Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α_	For the 2	2023 calend	dar year, or tax year begin	ning	, 2023, a	and ending	3		, 4	20	
В	Check if ap	plicable:	С				D	Employe	er identifi	ication number	
	Addres	ss change	UNITED WAY OF NO	06-6009309							
	\vdash	change	PO BOX 1001		E Telephone number						
	\vdash		TORRINGTON, CT 0	6790			-	•			
	Initial	return	TOTALLINGTON, OF O	0750				(860)) 48	9-4131	
	Final ret	urn/terminated									
	Amend	ded return					G	Gross re	ceipts \$	188	,175.
	Applic	ation pending	F Name and address of principa	I officer: CATHY COYI	LE.	1	H(a) Is this a grou	up return	for subo	rdinates? Yes	X No
	_		Same As C Above	0111111 0011			H(b) Are all subor If "No," attac	rdinates	included?	? Yes	No
$\overline{\mathbf{I}}$	Tay-eyer	npt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527	If "No," attac	th a list.	See instr	ructions. —	
· J	Websit			, , ,	1017(4)(1) 01						
_			w.northwestunited	_ 			H(c) Group exem				
K		organization:	X Corporation Trust	Association Other	L Ye	ear of formation	on: 1942	IVI S	tate of l eo	gal domicile: CT	<u>. </u>
Pa	art I	<u>Summar</u>	У								
	1 Bri	iefly descri	be the organization's missi	ion or most significant	activities: See	Sched	ule_O				
Φ	1										
2	-										
E.											
ě	2 Ch	eck this bo	ox if the organizatio	n discontinued its oper	ations or dispo	sed of mo	re than 25%	of its r	net ass	ets.	
ၓ	3 Nu	ımber of vo	ting members of the gover						3		15
જ	4 Nu		dependent voting members						4		15
ies.	5 To		of individuals employed in						5		3
Activities & Governance	6 To		of volunteers (estimate if						6		75
닪	7a To		ed business revenue from I						7a		0.
_			business taxable income					L	7b		0.
					.,		Prior			Current Y	
	8 Co	ntributions	and grants (Part VIII, line	1h)				65,2	02		,089.
ne Le	1			· ·				03, 2 04, 3		100	,003.
ē	1	, 3,									
Revenue	1								81.		86.
			e (Part VIII, column (A), lir		· ·				0.7	100	
			e – add lines 8 through 11					69,7			<u>,175.</u>
			milar amounts paid (Part I					52, <u>5</u>	70.	49	<u>,506.</u>
	14 Be	nefits paid	to or for members (Part I)	X, column (A), line 4).							
	15 Sa	laries, othe	er compensation, employee	e benefits (Part IX, colu	umn (A), lines	5-10)	2	00,8	24.	33	,766.
Ses	16a Pro	ofessional	fundraising fees (Part IX, o								
Expenses	L To		sing expenses (Part IX, col								
꿃	D 10					2,899.					
_	17 Oti		es (Part IX, column (A), lii	· · · · · · · · · · · · · · · · · · ·				41,8			<u>,797.</u>
	18 To	tal expense	es. Add lines 13-17 (must	equal Part IX, column ((A), line 25)		3:	95,2	74.	143	,069.
	19 Re	venue less	expenses. Subtract line 1	8 from line 12			-:	25,5	37.	45	,106.
- S							Beginning of			End of Yo	
ets	20 To	tal assets ((Part X, line 16)					23,2			,504.
Net Assets Fund Balanc	21 To		s (Part X, line 26)					27,1			,410.
let (00 Na		•								
Zű	22 Ne		fund balances. Subtract li	ne 21 from line 20			4	96,1	09.	594	<u>,094.</u>
Pa	art II	Signatur	е Віоск								
Und	er penalties	of perjury, I de	clare that I have examined this return rer (other than officer) is based on	urn, including accompanying so	hedules and statem	ents, and to th	ne best of my kno	wledge a	and beliet	f, it is true, correc	t, and
	picter Decidi	1	rer (curer trial officer) is based on	an information of which propar	er nas any knowica	90.	<u> </u>				
		0: 1 6	·								
Sig	gn	Signature of	опісег				Date				
He	re	KEVIN	SULLIVAN			T	reasurer				
		Type or print	name and title								
		Print/Type p	reparer's name	Preparer's signature		Date	Chec	ck	if P	TIN	
D-	: A	Michae	el Ruwet	Michael Ruwet				 emp l oye	-	02028377	!
Pa							sell-	сприоуе	u F	02020311	
Pro	eparer	Firm's name									
US	e Only	Firm's addre					Firm	's E I N		519152	
			TORRINGTON, (CT 06790			Phor	ne no.	860-	489-1994	
Ma	v the IRS	discuss th	is return with the preparer	shown above? See ins	structions					X Yes	No

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

(Expenses \$ 190. including grants of \$ 190.) (Revenue \$)

4e Total program service expenses 115,320.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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.	1.41		v
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	14b		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023) UNITED WAY OF NORTHWEST CONNECTICUT INC 06-6009309 Page 4 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
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		Х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. • •	7.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
<u> </u>		<u> </u>	990	2002

Form 990 (2023) UNITED WAY OF NORTHWEST CONNECTICUT INC

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

			res	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. 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			
	Enter the amount of reserves on hand	14a		X
		14a 14b		^
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14D		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TELLOS COMPLETE COM COOS.	_		

Form 990 (2023) UNITED WAY OF NORTHWEST CONNECTICUT INC 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 No Yes **1a** Enter the number of voting members of the governing body at the end of the tax year..... 15 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 15 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?..... Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ Did the organization have members or stockholders?..... 6 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? 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... 9 X **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?.... 12b Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? Χ a The organization's CEO, Executive Director, or top management official.. See. Schedule.. 0........... 15a **b** Other officers or key employees of the organization..... 15b Χ 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?..... 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

OFFICE LLC 333 KENNEDY DR TORRINGTON CT 06790-1001 (860) 489-4131

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

X

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.

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

		(C)								
(A) Name and title	(B) Average hours per week (list any hours for related organiza-	box,	unles er and	s pe	more rson i	than cost both r/trustory employee	an	(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
See Schedule O	tions below dotted line)	trustee r	nal trustee		oyee	ਲੂੰ Highest compensated employee				
OWEN_J_QUINN EXECUTIVE DIRECTOR	$-\frac{40}{0}$	-					Х	15,044.	0.	1,055.
(2) JIM HUTCHISON	11						21	13,044.	<u> </u>	1,055.
Director	0	Х						0.	0.	0.
(3) CATHY COYLE	2									
Chairman	0	X		Χ				0.	0.	0.
(4) ALAN COLAVECCHIO	1									
Director	0	Х						0.	0.	0.
(5) KARA MUTH	1									
Director	0	Х						0.	0.	0.
(6) LANCE LEIFERT	1									
Director	0	Х						0.	0.	0.
(7) TONY_PONTE	1									
Director	0	Х						0.	0.	0.
(8) JACQUE WILLIAMS	1									
Director	0	X						0.	0.	0.
(9) KEVIN SULLIVAN	2									
Treasurer	0	Х		Χ				0.	0.	0.
(10) GREG TONON	1									
Director	0	X						0.	0.	0.
<u>(11)</u>		-								
(12)		-								
(13)		-								
(14)		-								

Part VII Section A. Officers, Directors, 110	13(003, 1	T		•		c3, a	1110	i riigilest con	ipensated Emp	oyees	:5 (continueu)	
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not che unless er and	Posi eck r s per l a di	more frson is	than or a both the bo	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimate of compens the org and	(F) ed amount other sation from janization related juzations	
(15)						ă.						
(16)												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal								15,044.	0.		1,055.	
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.		0.	
d Total (add lines 1b and 1c)							-	15,044.	0.		1,055.	
2 Total number of individuals (including but not limited from the organization 0										ensation	1,000.	
- Horri the organization										1	Yes No	
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc	tor, truste	e, ke	y en	nplo	oyee	, or h	nigh	nest compensated	employee	. 3	X	
 4 For any individual listed on line 1a, is the sum of the organization and related organizations greated 										. 3	^	
such individualDid any person listed on line 1a receive or accru										. 4	Х	
for services rendered to the organization? If "Ye	s," comple	ete S	chea	lule	J fo	or suc	ch p	person		. 5	X	
Section B. Independent Contractors 1 Complete this table for your five highest compen	satad ind	2000	dont	001	atroo	tore !	tho	t received more t	202 \$100 000 of			
compensation from the organization. Report compen	sation for	the ca	alend	dar y	year	endin	ina ng w	vith or within the or	ganization's tax year	-		
(A) Name and business add	(A) Name and business address								of services	(C) Compen) isation	
							\dashv					
2 Total number of independent contractors (including l	out not limi	ited to	tho:	se l	isted	l abov	l /e) \	L who received more	than			
\$100,000 of compensation from the organization	0											

					NORT	HWEST CONNEC	CTICUT INC		06-6009309	Page 9
Par	t VI	II Statement of								
		Check if Schedul	e O	contains	a resp	onse or note to an	y line in this Part VI	Ш		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
री री	1a	Federated campaig			1a					
<u> </u>	b	Membership dues			1b					
s, G Am	С	Fundraising events.			1c					
a Fi	d	Related organizatio			1d					
s, (e	Government grants (cont			1e					
e ë	†	All other contributions, g similar amounts not incli			1f	188,089.				
^두 된	a	Noncash contributions in				100,009.				
Contributions, Gifts, Grants, and Other Similar Amounts		lines 1a-1f								
0 10	h	Total. Add lines 1a-	-It.			Business Code	188,089.			
ğ	2a					Business Code				
eve	b									
ě	C									
ĕŽ.	d									
Š	e									
Program Service Revenue	f	All other program s	ervi	ce reveni	— — — ue					
P.	g	Total. Add lines 2a-	2f .		ه 					
	3	Investment income (i	inclu	ding divic	dends, i	nterest, and				
	_	other similar amour	,				86.			86.
	4	Income from investment of tax-exemp Royalties				•				
	5	Royalties			 Real	(ii) Personal				
	62	Gross rents	6a	(1)	\eai	(II) Fersonal				
		Less: rental expenses	6b							
		•								
	l	Net rental income of) (SS)						
		Gross amount from	Ò	(i) Sec		(ii) Other				
		sales of assets	7a							
	b	other than inventory Less: cost or other basis	/a							
		and sales expenses	7b							
		Gain or (loss)	7c							
	d	Net gain or (loss)								
ē	8a	Gross income from fundr	raisin	g events						
en.		(not including \$ of contributions reported	on li	ne 1c)						
æ		See Part IV, line 18			8	a				
Other Revenue	h	Less: direct expens			8	-				
둦		Net income or (loss								
•										
	Ja	Gross income from gami See Part IV, line 19			9	a				
	b	Less: direct expens	ses.		9	b				
	С	Net income or (loss	s) fro	om gamir	ng activ	vities				
	10a	Gross sales of inventory, returns and allowances.	ess							
					10					
	l	Less: cost of goods			10 of inve					
	C	Net income or (loss	s) Tro	orn sales	OI INVE	Business Code				
STO -	11a					24311633 00UE				
돌	b									
Miscellaneous Revenue	c									
<u> S</u> S	d	All other revenue								
Σ	е	Total. Add lines 11a	a-11	d	۱ 					

188,175

0.

0.

86

12 Total revenue. See instructions.....

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										
	not include amounts reported on lines 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	49,506.	49,506.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	16,099.	12,074.	2,093.	1,932.						
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	15,690.	11,767.	2,040.	1,883.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		,	,	,						
9	Other employee benefits										
10	Payroll taxes	1,977.	1,483.	257.	237.						
11	Fees for services (nonemployees):										
а	Management										
	Legal										
	Accounting	31,422.	23,567.	4,713.	3,142.						
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)										
12	Advertising and promotion										
13	Office expenses	598.	449.	89.	60.						
14	Information technology	- 203.	- 152.	-31.	- 20.						
15	Royalties										
16	Occupancy	10,232.	7,674.	1,535.	1,023.						
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,230.	923.	184.	123.						
	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	1,144.	1 100	1,144.	100						
22	Depreciation, depletion, and amortization	1,896.	1,422.	284.	190.						
23 24	Insurance	6,098.	4,574.	914.	610.						
а	RENT	7,886.	5,915.	1,183.	788.						
	REPAIRS & MAINTENANCE	2,970.	2,228.	445.	297.						
	CAMPAIGN EXPENSES	2,634.			2,634.						
	SHELTER SUPPLIES										
	All other expenses	-6,110.	-6,110.								
25	Total functional expenses. Add lines 1 through 24e	143,069.	115,320.	14,850.	12,899.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any lii	ne in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			7,990.	1	100.	
	2	Savings and temporary cash investments			108,380.	2	130,568.	
	3	Pledges and grants receivable, net			32,635.	3	29,540.	
	4	Accounts receivable, net		4,802.	4	11,423.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%				
	_			<u> </u>		5		
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	•		6			
	7	Notes and loans receivable, net				7		
ţ	8	Inventories for sale or use			4,110.	8	4,110.	
Assets	9	Prepaid expenses and deferred charges			1,829.	9	3,066.	
Ä	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	35,932.	·		·	
		Less: accumulated depreciation		31,297.	6,531.	10c	4,635.	
	11	Investments – publicly traded securities			356,974.	11	416,062.	
	12	Investments – other securities. See Part IV, line 11		H-		12	,	
	13	Investments – program-related. See Part IV, line 11.		 -		13		
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	H-		15			
	16	Total assets. Add lines 1 through 15 (must equal line	H-	523,251.	16	599,504.		
	17	Accounts payable and accrued expenses		22,527.	17	5,410.		
	18	Grants payable			·	18	·	
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities	_		20			
ies	21	Escrow or custodial account liability. Complete Part I				21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	rector, trustee, 35%		22			
_	23	Secured mortgages and notes payable to unrelated th	⊢		23			
	24	Unsecured notes and loans payable to unrelated third				24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		4,615.	25		
	26	Total liabilities. Add lines 17 through 25			27,142.	26	5,410.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X				
lar	27	Net assets without donor restrictions			222,363.	27	333,981.	
Ba	28	Net assets with donor restrictions			273,746.	28	260,113.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	· 🗆	<u>.</u>		·	
ō	29	Capital stock or trust principal, or current funds			29			
sts	30	Paid-in or capital surplus, or land, building, or equipm	<u></u>		30			
SS	31	Retained earnings, endowment, accumulated income,	_	31				
t A	32	Total net assets or fund balances		496,109.	32	594,094.		
Se	33	Total liabilities and net assets/fund balances			523,251.	33	599,504.	
			TEE 4 0 4 4	11 00/02/02	•			

Pai	rt XI Reconciliation of Net Assets				_					
	Check if Schedule O contains a response or note to any line in this Part XI				. X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	88,1	L75.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	43,0	069.					
3	Revenue less expenses. Subtract line 2 from line 1	3		45,1	L06.					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	5 Net unrealized gains (losses) on investments									
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		45,9	903.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5	94,0)94.					
Pai	rt XII Financial Statements and Reporting		-	, .						
	Check if Schedule O contains a response or note to any line in this Part XII				П					
	Check if Octional Octional a response of hote to any line in this rail Air			Yes	-					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	163	NO					
	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?										
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х						
	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. X Separate basis Consolidated basis Both consolidated and separate basis									
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,								
	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 Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	. 3a		Х					
t	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							
BAA				990	(2023)					