE OUTCOME MEASUREMENT DATA, THE UNITED WAY COMMUNICATES THE VALUE OF THESE SERVICES MORE EFFECTIVELY, WHILE PROVIDING INDIVIDUAL PROGRAMS WITH A TOOL TO IMPROVE THEIR COMMITTEE WHICH WORKS TO ADDRESS INCLUDE DOZENS OF LOCAL NON-PROFIT AGENCIES AND COLLABORATIVES SUCH AS THE FOOD RESOURCE COMMITTEE WHICH WORKS TO ADDRESS LOCAL HUNGER ISSUES, BRIDGE TO SUCCESS WHOSE FOCUS IS ON POSITIVE YOUTH DEVELOPMENT, AND THE CONTINUUM OF CARE/CAN WHO ARE

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,555,604.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question/Description, Yes, No. Rows include 2a (employees: 28), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 10, 11, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 20; 1b Enter the number of voting members included on line 1a... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (203)757-9855
123 BANK STREET 3RD FLOOR, WATERBURY, CT 06702

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 organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTEN JACOBY PRESIDENT/CHIEF PROFESSIONAL OFFICER	40.00			X				162,862.	0.	41,194.
(2) JERED BRUZAS CHIEF IMPACT OFFICER	40.00					X		112,260.	0.	21,398.
(3) ADRIENNE PARKMOND CHAIR	5.00	X		X				0.	0.	0.
(4) GREGORY JACOBI SECRETARY	5.00	X		X				0.	0.	0.
(5) DAVID PETITTI TREASURER	10.00	X		X				0.	0.	0.
(6) JAKE ALBERT DIRECTOR	5.00	X						0.	0.	0.
(7) MARK A. CASEY FORMER CHAIR	10.00	X						0.	0.	0.
(8) GRANT COPELAND DIRECTOR	5.00	X						0.	0.	0.
(9) DANIEL DAVIS DIRECTOR	5.00	X						0.	0.	0.
(10) DR. LISA DRESNER DIRECTOR	5.00	X						0.	0.	0.
(11) CHRISTOPHER FASANO DIRECTOR	5.00	X						0.	0.	0.
(12) JASON R. GAGNON DIRECTOR	5.00	X						0.	0.	0.
(13) KATELYN GREY DIRECTOR	5.00	X						0.	0.	0.
(14) JAYNE D. KELLY DIRECTOR	5.00	X						0.	0.	0.
(15) BRIAN LEVINE DIRECTOR	5.00	X						0.	0.	0.
(16) YARIXA LOPEZ DIRECTOR	5.00	X						0.	0.	0.
(17) GENNA MINTZ DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. THOMAS PELLEGRINO DIRECTOR	5.00	X						0.	0.	0.
(19) MARY ROSEGRANT-CHIAPPALONE DIRECTOR	5.00	X						0.	0.	0.
(20) TARA L. SHAW, ESQ DIRECTOR	5.00	X						0.	0.	0.
(21) FREDERICK M. SMITH DIRECTOR	5.00	X						0.	0.	0.
(22) SUSAN E. SPRANO DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								275,122.	0.	62,592.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								275,122.	0.	62,592.

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 2

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	9,490.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,903,566.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		4,913,056.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		262,697.		262,697.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					585,424.		
	b	Less: cost or other basis and sales expenses	7b	532,362.			
	c	Gain or (loss)	7c	53,062.			
d	Net gain or (loss)		53,062.		53,062.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		158,132.			
b	Less: direct expenses	8b	35,020.				
c	Net income or (loss) from fundraising events		123,112.		123,112.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	DESIGNATION FEES	900099	102,978.	102,978.		
	b	SHARED SERVICES FEES	900099	91,000.	91,000.		
	c						
	d	All other revenue	900099	28,687.		28,687.	
	e	Total. Add lines 11a-11d		222,665.			
12	Total revenue. See instructions		5,574,592.	193,978.	0.	467,558.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,674,008.	2,674,008.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	204,056.	106,312.	64,279.	33,465.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	707,719.	368,720.	222,936.	116,063.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,333.	21,014.	12,705.	6,614.
9 Other employee benefits	146,765.	76,467.	46,225.	24,073.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,776.		18,776.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	192,874.	100,487.	60,755.	31,632.
12 Advertising and promotion	90,175.	30,208.	39,434.	20,533.
13 Office expenses	74,081.	38,594.	23,338.	12,149.
14 Information technology	38,556.	20,088.	12,145.	6,323.
15 Royalties				
16 Occupancy	52,905.	27,564.	16,665.	8,676.
17 Travel	1,429.	745.	450.	234.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,698.	8,700.	5,260.	2,738.
20 Interest				
21 Payments to affiliates	34,892.	18,179.	10,991.	5,722.
22 Depreciation, depletion, and amortization	32,527.	16,947.	10,246.	5,334.
23 Insurance	18,184.	9,474.	5,728.	2,982.
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 BAD DEBT EXPENSE	90,000.		90,000.	
b				
c				
d				
e All other expenses	73,123.	38,097.	23,034.	11,992.
25 Total functional expenses. Add lines 1 through 24e	4,507,101.	3,555,604.	662,967.	288,530.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	340,466.	1	186,781.
	2 Savings and temporary cash investments	2,456,185.	2	3,356,704.
	3 Pledges and grants receivable, net	1,191,440.	3	1,458,540.
	4 Accounts receivable, net	827,696.	4	160,368.
	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	8,925.	9	28,684.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 175,833.		
	b Less: accumulated depreciation	10b 42,331.	154,649.	10c 133,502.
	11 Investments - publicly traded securities	3,244,387.	11	3,959,396.
	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	293,857.	15	502,883.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,517,605.	16	9,786,858.	
Liabilities	17 Accounts payable and accrued expenses	85,983.	17	287,669.
	18 Grants payable	2,480,867.	18	2,218,400.
	19 Deferred revenue	8,150.	19	14,179.
	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	291,755.	25	470,056.
	26 Total liabilities. Add lines 17 through 25	2,866,755.	26	2,990,304.
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	3,801,405.	27	3,990,110.
	28 Net assets with donor restrictions	1,849,445.	28	2,806,444.
	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	5,650,850.	32	6,796,554.
33 Total liabilities and net assets/fund balances	8,517,605.	33	9,786,858.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,574,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,507,101.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,067,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,650,850.
5	Net unrealized gains (losses) on investments	5	78,211.
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	6,796,552.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	4670818.	4274703.	3930081.	4784373.	4272638.	21932613.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4670818.	4274703.	3930081.	4784373.	4272638.	21932613.
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)						3307228.
6 Public support. Subtract line 5 from line 4.						18625385.

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	4670818.	4274703.	3930081.	4784373.	4272638.	21932613.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,069.	81,421.	132,697.	263,555.	318,729.	853,471.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						22786084.
12 Gross receipts from related activities, etc. (see instructions)					12	1,469,416.
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	81.74	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.78	%
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**

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 (<i>provide details in Part VI</i>). 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 under distributions 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			

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.)

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

THE UNITED WAY OF GREATER WATERBURY INC

06-0646634

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

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

THE UNITED WAY OF GREATER WATERBURY INC

Employer identification number

06-0646634

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

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

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

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

Preservation of land for public use (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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
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	2d

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

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

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

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

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

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

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	3,088,813.	142,549.			
b Contributions	1,337,343.	2,849,445.	142,549.		
c Net investment earnings, gains, and losses	161,567.	96,819.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,587,723.	3,088,813.	142,549.		

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 39.0000 %
- b** Permanent endowment 59.0000 %
- c** Term endowment 2.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,423.	928.	6,495.
d Equipment		168,410.	41,403.	127,007.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				133,502.

Part VII Investments - Other Securities

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

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

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

(a) Description	(b) Book value
(1) BENEFICIARY INSURANCE POLICY	33,119.
(2) LEASE ROU ASSET	469,764.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	502,883.

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) RIGHT TO USE ASSET	470,056.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	470,056.

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 ...

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	4,006,296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	78,211.
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	78,211.
3	Subtract line 2e from line 1	3	3,928,085.
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	18,776.
b	Other (Describe in Part XIII.)	4b	1,627,731.
c	Add lines 4a and 4b	4c	1,646,507.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,574,592.

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

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

1	Total expenses and losses per audited financial statements	1	2,860,594.
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	35,020.
e	Add lines 2a through 2d	2e	35,020.
3	Subtract line 2e from line 1	3	2,825,574.
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	18,776.
b	Other (Describe in Part XIII.)	4b	1,662,751.
c	Add lines 4a and 4b	4c	1,681,527.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,507,101.

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 XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	-35,020.
AMOUNTS DESIGNATED FOR OTHER BENEFICIARIES	1,662,751.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,627,731.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	35,020.

PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AMOUNTS DESIGNATED FOR OTHER BENEFICIARIES	1,662,751.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TRIKE RACE (event type)	SUMMER SOCIAL (event type)	9 (total number)	
Revenue	1	81,832.	19,435.	56,865.	158,132.
	2				
	3	81,832.	19,435.	56,865.	158,132.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	11,762.	11,953.	11,305.	35,020.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				123,112.

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

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **THE UNITED WAY OF GREATER WATERBURY INC** Employer identification number **06-0646634**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITIES WITHOUT BOUNDARIES 615 WEST JOHNSON AVENUE CHESHIRE, CT 06410	06-0982494		10,000.	0.			EMPLOYMENT SUPPORT EXPANSION
ADVANCING CT TOGETHER / CAHS 110 BARTHOLOMEW AVENUE, SUITE 4030 HARTFORD, CT 06106	22-3014883		20,000.	0.			BEYOND VITA
AFRO CARIBBEAN CULTURAL CLUB 158 GRAND STREET WATERBURY, CT 06702	88-2014721		17,500.	0.			CUYO SUMMER CAMP
ALL SAINT'S PARISH - DOME REPAIR CORP. - 515 SOUTH MAIN STREET - WATERBURY, CT 06706	06-0691379		12,000.	0.			GENERAL USE
AMERICAN RED CROSS 209 FARMINGTON AVENUE FARMINGTON, CT 06032	53-0196605		20,000.	0.			EMERGENCY SERVICES
BIG BROTHERS / BIG SISTERS OF CONNECTICUT - 34 SEQUASSEN STREET, SUITE 202 - HARTFORD, CT 06106	06-0850379		12,000.	0.			COMMUNITY-BASED MENTORING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77.
- 3 Enter total number of other organizations listed in the line 1 table 77.

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

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

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 non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF GREATER WATERBURY - 1037 EAST MAIN STREET - WATERBURY, CT 06705	06-0646551		29,552.	0.			AFTER SCHOOL PROGRAM
BRIAN GIBBONS HOMELESS OUTREACH 270 CHURCH STREET, FLOOR 2 NAUGATUCK, CT 06770	87-2251623		20,000.	0.			BRIAN GIBBONS HOMELESS OUTREACH
BRIDGEPORT RESCUE MISSION 725 PARK AVENUE BRIDGEPORT, CT 06605	06-1362705		6,170.	0.			GENERAL USE
CANTON COMMUNITY BAPTIST CHURCH PO BOX 369 CANTON, CT 06019	06-6043476		5,080.	0.			GENERAL USE
CATHOLIC ACADEMY OF BRIDGEPORT 63 PEQUONNOCK STREET BRIDGEPORT, CT 06604	47-3496938		10,143.	0.			GENERAL USE
CATHOLIC CHARITIES 839-841 ASYLUM STREET HARTFORD, CT 06105	06-0667607		79,197.	0.			INFANT TODDLER CARE / BEHAVIOR HEALTH
CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD - 134 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0667607		10,265.	0.			GENERAL USE
CENTER FOR HUMAN DEVELOPMENT 965 SOUTH MAIN STREET WATERBURY, CT 06706	04-2503926		45,000.	0.			HOME WORKS PROGRAM
CHESHIRE YMCA 961/967 SOUTH MAIN STREET CHESHIRE, CT 06410	06-0646905		6,900.	0.			EARLY CHILDHOOD PRESCHOOL / SCHOOL AGE CHILD CARE

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS IN ACTION 77 BISHOP STREET, GROUND FLOOR WATERBURY, CT 06704	06-0646592		20,000.	0.			GREATER WATERBURY REENTRY CENTER
CONNECTICUT COMMUNITY FOUNDATION 43 FIELD STREET WATERBURY, CT 06702	06-6038074		9,672.	0.			GENERAL USE
CONNECTICUT COUNSELING CENTERS 50 BROOKSIDE ROAD WATERBURY, CT 06708	22-2515051		8,444.	0.			METHADONE MAINTENANCE
CONNECTICUT LEGAL SERVICES 85 CENTRAL AVENUE WATERBURY, CT 06702	06-0955461		15,000.	0.			CIVIL LAW
COPPER BEACH INSTITUTE 303 TUNXIS ROAD WEST HARTFORD, CT 06107	46-2785140		12,300.	0.			MINFULNESS TRAINING FOR EDUCATORS
FARMINGTON ACADEMY INC. 150 FISHER DRIVE AVON, CT 06001	20-1571082		9,283.	0.			GENERAL USE
GREATER WATERBURY INTERFAITH MINISTRIES - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070		27,444.	0.			SOUP KITCHEN / FOOD BANK
GREATER WATERBURY YMCA 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988		59,673.	0.			CAMP MATAUCHA / SCHOOL AGE CARE / BERKELEY WARNER COMMUNITY CENTER
HANG TIME C/O CHARLES GRADY, 3-C HARBOUR VILL BRANFORD, CT 06405	99-4464247		15,000.	0.			CHOICES

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
HARTFORD INTERVAL HOUSE, INC. PO BOX 340207 HARTFORD, CT 06134	06-0960005		5,590.	0.			GENERAL USE
HIGHER HEIGHTS 157 CHURCH STREET, 19TH FLOOR NEW HAVEN, CT 06510	83-0424360		15,000.	0.			MIDDLE SCHOOL COLLEGE ACCESS
HISPANIC COALITION 135 EAST LIBERTY STREET WATERBURY, CT 06702	06-1349937		20,000.	0.			RIBA ASPIRA ESL PROGRAM
LUDLOW COMMUNITY CENTER / RANDALL BOYS & GIRLS CLUB - 91 CLAUDIAS WAY - LUDLOW, MA 01056	04-2089767		7,690.	0.			GENERAL USE
MASTER'S MANNA INC. PO BOX 4032 WALLINGFORD, CT 06492	20-5643387		6,434.	0.			GENERAL USE
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990		18,990.	0.			ART ENRICHMENT PROGRAM
MENTAL HEALTH CONNECTICUT 76 BATTERSON PARK ROAD, SUITE 303 FARMINGTON, CT 06032	06-0646593		20,000.	0.			INDEPENDENCE CENTER
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER, SUITE 230 MIDDLETOWN, CT 06457	06-0665170		11,223.	0.			GENERAL USE
PALACE THEATER 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399		51,773.	0.			GENERAL USE

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
PARK CENTRAL 35 PARK PLACE WATERBURY, CT 06702	06-0646950		18,000.	0.			OUT OF SCHOOL ENRICHMENT
PETIT FAMILY FOUNDATION 32 WHITING STREET PLAINVILLE, CT 06062	26-0627813		15,822.	0.			GENERAL USE
POLICE ACTIVITY LEAGUE OF WATERBURY - 64 DIVISION STREET - WATERBURY, CT 06704	20-8262614		36,089.	0.			GENERAL USE
REACH OUT AND READ PO BOX 290 MADISON, CT 06443	04-3481253		9,664.	0.			READ TOGETHER
SAFE HAVEN OF GREATER WATERBURY PO BOX 1503 WATERBURY, CT 06721-1503	06-0996479		55,896.	0.			SHELTER / NON-SHELTER SERVICES / SEXUAL ASSAULT CRISIS SERVICES
SPECIAL OLYMPICS OF CONNECTICUT 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517	23-7099756		19,465.	0.			GENERAL USE
ST. JOHN'S EPISCOPAL CHURCH 16 CHURCH STREET WATERBURY, CT 06702	22-2558762		9,000.	0.			GENERAL USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012		5,712.	0.			GENERAL USE
ST. VINCENT DEPAUL PO BOX 1612 WATERBURY, CT 06721	06-1001527		45,332.	0.			CULINARY PROGRAM / CASE MANAGEMENT SERVICES

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE, SUITE 201 WATERBURY, CT 06702	22-3160873		10,000.	0.			DENTAL / WOMEN'S HEALTH
THE CORNERSTONE CHURCH ASSEMBLIES OF GOD - 1146 WATERBURY ROAD - CHESHIRE, CT 06410	06-1196937		20,000.	0.			GENERAL USE
THE NEURODIVERSITY ALLIANCE 733 3RD AVENUE, FLOOR 16 NEW YORK, NY 10017	51-0570498		10,000.	0.			GENERAL USE
THE SALVATION ARMY - WATERBURY CORPS - 74 CENTRAL AVENUE - WATERBURY, CT 06702-1207	13-5562351		23,682.	0.			COMPREHENSIVE EMERGENCY ASSISTANCE
THE UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DRIVE - STORRS, CT 06269	06-6070722		100,000.	0.			GENERAL USE
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE, SUITE 220 PARAMUS, NJ 07652	22-6028959		8,123.	0.			GENERAL USE
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - ONE STATE STREET, SUITE 1710 - HARTFORD, CT 06103	06-0646653		82,358.	0.			GENERAL USE
UNITED WAY OF COASTAL AND WESTERN CONNECTICUT - 301 MAIN STREET, SUITE 2-5 - DANBURY, CT 06810	06-0646577		71,960.	0.			GENERAL USE
UNITED WAY OF GREATER MILWAUKEE AND WAUKESHA COUNTY - 225 WEST VINE STREET - MILWAUKEE, WI 53212	39-0806190		17,803.	0.			GENERAL USE

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513	06-0646761		8,175.	0.			GENERAL USE
UNITED WAY OF GREENWICH 2 DEARFIELD DRIVE, SUITE 300 GREENWICH, CT 06831	06-0646578		15,556.	0.			GENERAL USE
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729	11-6042392		46,443.	0.			GENERAL USE
UNITED WAY OF MASSACHUSETTS BAY 9 CHANNEL CENTER STREET, SUITE 500 BOSTON, MA 02210	04-2382233		32,739.	0.			GENERAL USE
UNITED WAY OF MERIDEN AND WALLINGFORD - 35 PLEASANT STREET, SUITE 1E - MERIDEN, CT 06450	06-0646714		8,878.	0.			GENERAL USE
UNITED WAY OF NAUGATUCK AND BEACON FALLS - 270 CHURCH STREET - NAUGATUCK, CT 06770	06-0788028		10,950.	0.			GENERAL USE
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET, 12TH FLOOR NEW YORK, NY 10017	13-2617681		50,588.	0.			GENERAL USE
UNITED WAY OF NORTHEAST GEORGIA 1 HUNTINGTON ROAD, SUITE 805 ATHENS, GA 30606	58-6008133		6,042.	0.			GENERAL USE
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 1948 MORRISTOWN, NJ 07962	22-1487247		6,019.	0.			GENERAL USE

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059		44,289.	0.			GENERAL USE
UNITED WAY OF SHEBOYGAN COUNTY 2020 ERIE AVENUE SHEBOYGAN, WI 53081	39-0808471		11,709.	0.			GENERAL USE
UNITED WAY OF SOUTH SARASOTA COUNTY - 4242 SOUTH TAMIAMI TRAIL - VENICE, FL 34293	59-1100846		6,233.	0.			GENERAL USE
UNITED WAY OF SOUTHTON 35 NORTH MAIN STREET, SUITE 3A9 SOUTHTON, CT 06489	06-0790621		79,959.	0.			GENERAL USE
UNITED WAY OF THE DUTCHESS - ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698		5,012.	0.			GENERAL USE
UNITED WAY OF THE LOWCOUNTRY PO BOX 202 BEAUFORT, SC 29901	57-0405847		6,000.	0.			GENERAL USE
UNITED WAY OF WEST CENTRAL CONNECTICUT - 440 NORTH MAIN STREET - BRISTOL, CT 06010	06-0653262		18,725.	0.			GENERAL USE
UNITED WAY OF WESTCHESTER AND PUTNAM - 336 CENTRAL PARK AVENUE - WHITE PLAINS, NY 10606	13-1997636		52,222.	0.			GENERAL USE
VALLEY UNITED WAY 54 GROVE STREET SHELTON, CT 06484	06-0847098		12,091.	0.			GENERAL USE

Schedule I (Form 990)

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 non-cash assistance	(h) Purpose of grant or assistance
WATERBURY BRIDGE TO SUCCESS 83 PROSPECT STREET WATERBURY, CT 06702	93-2614244		20,000.	0.			GENERAL USE
WATERBURY PROMISE 236 GRAND STREET, SUITE 120 WATERBURY, CT 06702	87-4763561		9,500.	0.			REACHING FORWARD COLLEGE SUCCESS PROGRAM
WATERBURY YOUTH SERVICES 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372		83,887.	0.			LINKING ACADEMICS TO LIFE / SUPPORT FOR SELF-DETERMINATION / YOUTH & FAMILY SERVICES
WATERTOWN AREA ASSOCIATION FOR SPECIAL CITIZENS - 76 WESTBURY PARK ROAD, SUITE 207E - WATERTOWN, CT 06795	22-3238124		7,630.	0.			GENERAL USE
WATERTOWN FOUNDATION PO BOX 117 WATERTOWN, CT 06795	06-6064660		8,000.	0.			GENERAL USE
WEALTH GENERATION LEGACY 8 ANDREA LANE BLOOMFIELD, CT 06002	82-4848264		23,037.	0.			PERSONAL FINANCE DOES MATTER
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107		45,730.	0.			CHILD OUTPATIENT CLINICAL SERVICES / EMERGENCY MOBILE PSYCHIATRIC SERVICES
YONKERS PARTNERS IN EDUCATION 92 MAIN STREET YONKERS, NY 10701	06-1760636		6,000.	0.			GENERAL USE

Schedule I (Form 990)

**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

THE UNITED WAY OF GREATER WATERBURY INC

Employer identification number

06-0646634

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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				
(1) KRISTEN JACOBY PRESIDENT/CHIEF PROFESSIONAL OFFICER	(i)	162,862.	0.	0.	14,281.	26,913.	204,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 THE UNITED WAY OF GREATER WATERBURY INC	Employer identification number 06-0646634
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERSHIP AND SERVES AS FIDUCIARY FOR SEVERAL PARTNERSHIPS INCLUDING
THE GREATER WATERBURY CAMBERSHIP PROGRAM WHICH ENABLES CHILDREN FROM
LOW-INCOME FAMILIES TO ATTEND SUMMER CAMP AND BRIDGE TO SUCCESS, A
CRADLE TO CAREER INITIATIVE. THE UNITED WAY ALSO TAKES A LEAD ROLE IN
FOOD INSECURITY INITIATIVES SUCH AS HOLIDAY ASSISTANCE PROGRAM AND
STOCK THE PANTRY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
WORKING TO END CHRONIC HOMELESSNESS.

FORM 990, PART VI, SECTION A, LINE 7A:
THE VOTING MEMBERS SHALL BE 99 PERSONS REPRESENTATIVE OF DIVERSE ELEMENTS
OF THE COMMUNITY INCLUDING VOLUNTEERS, DONORS, LOCAL BUSINESSES AND PERSONS
AFFILIATED WITH AGENCIES AND ORGANIZATIONS SERVING THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WAS PROVIDED IN DRAFT FORM TO THE BOARD FOR REVIEW AND INPUT PRIOR
TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS ALL BOARD OF DIRECTORS MUST SIGN A CONFLICT OF INTEREST
AND CONFIDENTIALY
DECLARATION STATING THAT THEY WILL ABIDE BY THE AGENCY'S GUIDELINES FOR
CONFLICT OF INTEREST AND
DISCLOSE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:
A SALARY SURVEY WAS PREPARED BY AN INDEPENENT CONSULTANT. THE CONSULTANT
MET WITH CEO AND STAFF TO REVIEW JOB DESCRIPTIONS. CONSULTANT RESERCHED
SALARIES OF COMPARABLE POSITIONS TO DETERMINE SALARY RANGE. SURVEY WAS
REVIEWED AND APPROVED BY BOARD. THE BOARD HAS APPROVED THE CPO COMPENSATION
PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON WRITTEN REQUEST.

FORM 990, PAGE 6, PART VI, LINE 15B
A SALARY SURVEY WAS PREPARED BY AN INDEPENENT CONSULTANT. THE
CONSULTANT MET WITH CEO AND STAFF TO REVIEW JOB DESCRIPTIONS.
CONSULTANT RESERCHED SALARIES OF COMPARABLE POSITIONS TO DETERMINE
SALARY RANGE. SURVEY WAS REVIEWED AND APPROVED BY BOARD.

FORM 990, PART IX, LINE 11G
CONTRACTUAL FEES 43,930 7,180 21,010 CONTRACTUAL BTS 1,091,126 0 0
TOTAL 1,135,056 7,180 21,010

FORM 990, PART XII, LINE 2C
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS
DURING THE YEAR.

Headquarters

280 Trumbull Street, 24th Floor
Hartford, CT 06103
860.522.3111

One Hamden Center
2319 Whitney Avenue, Suite 3G
Hamden, CT 06518
203.397.2525

14 Bobala Road, 3rd Floor
Holyoke, MA 01040
413.536.3970

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