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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning July 1, 2016, 2017, and ending June 30, 20 17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization United Way of Central Massachusetts, Inc.
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) 484 Main Street Room/suite 300
 City or town, state or province, country, and ZIP or foreign postal code Worcester, MA 01608

D Employer identification number 04-2104017

E Telephone number (508) 757-5631

F Name and address of principal officer
Timothy J. Garvin, 484 Main Street, Suite 300 Worcester, MA 01608

G Gross receipts \$ 11,460,997

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.unitedwaycm.org

K Form of organization Corporation Trust Association Other ▶ _____

L Year of formation: 1920 **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>United Way of Central Massachusetts connects people and resources to improve the community.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	1947
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		5,996,056	6,363,078
10 Investment income (Part VIII, column (A), lines 3-4, and 7d)		0	0
11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)		(92,181)	949,053
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,942,055	7,356,714
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000,829	3,716,781
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,495,415	1,519,971
	16a Professional fundraising fees (Part IX, column (A), line 11e)	34,971	30,992
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	828,984	991,379
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,360,199	6,259,123	
19 Revenue less expenses. Subtract line 18 from line 12	(418,144)	1,097,591	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,870,659	10,452,160
	22 Net assets or fund balances. Subtract line 21 from line 20	4,097,755	3,548,033
		5,772,904	6,904,127

Part II Signature Block

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

Sign Here ▶ Timothy J. Garvin Signature of officer January 26, 2018 Date
TIMOTHY J. GARVIN PRESIDENT AND CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

United Way of Central Massachusetts connects people and resources to improve the community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 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 \$ 2,948,426 including grants of \$ 2,609,050) (Revenue \$)

Community Impact Program - The Community Impact Program plays a critical role in improving our community. Our work is organized around Education, Family Stability and Health, which are considered essential building blocks for a successful life.

By 2020 United Way, aspires to see a 10% change in the following factors in Central Massachusetts:

1. Increasing the high school graduation rate for at-risk youth

2. Reducing the child poverty rate

3. Reducing the childhood obesity rate.

In addition, this program helps to providing services to stabilize those who are unable to meet their basic needs due to conditions that create vulnerability. United Way of Central Massachusetts staff and volunteers, through a competitive process, evaluate funding proposals, select the highest quality agency programs to fund, and monitor program results to ensure maximum community impact. During FY 2017, over 50 funded programs provided services in one or more of the three basic components for a successful life: education, family stability, and health.

4b (Code:) (Expenses \$ 357,868 including grants of \$ 261,103) (Revenue \$)

Women's Initiative Community Impact Program - The Women's Initiative focuses on building, strengthening, and supporting the development of confident and safe adolescent girls, and has successfully brought about lasting change. Through educational events, grants for area programs, financial literacy education, and sponsorship of a comprehensive local needs assessment, the Women's Initiative of the United Way is a thriving vehicle of change for girls in central Massachusetts.

During FY 2017, Women's Initiative delivered 5 full-day conferences for 335 middle-school girls, utilizing the time and talent of 157 professional women. In addition, the Women's Initiative Community Impact Program funded 11 community based programs and sponsored 5 local educational events.

4c (Code:) (Expenses \$ 144,307 including grants of \$) (Revenue \$)

YouthConnect Program - YouthConnect Worcester provides high quality, year round, neighborhood-based youth development opportunities for recreation, education and culture to isolated and underserved Worcester youth age 5-24 (focusing on the middle school years) who reside in Worcester's most at risk neighborhoods. We do this through the establishment of a seamless, inclusive youth-serving consortium, modeled on best practice, utilizing a common system of measures to drive efficient use of resources for impact, and built on a framework that delivers positive outcomes in the areas of health, education, and family stability. Partners include: Boys & Girls Club of Worcester, Friendly House, Girls Inc. of Worcester, YMCA of Central MA, Y.O.U. Inc., YWCA of Central MA, and Worcester Youth Center. Building a high degree of trust, they learn from, share with, and support each other. This program became a program of the United Way of Central Massachusetts in FY 2017.

All other programs described in schedule O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,457,251 including grants of \$) (Revenue \$)

4e Total program service expenses **4,907,852**

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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational requirements and schedules. Includes handwritten checkmarks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	✓	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **Massachusetts**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
James Hayes, United Way of Central MA, 484 Main Street, Suite 300, Worcester, MA 01608 508.757.5631 ext. 250

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Douglas Brown Chair of the Board of Directors	1	✓		✓				0	0	0
(2) Reverend Clyde Talley Treasurer	1	✓		✓				0	0	0
(3) Frances Anthes Clerk	1	✓		✓				0	0	0
(4) Joseph M. Hamilton Chair of Community Impact	1	✓		✓				0	0	0
(5) Kola Akindele At-large Board Member	1	✓						0	0	0
(6) Edward Augustus, Jr. At-large Board Member	1	✓						0	0	0
(7) Matilde Castiel At-large Board Member	1	✓						0	0	0
(8) Gail E. Carberry At-large Board Member	1	✓						0	0	0
(9) Joseph P. Carlson At-large Board Member	1	✓						0	0	0
(10) Sheilah H. Dooley At-large Board Member	1	✓						0	0	0
(11) Tarek Elsawy At-large Board Member	1	✓						0	0	0
(12) Elizabeth M. Helenius At-large Board Member	1	✓						0	0	0
(13) Bradley H. Johnson At-large Board Member	1	✓						0	0	0
(14) Steven G. Joseph At-large Board Member	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Ralph H. Lambalot At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(16) AiVi Nguyen At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(17) Representative James J. O'Day At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(18) Paul Provost At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(19) Mary Lou Retelle At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(20) John C. Roche At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(21) Marco Rodrigues At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(22) Edwin Thomas Shea, Jr. At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(23) John Shea At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(24) Naomi Sleeper At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
(25) Brian Sullivan At-large Board Member	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								341,147	0	0
d Total (add lines 1b and 1c)								341,147	0	0

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Yuka-Marie Vinagre</u> At-large Board member	1	✓						0	0	0
(2) <u>Edward H. White</u> At-large Board member	1	✓						0	0	0
(3) <u>Elaine Wright</u> At-large Board member	1	✓						0	0	0
(4) <u>Alex Zequeira</u> At-large Board member	1	✓						0	0	0
(5) <u>Timothy J. Garvin</u> President and CEO	35			✓	✓	✓		140,355	0	0
(6) <u>Jennifer Davis Carey</u> Executive Dir., Worc. Educational Collaborative	35			✓	✓			106,892	0	0
(7) <u>James Hayes</u> Vice President, Finance and Operations	35			✓	✓			93,900	0	0
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 144,198				
	b Membership dues	1b 0				
	c Fundraising events	1c 24,153				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 40,560				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,154,167				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		6,363,078			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f All other program service revenue .						
g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		87,502		87,502	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		861,551			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a Cost recovery fees		900099	44,583	44,583		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			44,583			
12 Total revenue. See instructions.			7,356,714	44,583	87,502	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,716,781	3,716,781		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	414,117	171,520	161,967	80,630
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	840,768	322,142	184,793	333,833
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,652	13,621	6,804	4,227
9 Other employee benefits	155,437	54,983	34,025	66,429
10 Payroll taxes	84,997	34,362	21,835	28,800
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	515	0	515	0
c Accounting	20,461	0	20,461	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	30,992			30,992
f Investment management fees	53,054	0	53,054	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	208,944	182,135	14,967	11,842
12 Advertising and promotion	29,930	8,762	3,173	17,995
13 Office expenses	86,075	55,164	15,246	15,665
14 Information technology	108,718	48,299	20,102	40,317
15 Royalties	0	0	0	0
16 Occupancy	147,539	97,105	20,285	30,149
17 Travel	22,470	8,513	9,380	4,577
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	216,005	163,046	6,937	46,022
20 Interest	0	0	0	0
21 Payments to affiliates	57,150	19,647	14,955	22,548
22 Depreciation, depletion, and amortization	17,835	6,541	4,512	6,782
23 Insurance	14,682	4,686	6,763	3,233
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Organization dues	4,427	545	2,677	1,205
b Miscellaneous	3,574	0	2,921	653
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,259,123	4,907,852	605,372	745,899
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	217,990	1	180,534
	2 Savings and temporary cash investments	1,392,221	2	1,215,088
	3 Pledges and grants receivable, net	1,923,206	3	1,749,017
	4 Accounts receivable, net	51,983	4	60,046
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	125,768	9	148,827
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,815,834		
	b Less: accumulated depreciation	10b 1,796,331	35,504	10c 19,503
	11 Investments—publicly traded securities	4,812,644	11	5,642,923
	12 Investments—other securities. See Part IV, line 11	165,592	12	195,705
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,145,751	15	1,240,517
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,870,659	16	10,452,160	
Liabilities	17 Accounts payable and accrued expenses	121,641	17	101,657
	18 Grants payable	3,646,060	18	3,076,704
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	330,054	25	369,672
	26 Total liabilities. Add lines 17 through 25	4,097,755	26	3,548,033
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,771,652	27	5,735,549
	28 Temporarily restricted net assets	522,444	28	689,570
	29 Permanently restricted net assets	478,808	29	479,008
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	5,772,904	33	6,904,127	
34 Total liabilities and net assets/fund balances	9,870,659	34	10,452,160	

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	7,356,714
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,259,123
3	Revenue less expenses. Subtract line 2 from line 1	3	1,097,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,772,904
5	Net unrealized gains (losses) on investments	5	(91,324)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	124,956
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,904,127

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization United Way of Central Massachusetts, Inc.	Employer identification number 04-2104017
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,677,662	6,609,855	5,878,512	6,017,654	6,359,168	31,542,851
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	6,677,662	6,609,855	5,878,512	6,017,654	6,359,168	31,542,851
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)						3,195,914
6 Public support. Subtract line 5 from line 4						28,346,937

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6,677,662	6,609,855	5,878,512	6,017,654	6,359,168	31,542,851
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	332,793	570,131	396,321	(92,182)	949,053	2,156,116
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						33,698,967
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	84.12% %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	86.17% %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization: United Way of Central Massachusetts, Inc. Employer identification number: 04-2104017

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 covering total number, aggregate value, and donor information.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at the end of the tax year (2a-2d), and questions about monitoring and expenses.

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.

Form with questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures, including dollar amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		7,307,036	7,025,043	6,046,954	5,555,135
b Contributions		0	250,000	0	181,567
c Net investment earnings, gains, and losses		(348,697)	377,070	1,295,389	623,123
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs		(298,567)	(289,918)	(264,031)	(265,579)
f Administrative expenses		(56,061)	(55,159)	(53,269)	(47,292)
g End of year balance		6,603,711	7,307,036	7,025,043	6,046,954

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ 0%
- 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 | ✓ | |
| (ii) related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b
- 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		367,137	367,137	0
c Leasehold improvements		774,289	757,057	17,232
d Equipment		469,491	467,221	2,270
e Other		204,916	204,916	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 19,502

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Beneficial in trust - United Way of Central Massachusetts Fund held at the Greater Worcester	918,952
(2) Community Foundation.	
(3) Beneficial in trust - Women's Initiative Fund in Honor of Lois B. Green held at the Greater Worcester	321,565
(4) Community Foundation.	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,240,517

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Donor designated pledges	369,672
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	369,672

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,459,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a (91,324)		
b	Donated services and use of facilities	2b 0		
c	Recoveries of prior year grants	2c 0		
d	Other (Describe in Part XIII.)	2d (748,754)		
e	Add lines 2a through 2d		2e	(840,078)
3	Subtract line 2e from line 1		3	7,299,750
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 53,054		
b	Other (Describe in Part XIII.)	4b 3,910		
c	Add lines 4a and 4b		4c	56,964
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,356,714

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	5,328,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	5,328,449
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 53,054		
b	Other (Describe in Part XIII.)	4b 877,620		
c	Add lines 4a and 4b		4c	930,674
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,259,123

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.

1. Part V - Endowment Funds - Line 4:

The income generated from the organization's endowment funds are used to subsidize general administrative expenses and United Way of Central Massachusetts and the Women's Initiative Program of the United Way of Central Massachusetts.

2. Part XI line 2d Other - Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Designated donations - (\$846,628)

Professional fund raising fees charged by other organizations - (\$30,992)

Change in value of a beneficial interest in trust - \$128,866

Total = (\$748,754)

3. Part XI line 4 - Amounts included on Form 990, Part IX, line 25, but not on line 1: - 4b Other -

Adjustment for gain from collection activity from prior year campaigns = (\$3,910)

United Way of Central Massachusetts uses a historical average to estimate the uncollectible expense for the current year campaign. This adjustment reflects the impact of actual collections as compared to the original estimate.

Part XIII Supplemental Information *(continued)*

4. Part XII line 4 - Amounts included on Form 990, Part IX, line 25, but not on line 1: - 4b Other -

Designated donations - \$846,628

Professional fund raising fees charged by other organizations - \$30,992

Total = \$877,620

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
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part 1 - 2b column iii -

ABCD, Inc. (Action for Boston Community Development, Inc.) administers the Commonwealth of Massachusetts Employee Charitable Campaign (COMECC) and the regional Combined Federal Campaign (CFC). ABCD, Inc. collects and distributes contributions from these campaigns net of its fundraising fees.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 15-40 Connection 53 Otis Street, Westboro, MA 01581	26-2873903	501(c)(3)	15,052				Donor Designated
(2) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	34,466				Program Operating
(3) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	17,250				Program Operating
(4) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	1,324				Minor Capital
(5) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	408				Donor Designated
(6) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	260				Donor Desg. 3rd Party
(7) ALAME Trek Across Maine 122 State St. Augusta, ME 04330	01-0211531	501(c)(3)	7,081				Donor Designated
(8) Amer. Red Cross - PA 2221 Chestnut St. Philadelphia, PA	53-0196605	501(c)(3)	10,000				Donor Designated
(9) Amer. Red Cross Cent. Mass 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	51,024				Program Operating
(10) Amer. Red Cross Cent. Mass 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	5,179				Donor Designated
(11) Amer. Red Cross Cent. Mass 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	2,990				Donor Desg. 3rd Party
(12) left blank intentionally							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

1. Over 400 agencies received donor designations totaling \$846,628 for this fiscal year.

2. Donor Designation Policy: Organizations receiving donor designated contributions undergo a screening process prior to the distribution of funds. Screening

includes verification of current status as an IRS Code Section 501(c)(3) nonprofit organization and verification of PATRIOT Act compliance.

3. Grant Monitoring Policies: Grant awards are determined through an open and competitive process with two phases. The first phase determines the eligibility of the organization to

qualify for funding. Organizational documents including program description, Board of Directors' roster, operating budget, financial review or audit, 501(c)(3) determination letter, and a

non-discrimination policy are required. If accepted into Phase II, the applicant organization submits a detailed program application with specific outcome measurements to ensure the

funded programs will achieve maximum community impact in the specified focus area. Programs receive funding through recommendations from volunteer committees with final approval

by the full Board of Directors. The funded programs are monitored throughout the program cycle through regular reporting on progress toward outcomes and United Way coordinated site

visits. (continued on Schedule O.)

**SCHEDULE I
(Form 990)**

**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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ascentria Care Alliance 14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	854				Donor Designated
(2) Ascentria Care Alliance 14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	34,466				Program Operating
(3) Ascentria Care Alliance 14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	34,466				Program Operating
(4) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	10,583				Donor Designated
(5) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	3,788				Donor Desg. 3rd Party
(6) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	88,628				Program Operating
(7) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	400				Program Sponsorship
(8) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	5,000				Minor Capital
(9) Boy Scouts of Amer. Mohegan 19 Harvard St. Worcester, MA 01609		501(c)(3)	10,309				Donor Designated
(10) Boy Scouts of Amer. Mohegan 19 Harvard St. Worcester, MA 01609		501(c)(3)	2,167				Donor Desg. 3rd Party
(11) left blank intentionally							
(12) left blank intentionally							

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

3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	8,022				Donor Desg. 3rd Party
(2) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	29,889				Donor Designated
(3) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	10,340				Program Operating
(4) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	26,500				Program Operating
(5) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	8,000				Program Operating
(6) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	173,778				Program Operating
(7) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	4,673				Minor Capital
(8) The Bridge of Central Mass. 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	44,314				Program Operating
(9) The Bridge of Central Mass. 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	31,512				Program Operating
(10) left blank intentionally							
(11) left blank intentionally							
(12) left blank intentionally							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3 Enter total number of other organizations listed in the line 1 table	0

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Massachusetts, Inc.
Employer identification number
04-2104017

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) C.A.S.A. Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	4,296				Donor Designated
(2) C.A.S.A. Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	728				Donor Desig. 3rd Party
(3) C.A.S.A. Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	53,177				Program Operating
(4) C.A.S.A. Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	3,250				Minor Capital
(5) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	10,040				Program Operating
(6) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	8,590				Donor Desig. 3rd Party
(7) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	40,375				Program Operating
(8) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	12,158				Donor Designated
(9) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	524				Donor Desig. 3rd Party
(10) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	98,475				Program Operating
(11) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	49,238				Program Operating
(12) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	29,000				Program Operating
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							3
3 Enter total number of other organizations listed in the line 1 table							0

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

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

► Attach to Form 990.

Employer identification number

04-2104017

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Central Mass. Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	2,400				Minor Capital	
(2) Central Mass. Labor Agency 400 Washington St Auburn, MA	34-1976280	501(c)(3)	13,093				Donor Designated	
(3) Central Mass. Labor Agency 400 Washington St Auburn, MA	34-1976280	501(c)(3)	1,800				Program Sponsorship	
(4) Children's Friend, Inc. 21 Cedar St. Worcester, MA 01609	04-2105856	501(c)(3)	3,142				Donor Designated	
(5) Children's Friend, Inc. 21 Cedar St. Worcester, MA 01609	04-2105856	501(c)(3)	2,973				Donor Desg. 3rd Party	
(6) Children's Friend, Inc. 21 Cedar St. Worcester, MA 01609	04-2105856	501(c)(3)	19,695				Program Operating	
(7) Clark University 950 Main St. Worcester, MA 01610	04-2111203	501(c)(3)	1,100				Donor Designated	
(8) Clark University 950 Main St. Worcester, MA 01610	04-2111203	501(c)(3)	98				Donor Desg. 3rd Party	
(9) Clark University 950 Main St. Worcester, MA 01610	04-2111203	501(c)(3)	12,000				Program Operating	
(10) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	3,661				Donor Designated	
(11) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	446				Donor Desg. 3rd Party	
(12) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	78,780				Program Operating	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								4
3 Enter total number of other organizations listed in the line 1 table								0

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

OMB No 1545-0047
2017

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990.
► Go to www.irs.gov/Forms990 for the latest information.

**Open to Public
Inspection**

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	71,887				Program Operating
(2) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	3,581				Program Operating
(3) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	2,295				Donor Designated
(4) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	1,186				Donor Desig. 3rd Party
(5) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	81,242				Program Operating
(6) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	650				Program Sponsorship
(7) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	1,486				Donor Designated
(8) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	42,344				Program Operating
(9) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	1,100				Program Sponsorship
(10) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	4,500				Minor Capital
(11) left blank intentionally							
(12) left blank intentionally							

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

3 Enter total number of other organizations listed in the line 1 table **0**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2017

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Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	12,393				Donor Designated
(2) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	2,558				Donor Desig. 3rd Party
(3) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	42,344				Program Operating
(4) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	8,863				Program Operating
(5) Elm Park Center for ECC 284 Highland St. Worcester, MA	04-2500932	501(c)(3)	16,475				Program Operating
(6) Elm Park Center for ECC 284 Highland St. Worcester, MA	04-2500932	501(c)(3)	1,190				Donor Desig. 3rd Party
(7) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	4,316				Donor Designated
(8) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	49,995				Program Operating
(9) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	68,933				Program Operating
(10) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	15,800				Program Operating
(11) left blank intentionally							
(12) left blank intentionally							

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

3 Enter total number of other organizations listed in the line 1 table **0**

**SCHEDULE I
(Form 990)**

**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.
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OMB No. 1545-0047
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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

04-2104017

United Way of Central Massachusetts, Inc.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Family Services of Centri Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	3,349				Donor Designated
(2) Family Services of Centri Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	104				Donor Desig. 3rd Party
(3) Family Services of Centri Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	59,085				Program Operating
(4) Family Services of Centri Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	4,400				Program Operating
(5) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	21,031				Donor Designated
(6) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	2,476				Donor Desig. 3rd Party
(7) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	55,146				Program Operating
(8) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	100				Program Sponsorship
(9) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	7,000				Program Operating
(10) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	7,150				Program Operating
(11) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	54,844				Program Operating
(12) left blank intentionally							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047
2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Girl Scouts of Cntrl/Msitrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	4,165				Donor Designated
(2) Girl Scouts of Cntrl/Msitrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	176				Donor Desig. 3rd Party
(3) Girl Scouts of Cntrl/Msitrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	17,200				Program Operating
(4) Girl Scouts of Cntrl/Msitrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	200				Program Sponsorship
(5) Girl Scouts of Cntrl/Msitrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	4,525				Minor Capital
(6) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	10,723				Donor Designated
(7) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	1,522				Donor Desig. 3rd Party
(8) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	45,299				Program Operating
(9) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	28,250				Program Operating
(10) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	4,300				Program Sponsorship
(11) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	7,000				Program Operating
(12) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	90,016				Program Operating
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2						
3 Enter total number of other organizations listed in the line 1 table	0						

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Cat. No. 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mass. Educational & Career Op 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	1,279				Donor Designated
(2) Mass. Educational & Career Op 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	39,390				Program Operating
(3) Mass. Educational & Career Op 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	41,360				Program Operating
(4) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	6,600				Donor Designated
(5) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	468				Donor Desig. 3rd Party
(6) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	29,543				Program Operating
(7) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	1,456				Donor Designated
(8) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	29,000				Program Operating
(9) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	2,554				Minor Capital
(10) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	5,565				Donor Designated
(11) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	468				Donor Desig. 3rd Party
(12) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	33,974				Program Operating
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							4
3 Enter total number of other organizations listed in the line 1 table							0

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047
2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	2,771.10				Minor Capital
(2) Quinsigamond CC Fndtn 670 W Boylston St. Worcester MA	04-2897624	501(c)(3)	5,000				Program Sponsorship
(3) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	1,488				Donor Designated
(4) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	65				Donor Desig. 3rd Party
(5) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	33,777				Program Operating
(6) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	14,476				Program Operating
(7) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	3,700				Minor Capital
(8) Ramp Program 484 Main St, Worcester, MA 01608	04-2104017	501(c)(3)	37,471				Donor Designated
(9) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	728				Donor Designated
(10) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	130				Donor Desig. 3rd Party
(11) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	55,146				Program Operating
(12) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	100				Program Sponsorship
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							5
3 Enter total number of other organizations listed in the line 1 table							0

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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► Attach to Form 990.

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	2,040				Minor Capital	
(2) Restorer of Broken Bridges 674 Main St. Worcester, MA 01610	47-5387634	501(c)(3)	9,187				Program Operating	
(3) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	1,347				Donor Designated	
(4) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	550				Donor Desig. 3rd Party	
(5) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	15,750				Program Operating	
(6) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	4,455				Minor Capital	
(7) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	2				Donor Designated	
(8) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	98,475				Program Operating	
(9) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	3,012				Minor Capital	
(10) St. Francis Episcopal Church 70 Highland St Holden, MA 01520	04-3095047	501(c)(3)	10,061				Donor Desig. 3rd Party	
(11) St. Jude Children's Research 501 St. Jude Place Memphis TN	62-0646012	501(c)(3)	2,186				Donor Designated	
(12) St. Jude Children's Research 501 St. Jude Place Memphis TN	62-0646012	501(c)(3)	4,556				Donor Desig. 3rd Party	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								6
3 Enter total number of other organizations listed in the line 1 table								0

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.
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**Open to Public
Inspection**

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Straight Ahead Ministries, Inc. 791 Main St, Worcester, MA 01610	04-310369	501(c)(3)	1,845				Donor Designated
(2) Straight Ahead Ministries, Inc. 791 Main St, Worcester, MA 01610	04-310369	501(c)(3)	260				Donor Desig. 3rd Party
(3) Straight Ahead Ministries, Inc. 791 Main St, Worcester, MA 01610	04-310369	501(c)(3)	39,390				Program Operating
(4) Trinity Lutheran Church 73 Lancaster St. Worc. MA 01609	04-6066833	501(c)(3)	6,036				Donor Designated
(5) UMass Memorial Foundation 26 Queen St. Worc. MA	04-2626179	501(c)(3)	1,182				Donor Designated
(6) UMass Memorial Foundation 26 Queen St. Worc. MA	04-2626179	501(c)(3)	83,704				Program Operating
(7) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	5,295				Donor Designated
(8) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	5,439				Donor Desig. 3rd Party
(9) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	4,412				Donor Designated
(10) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	7,535				Donor Desig. 3rd Party
(11) UW Pioneer Valley 1441 Main St, Springfield, MA 01103	04-215268	501(c)(3)	5,026				Donor Designated
(12) UW Pioneer Valley 1441 Main St, Springfield, MA 01103	04-215268	501(c)(3)	3,253				Donor Desig. 3rd Party
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	6						
3 Enter total number of other organizations listed in the line 1 table	0						

**SCHEDULE I
(Form 990)**

**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.

OMB No 1545-0047

2017

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	2,015				Donor Designated
(2) United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	4,685				Donor Desig. 3rd Party
(3) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	4,928				Donor Designated
(4) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	8,784				Donor Desig. 3rd Party
(5) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	8,496				Donor Designated
(6) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	19,318				Donor Desig. 3rd Party
(7) UW, Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	11,732				Donor Designated
(8) UW, Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	9,048				Donor Desig. 3rd Party
(9) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	1,424				Donor Designated
(10) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	75				Donor Desig. 3rd Party
(11) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	32,497				Program Operating
(12) left blank intentionally							

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

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

5
0

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	2,379				Donor Designated
(2) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	1,040				Donor Desig. 3rd Party
(3) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	39,390				Program Operating
(4) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	100				Program Sponsorship
(5) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	155,000				CSF Grant
(6) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	23,503				Donor Designated
(7) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	2,804				Donor Desig. 3rd Party
(8) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	50,468				Program Operating
(9) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	100				Program Sponsorship
(10) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	1,305				Donor Designated
(11) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	5,000				Program Operating
(12) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	19,744				Program Operating
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							3
3 Enter total number of other organizations listed in the line 1 table							0

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	4,942				Minor Capital	
(2) Working for Worcester PO Box 1202 Worcester MA 01613	30-0707429	501(c)(3)	10,000				Program Operating	
(3) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	2,228				Donor Designated	
(4) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	2,878				Donor Desig. 3rd Party	
(5) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	100				Program Sponsorship	
(6) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	8,000				Program Operating	
(7) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	29,250				Program Operating	
(8) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	13,434				Donor Designated	
(9) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	2,583				Donor Desig. 3rd Party	
(10) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	39,390				Program Operating	
(11) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	24,750				Program Operating	
(12) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	5,013				Program Operating	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								4
3 Enter total number of other organizations listed in the line 1 table								0

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

Cat. No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	7,049				Donor Designated
(2) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	1,923				Donor Desig, 3rd Party
(3) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	34,466				Program Operating
(4) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	65,978				Program Operating
(5) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	44,314				Program Operating
(6) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	53,177				Program Operating
(7) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	19,695				Program Operating
(8) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	53,000				Program Operating
(9) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	2,700				Program Operating
(10) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	7,500				Program Operating
(11) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	22,230				Program Operating
(12) YWCA of Central MA 1 Salem Sq, Worcester, MA 01608	04-2105873	501(c)(3)	3,187				Minor Capital

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

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

Cat. No. 50055P

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

Schedule I (Form 990) (2017)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2017

Open to Public Inspection

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Timothy Garvin, President/CEO	(i) 140,355 (ii) (iii) 140,355	 	 	 	23,571	163,926	
2 Jennifer Davis Carey, Exec Dir.	(i) 106,892 (ii) (iii) 106,892	 	 	 	6,475	113,367	
3 James Hayes, VP Finance/Ops	(i) 93,900 (ii) (iii) 93,900	 	 	 	16,966	110,866	
4	(i) (ii) (iii) 	 	 	 			
5	(i) (ii) (iii) 	 	 	 			
6	(i) (ii) (iii) 	 	 	 			
7	(i) (ii) (iii) 	 	 	 			
8	(i) (ii) (iii) 	 	 	 			
9	(i) (ii) (iii) 	 	 	 			
10	(i) (ii) (iii) 	 	 	 			
11	(i) (ii) (iii) 	 	 	 			
12	(i) (ii) (iii) 	 	 	 			
13	(i) (ii) (iii) 	 	 	 			
14	(i) (ii) (iii) 	 	 	 			
15	(i) (ii) (iii) 	 	 	 			
16	(i) (ii) (iii) 	 	 	 			

Part III Supplemental Information

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

The Executive Committee acts as a Compensation Committee recommending any changes to the President/CEO salary. Any recommendations are subject to full Board of Directors

approval.

Area with horizontal dashed lines for providing additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

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2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Frances Anthes	Board Member	139,044	Grants/Donor Designation		<input checked="" type="checkbox"/>
(2) Douglas Brown	Board Member	154,774	Grants/Donor Designation		<input checked="" type="checkbox"/>
(3) Sheilah Dooley	Board Member	40,007	Grants/Donor Designation		<input checked="" type="checkbox"/>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Community Services Program

Volunteer Center - The United Way of Central Massachusetts supports a Volunteer Center internal to its operations. Since 1967, the Volunteer Center has been the primary portal for community members to engage in voluntarism. The Center is an affiliate member of the Hands on Network and offers an array of services that build the capacity for effective volunteering. The Center recruits volunteers for volunteer opportunities in central Massachusetts. The following list represents unique volunteer opportunities offered by the Center:

Worcester Free Tax Service (WFTS) Coalition - Through the WFTS Coalition, UWCM is addressing Financial Stability by helping taxpayers claim federal rebates. We are part of the WFTS Coalition, which is working to create awareness about the Earned Income Tax Credit and engage volunteers to help prepare taxes for free. The Coalition recruits volunteers to serve at VITA sites and helps people claim eligible tax credits. We are also working to build awareness about financial issues such as predatory lending practices, pay day loans, and predatory tax preparation services that further hinder an individual's ability to save and build assets.

Day of Caring - The Volunteer Center at United Way of Central Massachusetts coordinates many events to promote voluntarism and leadership. In September 2016, we hosted our Annual Day of Caring, the largest one-day volunteer drive in the entire region, where over 1,250 people took to the streets of central Massachusetts to volunteer at dozens of locations for the day.

Total investment in the Community Services program = \$133,873.

Mass 2-1-1 - United Way of Central Massachusetts collaborates with other United Way's across the state, to fund the Mass 2-1-1 referral service to help with non-life threatening needs. 2-1-1 is an easy to remember telephone number that connects callers to information about health and human services available in their community. It serves as a resource for finding government benefits and services, non-profit organizations, support groups, volunteer opportunities, donation programs, and other local resources.

Total investment = \$28,689.

AFL-CIO Labor Community Services Program - The AFL-CIO Labor Community Services Program coordinates many programs to benefit members of organized labor, their families and the community at large. Members of organized labor participate in United Way's Day of Caring, organize the Handicapped Ramp Program, NALC food drive, the Holiday Toy Drive and other special projects. One of the most important roles of the Labor Community Services Program is to design and provide training sessions for union members, their families

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and other community partners. Volunteers from NALC Branch 12 delivered over 250,000 pounds of food to organizations serving the hungry in Central Massachusetts.

Total investment = \$130,189.

Fiscal Sponsorships - The United Way of Central Massachusetts is serving as fiscal sponsor for the Investing in Girls Alliance (IIGA), the Worcester Education Collaborative (WEC), and Engage, Educate, Empower (E3). The IIGA provides research, education, advocacy, and programs to address the needs of middle-school girls in the Worcester area. The WEC is an independent advocacy organization working to ensure that students in the Worcester Public Schools are given the opportunity to succeed at the highest possible level and to acquire the skills and knowledge to master the challenges of the 21st century. The WEC is committed to supporting, facilitating, and developing a wide variety of partnerships among families, schools, organizations, and businesses that will both enhance the quality of public education in Worcester and the quality of our common life. E3 was formed to facilitate the collection, packaging, and delivery of school supplies to improve learning opportunities in the community.

The IIGA had income of \$75,000 and expenses of \$92,284 included in United Way of Central Massachusetts' financial statements for this fiscal year. The WEC had income of \$266,813 and expenses of \$248,707 (including \$9,490 for management and general, and \$18,962 for fundraising) included in United Way of Central Massachusetts' financial statements for this fiscal year. E3 had income of \$5,105 and expenses of \$5,333 included in United Way of Central Massachusetts' financial statements for this fiscal year.

Donor Designations - The United Way of Central Massachusetts facilitates the collection and distribution of donor designated pledges and gifts to other 501(c)(3) nonprofit organizations. More than 400 agencies received donor designated contributions totaling \$846,628 in FY 2017.

Part III - Line 2 - The YouthConnect Worcester program became a program of the United Way of Central Massachusetts in FY 2017. The program description is included in Part III - Line 4c. Future annual program expenses are anticipated to be in excess of \$750,000.

Part VI - Section A - Line 9

Douglas Brown, UMass Memorial Health Care, Inc., 365 Plantation Street, Suite 300, Worcester, MA 01605

Reverend Clyde Talley, Belmont A.M.E. Zion Church, 55 Illinois Street, Worcester, MA 01610

Frances Anthes, Family Health Center of Worcester, 26 Queen Street, Worcester, MA 01610

Joseph M. Hamilton, Mirick O'Connell, 100 Front Street, Worcester, MA 01608-1477

continued on additional Schedule O

**SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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Part VI - Section A - Line 9 (continued)

Kola Akindede, UMass Medical School, 55 Lake Avenue North, Worcester, MA 01655

Edward M. Augustus, Jr., Worcester City Hall, 455 Main St # 309, Worcester, MA 01608

Matilde Castiel, Worcester City Hall, 455 Main Street, Office #101, Worcester, MA 01608

Gal E. Carberry, Quinsigamond Community College, 670 West Boylston Street, Worcester, MA 01606

Joseph P. Carlson, United Steel Workers of America - District 4 100 Medway Road, Ste. 403, Milford, MA 01751

Sheilah H. Dooley, Pernet Family Health Service, Inc., 237 Millbury Street, Worcester, MA 01610

Tarek Elsayy, Reliant Medical Group, 100 Front Street, 14th Floor, Worcester, MA 01608

Elizabeth M. Helenius, Fallon Health, 10 Chestnut Street, Worcester, MA 01608-2810

Bradley H. Johnson, Saint-Gobain, 1 New Bond Street, P.O. Box 15008, Worcester, MA 01615-0008

Steven G. Joseph, Unum Group, 1 Mercantile Street, Worcester, MA 01608

Ralph Lambalot, PhD., AbbVie Bioresearch Center, 100 Research Drive, Worcester, MA 01605

AiVi Nguyen, Bowditch & Dewey, LLP, 311 Main Street, Worcester, MA 01608

Representative James J. O'Day, State House - Room 42, Boston MA 02133

Paul Provost, Telegram & Gazette, 100 Front Street, P. O. Box 15012, Worcester, MA 01680

Mary Lou Retelle, Anna Maria College, 50 Sunset Lane, Paxton, MA 01612

John C. Roche, The Hanover Insurance Group, Inc., 440 Lincoln Street, Worcester, MA 01653

Marco Rodrigues, Worcester Public Schools, 20 Irving Street, Worcester, MA 01609

Edwin Thomas Shea, Jr., Bank of America, 100 Front Street, MA6-231-20-04, Worcester, MA 01608

John Shea, Mirick O'Connell, 100 Front Street, Worcester, MA 01608

Naomi Sleeper, Imperial Distributors, Inc., 33 Sword Street, Auburn, MA 01501

Brian Sullivan, Commerce Bank, 386 Main Street, Worcester, MA 01608

Yuka-Marie Vinagre, MD PhD, Saint Vincent Hospital, 123 Summer Street, Suite 279, Worcester, MA 01608

Edward H. White, National Grid, 40 Sylvan Road, Waltham, MA 02451

Elaine Wright, Webster Five Cents Savings Bank, 10 A Street, Auburn, MA 01501

Alex Zequeira, Saint John's High School, 378 Main Street, Shrewsbury, MA 01545

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Schedule O (Form 990 or 990-EZ) (2017)

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Part VI - Section B - Line 11b: The Finance Committee received a draft version of the Form 990 and all supporting schedules at its December 8, 2017 meeting. The full Board of Directors received a copy of the final version of the Form 990 and all supporting schedules to review in advance of its December 20, 2017 meeting. The document review was included as an agenda item for that meeting.

Part VI - Section B - Line 12c - The Board of Directors annually sign a conflict of interest statement listing affiliations with other organizations that could potentially pose a conflict of interest. Board members abstain from voting on issues or recommendations related to those organizations.

Part VI - Section B - Line 15b - The Executive Committee conducts an annual performance review of the CEO and recommends any compensation adjustments to the full Board of Directors. Compensation for the Vice President of Finance and Operations is determined by the CEO. All compensation is included in the organization's budget which is reviewed by the Finance Committee and approved by the full Board of Directors.

Part VI - Section C - Line 19 - United Way of Central Massachusetts posts its annual audited financial statements and its Form 990 and all supporting schedules on its web site. The documents are also available for public review at the organization's office. The conflict of interest statements are not made available directly to the public, but minutes from all board meetings including all votes taken are available to the public at the United Way of Central Massachusetts office.

Part XI - Question 9 - Other changes in net assets of fund balances - United Way of Central Massachusetts has two funds established at the Greater Worcester Community Foundation and one at Culter Capital Management. The change in values of these funds is listed as a separate line item in the Statement of Activities in the audited financial statements. This change for FY 2017 was \$128,866.

United Way of Central Massachusetts estimates its uncollectible expense on its present year campaign based on historical data.

Per IRS requirements, the variance of actual collections from prior campaign year uncollectible estimates should be included on this line.

The adjustment for collections from prior year campaigns included in the FY 2017 audited financial statements was (\$3,910).

Total Other changes in net assets of fund balances = \$124,956.

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Continuation of Schedule I - Part IV - Donor Designations - Organizations receiving donor designations have been screened to verify

501(c)(3) status and PATRIOT Act compliance.

Minor Capital Grants - Minor capital grants were also awarded by a competitive process based on need. Receipts of final

purchases are required as documentation. The grants are approved by the full Board of Directors.

Schedule I Codes and Definitions (column h):

CSF Grant - Community Support Fund (CSF) grants are made to agencies providing basic needs (food, fuel assistance, etc.)

Donor Designated - An unrestricted grant made to an agency at the direction of the donor(s) in support of its general operating costs.

Donor Desq, 3rd Pty - An unrestricted grant made to an agency, at the direction of the donor(s), collected and paid directly to the agency

by a 3rd party, in support of its general operating costs.

General Operating - An unrestricted grant made to an agency in support of its general operating costs.

IIGA Grant - A restricted grant made to fund an agency program from the Investing in Girls Alliance.

Minor Capital - Grants awarded for purchases of minor capital items.

Program Operating - A restricted grant made to an agency in support of the costs associated with a specific program that it operates.

Program Spnsrshp - Sponsorship of an agency event.

Overhead Calculation:

The standard formula for calculating the overhead ratio among United Ways is as follows:

Core Form, Part IX, line 25, Column C (M&G Exp.) + Column D (Fundraising Exp.) divided by

Core Form, Part VIII, Line 12, Column A (Total Revenue)

For United Way of Central Massachusetts this calculation is as follows: $(605,372 + 745,899) / 7,356,714 = 18.37\%$

The actual management/general (m & g) and fundraising expenses increased by \$25,241 from the previous fiscal year. These expenses

include \$28,452 of management & general and fundraising expenses for the Worcester Education Collaborative (WEC).

UWCM serves as the fiscal sponsor for the WEC.

Annually, UWCM offsets its management & general and fundraising expenses through distributions from its endowment funds.

The total endowment support for FY 2017 was \$307,207. The endowment support allows UWCM to invest over 82% of its current year

revenue into program services. Endowment support is not included in the overhead calculation above.

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Schedule O (Form 990 or 990-EZ) (2017)