

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

Form 990 header section including: For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2018. C Name of organization: United Way of Central Massachusetts, Inc. D Employer identification number: 04-2104017. E Telephone number: 508-757-5631. G Gross receipts \$: 10,926,208. F Name and address of principal officer: Timothy J. Garvin, 484 Main Street, Suite 300 Worcester, MA 01608. J Website: www.unitedwaycm.org. K Form of organization: Corporation. L Year of formation: 1920. M State of legal domicile: MA.

Part I Summary table with columns for line number, description, Prior Year, and Current Year. Rows include: 1 Mission statement (United Way of Central Massachusetts connects people and resources to improve the community); 2-7 Governance and Activities; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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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.

Signature of officer: Timothy J. Garvin, Date: 5/13/2019

Preparer information: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, 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 \$ **2,319,474** including grants of \$ **1,868,936**) (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 2018, 41 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 \$ **291,053** including grants of \$ **217,593**) (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 2018, Women's Initiative delivered 5 full-day conferences for 380 middle-school girls, utilizing the time and talent of 109 professional women. In addition, the Women's Initiative Community Impact Program funded 10 community based programs and sponsored 4 local educational events.

4c (Code _____) (Expenses \$ **476,201** 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 under-served 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.

All other programs described in schedule O

4d Other program services (Describe in Schedule O)
(Expenses \$ **1,724,455** including grants of \$ **1,021,614**) (Revenue \$ _____)

4e Total program service expenses ►

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Part IV Checklist of Required Schedules

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

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable contributions.

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.	25	
b	Enter the number of voting members included in line 1a, above, who are independent.	22	
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization.		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
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) Sheilah H. Dooley 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) Joseph P. Carlson At-large Board Member	1	✓						0	0	0
(7) Matilde Castiel At-large Board Member	1	✓						0	0	0
(8) Jeffrey Chin At-large Board Member	1	✓						0	0	0
(9) Tarek Elsawy At-large Board Member	1	✓						0	0	0
(10) Elizabeth M. Helenius At-large Board Member	1	✓						0	0	0
(11) Bradley H. Johnson At-large Board Member	1	✓						0	0	0
(12) Steven G. Joseph At-large Board Member	1	✓						0	0	0
(13) Ralph H. Lambalot At-large Board Member	1	✓						0	0	0
(14) Leah Lamson 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) AiVi Nguyen At-large Board Member	1	✓						0	0	0
(16) Representative James J. O'Day At-large Board Member	1	✓						0	0	0
(17) Paul Provost At-large Board Member	1	✓						0	0	0
(18) Mary Lou Retelle At-large Board Member	1	✓						0	0	0
(19) John C. Roche At-large Board Member	1	✓						0	0	0
(20) John Shea At-large Board Member	1	✓						0	0	0
(21) Naomi Sleeper At-large Board Member	1	✓						0	0	0
(22) Brian Sullivan At-large Board Member	1	✓						0	0	0
(23) Yuka-Marie Vinagre At-large Board Member	1	✓						0	0	0
(24) Edward H. White At-large Board Member	1	✓						0	0	0
(25) Alex Zequeira At-large Board Member	1	✓						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								366,550	0	0
d Total (add lines 1b and 1c)								366,550	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 **▶ 3**

	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>		✓
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>		✓
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>		✓

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) Timothy J. Garvin President and CEO	35			✓	✓	✓	148,950	0	0	
(2) Jennifer Davis Carey Executive Dir., Worc. Educational Collaborative	35			✓	✓		114,158	0	0	
(3) James Hayes Chief Operating Officer	35			✓	✓		103,442	0	0	
(4)										
(5)										
(6)										
(7)										
(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 118,362					
	b Membership dues	1b 0					
	c Fundraising events	1c 35,924					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 58,335					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,708,932					
	g Noncash contributions included in lines 1a-1f \$	10,734					
	h Total. Add lines 1a-1f		5,921,553				
Program Service Revenue	2a Business Code						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		89,955			89,955	
	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	1,895,020				
		(ii) Other					
	b Less: cost or other basis and sales expenses		4,124,190				
	c Gain or (loss)		770,838				
	d Net gain or (loss)		770,838				
	8a Gross income from fundraising events (not including \$ 35,924 of contributions reported on line 1c) See Part IV, line 18	a 13,495					
	b Less: direct expenses	b 26,642					
c Net income or (loss) from fundraising events		(13,147)			(13,147)		
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	32,819	32,819				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.		6,802,018	32,819		76,808		

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	3,108,143	3,108,143		
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	444,016	193,312	164,201	86,503
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,005,317	341,868	197,787	465,662
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,830	13,861	7,155	14,814
9 Other employee benefits	171,301	54,046	35,579	81,676
10 Payroll taxes	101,268	37,256	25,280	38,732
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,406	0	3,406	0
c Accounting	21,000	0	21,000	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	13,399			13,399
f Investment management fees	57,788	0	57,788	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	296,317	278,637	10,645	7,035
12 Advertising and promotion	38,598	9,252	2,244	27,102
13 Office expenses	107,921	73,126	14,856	19,939
14 Information technology	122,088	52,062	25,359	44,666
15 Royalties	0	0	0	0
16 Occupancy	154,539	100,811	20,804	32,924
17 Travel	35,919	14,413	6,039	15,467
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	140,207	94,289	8,147	37,771
20 Interest	0	0	0	0
21 Payments to affiliates	56,435	17,854	14,766	23,815
22 Depreciation, depletion, and amortization	6,105	2,209	1,442	2,454
23 Insurance	16,534	4,567	8,425	3,542
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 YouthConnect agency partner payments	393,014	393,014	0	0
b WEC Reading Together program	20,551	20,551	0	0
c Organization dues	4,085	733	2,672	680
d Miscellaneous	3,222	1,180	1,131	911
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,357,002	4,811,184	628,726	917,092
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	180,534	1	397,751	
	2 Savings and temporary cash investments	1,215,088	2	448,172	
	3 Pledges and grants receivable, net	1,749,017	3	1,814,629	
	4 Accounts receivable, net	60,046	4	108,419	
	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	148,827	9	103,653	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,822,997			
	b Less accumulated depreciation	10b 1,802,436	19,503	10c 20,561	
	11 Investments—publicly traded securities	5,642,923	11	6,189,552	
	12 Investments—other securities See Part IV, line 11	195,705	12	224,656	
	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	1,240,517	15	1,277,539	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,452,160	16	10,584,932		
Liabilities	17 Accounts payable and accrued expenses	101,657	17	182,479	
	18 Grants payable	3,076,704	18	2,624,380	
	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	369,672	25	293,622	
	26 Total liabilities. Add lines 17 through 25	3,548,033	26	3,100,481	
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	5,735,549	27	6,149,021	
	28 Temporarily restricted net assets	689,570	28	830,422	
	29 Permanently restricted net assets	479,008	29	505,008	
	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	6,904,127	33	7,484,451	
	34 Total liabilities and net assets/fund balances	10,452,160	34	10,584,932	

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	6,802,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,357,002
3	Revenue less expenses Subtract line 2 from line 1	3	445,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,904,127
5	Net unrealized gains (losses) on investments	5	(12,475)
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	147,784
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,484,452

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

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.")	6,609,855	5,878,512	6,017,654	6,359,168	5,992,026	30,857,215
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	6,609,855	5,878,512	6,017,654	6,359,168	5,992,026	30,857,215
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)						3,309,153
6 Public support. Subtract line 5 from line 4						27,548,062

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	6,609,855	5,878,512	6,017,654	6,359,168	5,992,026	31,542,851
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	570,131	396,321	(92,182)	949,053	860,793	2,684,116
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						33,541,331
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	82.13% %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	84.12% %
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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <i>(see instructions)</i>		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II - Section B - Line 10 - United Way of Central Massachusetts, Inc. leases an office condominium it owns outright to other local non-profit agencies. The office is presently being used by the Southeast Asian Coalition free of charge.

Area with horizontal dashed lines for providing supplemental information.

**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.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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	7,224,741	6,603,711	7,307,036	7,025,043	6,046,954
b Contributions	26,000	200	0	250,00000	0
c Net investment earnings, gains, and losses	950,880	998,762	(348,697)	377,070	1,295,389
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	(327,393)	(307,207)	(298,567)	(289,918)	(264,031)
f Administrative expenses	(76,659)	(70,725)	(56,061)	(55,159)	(53,269)
g End of year balance	7,797,569	7,224,741	6,603,711	7,307,036	7,025,043

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 94%
- b** Permanent endowment 6%
- 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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		367,137	367,137	0
c Leasehold improvements		774,289	763,775	10,514
d Equipment		476,655	466,608	10,047
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) ▶ 20,561

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	943,399
(2) Community Foundation.	
(3) Beneficial in trust - Women's Initiative Fund in Honor of Lois B. Green held at the Greater Worcester	334,140
(4) Community Foundation.	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,277,539

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	293,622
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	293,622

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	6,355,896
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	(12,475)	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII)	2d	(459,479)	
e	Add lines 2a through 2d	2e	(471,954)	
3	Subtract line 2e from line 1	3	6,827,850	
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	57,788	
b	Other (Describe in Part XIII)	4b	(83,621)	
c	Add lines 4a and 4b	4c	(25,833)	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,802,017	

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	5,775,572
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	5,775,572	
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	57,788	
b	Other (Describe in Part XIII)	4b	523,642	
c	Add lines 4a and 4b	4c	581,430	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,357,002	

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 (UWCM) and the Women's Initiative Program of the UWCM.

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

Designated donations - (\$526,152)

Professional fund raising fees charged by other organizations - (\$13,399)

Change in value of a beneficial interest in trust - \$80,072

Total = (459,479)

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 = (\$67,712). 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.

Line 4b Other also includes (\$15,909) in direct fundraising event expenses.

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 - \$ 526,152

Professional fund raising fees charged by other organizations - \$13,399

Direct fundraising event expenses - (\$15,909)

Total = \$523,642

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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
		<u>Acappella contest</u> (event type)	<u>Auction</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	30,743	18,676		49,419
	2 Less Contributions	27,766	18,892		46,658
	3 Gross income (line 1 minus line 2)	2,977	(216)		2,761
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	1,160	0		1,160
	7 Food and beverages	0	3,745		3,745
	8 Entertainment	0	150		150
	9 Other direct expenses	10,753	100		10,853
	10 Direct expense summary Add lines 4 through 9 in column (d)				15,908
11 Net income summary Subtract line 10 from line 3, column (d)				(13,147)	

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.

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**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.

► 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) 15-40 Connection 53 Otis Street, Westboro, MA 01581	26-2873903	501(c)(3)	15,000				Donor Designated
(2) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	51,500				Program Operating
(3) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	1,623				General Operating
(4) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	3,263				Minor Capital
(5) African Community Education 484 Main St #355, Worc., MA 01608	14-1970474	501(c)(3)	285				Donor Designated
(6) Amer. Red Cross Cent. MA 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	5,996				Donor Designated
(7) Amer. Red Cross Cent. MA 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	588				Donor Desg. 3rd Party
(8) Amer. Red Cross Cent. MA 2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	51,024				Program Operating
(9) Ascentria Care Alliance 14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	700				Donor Designated
(10) Ascentria Care Alliance 14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	68,966				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 Enter total number of other organizations listed in the line 1 table

4
0

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

Cat No 50055P

Schedule I (Form 990) (2017)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

- Over 300 agencies received donor designations totaling \$526,152 for this fiscal year.
- 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.
- 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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ 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) Bancroft School							
110 Shor Dr. Worcester, MA 01605	04-2103861	501(c)(3)	5,000				Program Operating
(2) Big Brothers Big Sisters CM							
484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	11,679				Donor Designated
(3) Big Brothers Big Sisters CM							
484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	88,600				Program Operating
(4) Big Brothers Big Sisters CM							
484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	598				Donor Desg. 3rd Party
(5) Boy Scouts of Amer. Mohegan							
19 Harvard St. Worcester, MA 01609	04-2105867	501(c)(3)	5,027				Donor Designated
(6) Boys & Girls Club of Worcester							
65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	18,483				Donor Designated
(7) Boys & Girls Club of Worcester							
65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	3,605				Donor Desg. 3rd Party
(8) Boys & Girls Club of Worcester							
65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	221,510				Program Operating
(9) Boys & Girls Club of Worcester							
65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	4,287				Minor Capital
(10) Building Futures							
34 Greatbrook Valley Ave. Worc, MA	01-0628266	501(c)(3)	22,000				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 Enter total number of other organizations listed in the line 1 table

4
0

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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

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) CASA Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	2,423				Donor Designated
(2) CASA Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	448				Donor Desig. 3rd Party
(3) CASA Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	53,177				Program Operating
(4) CASA Project, Inc. 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	4,279				Minor Capital
(5) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	10,221				Donor Designated
(6) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	3,382				Donor Desig. 3rd Party
(7) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	40,375				Program Operating
(8) Catholic Charities of Worc. 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	2,500				Minor Capital
(9) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	1,487				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)	3,319				Donor Designated
(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 Enter total number of other organizations listed in the line 1 table

3

0

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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.

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OMB No 1545-0047

2017

**Open to Public
Inspection**

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) Central Mass Housing Alliance 6 Institute Rd, Worcester, MA 01609	04-2791448	501(c)(3)	1,329				Minor Capital
(2) Central Mass Labor Agency 400 Washington St Auburn, MA	34-1976280	501(c)(3)	12,135				Donor Designated
(3) Central Mass Labor Agency 400 Washington St Auburn, MA	34-1976280	501(c)(3)	3,350				Program Sponsorship
(4) Children's Friend, Inc. 21 Cedar St. Worcester, MA 01609	04-2105856	501(c)(3)	3,761				Donor Designated
(5) Children's Friend, Inc. 21 Cedar St. Worcester, MA 01609	04-2105856	501(c)(3)	300				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) Christian Community Church 108 Beacon Street Worc. MA 01608	04-3330207	501(c)(3)	7,500				Program Operating
(8) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	5,297				Donor Designated
(9) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	260				Donor Desg. 3rd Party
(10) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	150,800				Program Operating
(11) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	2,488				Minor Capital
(12) left blank intentionally		501(c)(3)					

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

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5

0

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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

OMB No 1545-0047

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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) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	2,006				Donor Designated
(2) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	81,242				Program Operating
(3) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	339				Minor Capital
(4) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	1,195				Donor Designated
(5) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	42,344				Program Operating
(6) Ecotarium 222 Harrington Way Worc, MA 01604	04-2105868	501(c)(3)	5,000				Program Sponsorship
(7) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	12,912				Donor Designated
(8) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	570				Donor Desig. 3rd Party
(9) Elder Services Worcester Area 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	51,207				Program Operating
(10) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	3,280				Donor Designated
(11) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	137,278				Program Operating
(12) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	3,690				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

5

0

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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

OMB No 1545-0047

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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) Family Services of Centrl Mass. 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	7,998				Donor Designated
(2) Family Services of Centrl Mass. 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	52				Donor Desig. 3rd Party
(3) Family Services of Centrl Mass. 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	119,000				Program Operating
(4) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	11,999				Donor Designated
(5) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	123,191				Program Operating
(6) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	3,276				Minor Capital
(7) Girl Scouts of Cntrl/Wstrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	2,929				Donor Designated
(8) Girl Scouts of Cntrl/Wstrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	14,420				Program Operating
(9) Girl Scouts of Cntrl/Wstrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	100				General Operating
(10) Girl Scouts of Cntrl/Wstrn MA 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	5,000				Minor Capital
(11) left blank intentionally							
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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

▶ 3
▶ 0

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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

OMB No 1545-0047

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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 noncash assistance	(h) Purpose of grant or assistance
(1) Girls Inc. of Worcester							
125 Providence St. Worcester, MA	04-2123666	501(c)(3)	8,357				Donor Designated
(2) Girls Inc. of Worcester							
125 Providence St. Worcester, MA	04-2123666	501(c)(3)	352				Donor Desig. 3rd Party
(3) Girls Inc. of Worcester							
125 Providence St. Worcester, MA	04-2123666	501(c)(3)	1,000				Program Sponsorship
(4) Girls Inc. of Worcester							
125 Providence St. Worcester, MA	04-2123666	501(c)(3)	165,002				Program Operating
(5) Girls Inc. of Worcester							
125 Providence St. Worcester, MA	04-2123666	501(c)(3)	100				General Operating
(6) Guild of St. Agnes							
133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	1,089				Donor Designated
(7) Guild of St. Agnes							
133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	130				Donor Desig. 3rd Party
(8) Guild of St. Agnes							
133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	34,743				Program Operating
(9) Jumpstart							
308 Congress St. 6th Flr Boston MA	04-3262046	501(c)(3)	6,000				Program Operating
(10) LUK Crisis Center							
545 Westminster St. Fitchburg, MA	04-2483679	501(c)(3)	10,000				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 Enter total number of other organizations listed in the line 1 table

4

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

Cat No 50059P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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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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 noncash assistance	(h) Purpose of grant or assistance
(1) Mass. Educational & Career Op. 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	1,653				Donor Designated
(2) Mass. Educational & Career Op. 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	500				Donor Desig. 3rd Pty
(3) Mass. Educational & Career Op. 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	80,800				Program Operating
(4) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	6,097				Donor Designated
(5) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	29,500				Program Operating
(6) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	1,981				Donor Designated
(7) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	29,000				Program Operating
(8) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	4,861				Donor Designated
(9) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	156				Donor Desig. 3rd Party
(10) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	33,974				Program Operating
(11) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	5,000				Minor Capital
(12) left blank intentionally							

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

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

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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) Pow Wow Worcester 30 Elm Street, Worcester, MA 01609	04-2105858	501(c)(3)	11,294				Program Sponsorship	
(2) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	1,175				Donor Designated	
(3) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	53,477				Program Operating	
(4) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	2,366				Minor Capital	
(5) Ramp Program 484 Main St, Worcester, MA 01608	04-2104017	501(c)(3)	39,659				Donor Designated	
(6) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	936				Donor Designated	
(7) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	1,200				Program Spnsrshp	
(8) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	55,000				Program Operating	
(9) Restorer of Broken Bridges 674 Main St. Worcester, MA 01610	47-5387634	501(c)(3)	11,813				Program Operating	
(10) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	192				Donor Designated	
(11) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	1,040				Donor Desig. 3rd Party	
(12) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	16,290				Program Operating	
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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ 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) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	2,516				Minor Capital
(2) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	2,400				Donor Designated
(3) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	260				Donor Desig. 3rd Party
(4) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	98,475				Program Operating
(5) Stone Soup Community Center 4 King St. Worcester, MA 01610	27-2179313	501(c)(3)	17,600				Program Operating
(6) The Bridge of Central Mass 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	656				Donor Designated
(7) The Bridge of Central Mass 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	44,300				Program Operating
(8) UMass Memorial Foundation 26 Queen St. Worc. MA 01610	04-2626179	501(c)(3)	1,070				Donor Designated
(9) UMass Memorial Foundation 26 Queen St. Worc. MA 0610	04-2626179	501(c)(3)	83,700				Program Operating
(10) UW - Greater Houston P.O. Box 3247, Houston TX 77253	74-1167964	501(c)(3)	9,670				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 Enter total number of other organizations listed in the line 1 table

6
0

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

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.

▶ 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

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) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	9,349				Donor Designated	
(2) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	2,917				Donor Desig. 3rd Party	
(3) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	3,129				Donor Designated	
(4) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	2,603				Donor Desig. 3rd Party	
(5) United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	3,755				Donor Designated	
(6) United Way of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	2,329				Donor Desig. 3rd Party	
(7) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	4,367				Donor Designated	
(8) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	4,087				Donor Desig. 3rd Party	
(9) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	5,365				Donor Designated	
(10) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	12,984				Donor Desig. 3rd Party	
(11) UW Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	11,946				Donor Designated	
(12) UW Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	5,161				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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ 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) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	2,076				Donor Designated	
(2) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	37,697				Program Operating	
(3) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	3,151				Donor Designated	
(4) Worc. Community Action Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	2,775				Minor Capital	
(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)	14,384				Donor Designated	
(7) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	1,224				Donor Desig. 3rd Party	
(8) Worcester Education Collabrtn 484 Main St. Suite 300 Worc. MA	04-2104017	501(c)(3)	7,647				Donor Designated	
(9) Worcester State Fnd - LEI 486 Chandler St. Worcester, MA	22-3248067	501(c)(3)	39,000				Program Operating	
(10) Worcester Youth Center 326 Chandler St. Worc. MA 01602	04-3245867	501(c)(3)	1,178				Donor Designated	
(11) Worcester Youth Center 326 Chandler St. Worc. MA 01602	04-3245867	501(c)(3)	156				Donor Desig. 3rd Party	
(12) Worcester Youth Center 326 Chandler St. Worc. MA 01602	04-3245867	501(c)(3)	37,945				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

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

Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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**

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) Worcester Historical Museum 30 Elm Street, Worcester, MA 01609	04-2105858	501(c)(3)	6,000				Program Spnsrshp
(2) Working for Worcester PO Box 1202 Worcester MA 01613	30-0707429	501(c)(3)	10,000				Program Operating
(3) Working for Worcester PO Box 1202 Worcester MA 01613	30-0707429	501(c)(3)	25				Donor Designated
(4) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	2,556				Donor Designated
(5) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	750				Donor Desg, 3rd Pty
(6) YMCA Central Massachusetts 766 Main St. Worcester, MA 01610	04-2105885	501(c)(3)	41,625				Program Operating
(7) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	9,254				Donor Designated
(8) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	500				Donor Desg, 3rd Pty
(9) Youth Opportunities Upheld 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	50,013				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

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

▶ 4
▶ 0

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

Cat No 50059P

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ 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) YWCA of Central MA 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	10,120				Donor Designated	
(2) YWCA of Central MA 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	743				Donor Desig. 3rd Party	
(3) YWCA of Central MA 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	1,000				Program Spnsrshp	
(4) YWCA of Central MA 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	262,293				Program Operating	
(5) YWCA of Central MA 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	5,000				Minor Capital	
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
1								
(12)								
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							1
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 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

	Yes	No								
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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 checked="" type="checkbox"/> Approval by the board or compensation committee				
<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 checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	✓								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>										
<p>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</p>										
<p>a The organization?</p>	5a	✓								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III</p>	5b	✓								
<p>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</p>										
<p>a The organization?</p>	6a	✓								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III</p>	6b	✓								
<p>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</p>	7	✓								
<p>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</p>	8	✓								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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					(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(i)-(iii)			
1 Timothy Garvin, President/CEO	148,950					23,709	172,659	
2 Jennifer Davis Carey, Exec Dir.	114,158					6,982	121,140	
3 James Hayes, COO	103,442					23,240	126,682	
4								
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16								

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 Chair of Board of Directors recommends changes to the President/CEO salary to the full Board of Directors.

Series of horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2017

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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.**

Name of the organization

Employer identification number

United Way of Central Massachusetts, Inc.

04-2104017

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

1	(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

1	(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)					
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**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

Supplemental Information to Form 990 or 990-EZ

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04-2104017

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 Desg, 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: $(628,726 + 917,092) / 6,802,018 = 22.7\%$ *(SEE FOOTNOTE BELOW)

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

The total endowment support for FY 2018 was \$327,393 . 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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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 2017, 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 = \$153,439.

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 = \$28,849.

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 335,000 pounds of food to organizations serving the hungry in Central Massachusetts.

Total investment = \$145,024.

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), Engage, Educate, Empower (E3), Amor para Puerto Rico, and the Worcester Healthy Baby Collaborative (WHBC). 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 facilitates the collection, packaging, and delivery of school supplies to improve learning opportunities in the community. Amor para Puerto provides support for the ongoing rebuilding efforts in Puerto Rico as a result of damaged caused by Hurricane Maria in September of 2017. WHBC seeks to reduce the rates of premature birth and infant deaths in the city of Worcester.

The IIGA had income of \$37,500 and expenses of \$102,084 included in United Way of Central Massachusetts' financial statements for this fiscal year. The WEC had income of \$354,890 and expenses of \$307,217 (including \$9,937 for management and general, and \$23,635 for fundraising) included in United Way of Central Massachusetts' financial statements for this fiscal year. E3 had income of \$72 and WHBC had income of \$60 included in United Way of Central Massachusetts' financial statements for this fiscal year. Amor para Puerto Rico had income of \$33,385 and expenses of \$25,100 included in United Way of Central Massachusetts' financial statements 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 300 agencies received donor designated contributions totaling \$526,152 in FY 2018.

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

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

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

continued on additional Schedule O

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Part VI - Section A - Line 9 (continued)

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

Joseph P. Carlson, Central Massachusetts AFL/CIO 400 Washington Street, Auburn, MA 01501

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

Jeffrey Chin, Big Brothers Big Sisters of Central Mass/Metrowest, 484 Main Street, Suite 360, Worcester, MA 01608

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

Leah Lamson, Women's Initiative, 484 Main Street, Worcester, MA 01608

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

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, a Division of Berkshire 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

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

Name of the organization United Way of Central Massachusetts, Inc.	Employer identification number 04-2104017
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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 February 15, 2019 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 February 20, 2019 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 Chair of the Board of Directors conducts an annual performance review of the CEO and recommends any compensation adjustments to the full Board of Directors. Compensation for the Chief Operating Officer 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 Cutler 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 2018 was \$80,072

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 2018 audited financial statements was \$67,712

Total Other changes in net assets of fund balances = \$147,784.