

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
UNITED WAY OF CENTRAL MASSACHUSETTS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
484 MAIN STREET SUITE 300

City or town, state or province, country, and ZIP or foreign postal code
WORCESTER, MA 01608

D Employer identification number
04-2104017

E Telephone number
(508) 757-5631

G Gross receipts \$ 7,454,907

F Name and address of principal officer
TIMOTHY J GARVIN
484 MAIN STREET SUITE 300
WORCESTER, MA 01608

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYCM ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1920

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF CENTRAL MASSACHUSETTS CONNECTS PEOPLE AND RESOURCES TO IMPROVE THE COMMUNITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	38
6 Total number of volunteers (estimate if necessary)	1,924
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,921,553	5,374,235
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	860,793	97,936
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,672	39,926
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,802,018	5,512,097
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,108,143	2,351,770
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,757,732	1,663,179
16a Professional fundraising fees (Part IX, column (A), line 11e)	13,399	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶848,944		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,477,728	1,674,903
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,357,002	5,689,852
19 Revenue less expenses Subtract line 18 from line 12	445,016	-177,755

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,584,932	10,665,159
21 Total liabilities (Part X, line 26)	3,100,481	2,753,621
22 Net assets or fund balances Subtract line 21 from line 20	7,484,451	7,911,538

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-05-15

TIMOTHY J GARVIN PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00893261
Firm's name ▶ STOWE & DEGON LLC			Firm's EIN ▶ 04-3379904	
Firm's address ▶ 95A TURNPIKE ROAD WESTBOROUGH, MA 01581			Phone no (508) 983-6700	

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 \$ 2,332,949 including grants of \$ 1,685,136) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 307,637 including grants of \$ 216,538) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 836,422 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 857,425 including grants of \$ 450,096) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 857,425 including grants of \$ 450,096) (Revenue \$)

4e Total program service expenses ▶ 4,334,433

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (Yes)

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Upon request); 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)

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	4,027,219			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	70,876			
	d Related organizations	1d				
	e Government grants (contributions)	1e	653,629			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	622,511			
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f			5,374,235		

Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
9 Total. Add lines 2a-2f						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,659			30,659
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			67,277	67,277	
	8a Gross income from fundraising events (not including \$ <u>70,876</u> of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses					
		c Net income or (loss) from fundraising events			-6,699		-6,699
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a COST RECOVERY FEE		900099	30,368	30,368			
b MISCELLANEOUS INCOME		900099	16,257	16,257			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			46,625				
12 Total revenue. See Instructions			5,512,097	113,902	0	23,960	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,351,770	2,351,770		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	512,297	190,759	127,366	194,172
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	770,866	326,586	178,859	265,421
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	285,962	98,948	57,648	129,366
10 Payroll taxes.	94,054	37,350	22,872	33,832
11 Fees for services (non-employees)				
a Management.				
b Legal.	2,274		2,274	
c Accounting.	21,000		21,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	29,442		29,442	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	310,241	258,245		51,996
12 Advertising and promotion.	29,280	6,220	731	22,329
13 Office expenses.	55,830	31,778	10,028	14,024
14 Information technology.				
15 Royalties.				
16 Occupancy.	158,723	96,986	20,041	41,696
17 Travel.	43,872	27,436	9,852	6,584
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	480,794	427,291		53,503
20 Interest.				
21 Payments to affiliates.	55,026	18,777	11,627	24,622
22 Depreciation, depletion, and amortization.	13,463	4,801	2,785	5,877
23 Insurance.	8,040		8,040	
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 PAR	427,290	427,290		
b BANK AND CREDIT CARD FE	24,574	24,574		
c EQUIPMENT AND RENTAL	11,756	4,856	2,213	4,687
d ORGANIZATION DUES	3,298	766	1,697	835
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	5,689,852	4,334,433	506,475	848,944
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	397,751	1	324,609
	2 Savings and temporary cash investments	448,172	2	58,477
	3 Pledges and grants receivable, net	1,814,629	3	1,704,325
	4 Accounts receivable, net	108,419	4	54,601
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,653	9	126,216
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,829,652		
	b Less accumulated depreciation	1,815,898	20,561	10c 13,754
	11 Investments—publicly traded securities	6,189,552	11	6,635,256
	12 Investments—other securities See Part IV, line 11	224,656	12	214,670
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,277,539	15	1,533,251
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,584,932	16	10,665,159	
Liabilities	17 Accounts payable and accrued expenses	182,479	17	108,023
	18 Grants payable	2,624,380	18	2,366,572
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	293,622	25	279,026
	26 Total liabilities. Add lines 17 through 25	3,100,481	26	2,753,621
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,149,021	27	6,221,831
	28 Temporarily restricted net assets	830,422	28	820,141
	29 Permanently restricted net assets	505,008	29	869,566
	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		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,484,451	33	7,911,538	
34 Total liabilities and net assets/fund balances	10,584,932	34	10,665,159	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,512,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,689,852
3	Revenue less expenses Subtract line 2 from line 1	3	-177,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,484,451
5	Net unrealized gains (losses) on investments	5	556,241
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	48,601
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,911,538

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		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 04-2104017

Name: UNITED WAY OF CENTRAL MASSACHUSETTS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 PROGRAM 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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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 AND 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DOUGLAS BROWN AT-LARGE BOARD MEMBER	1 00	X						0	0	0
REVEREND CLYDE TALLEY TREASURER	1 00	X		X				0	0	0
SHEILAH H DOOLEY CLERK	1 00	X		X				0	0	0
JOSEPH M HAMILTON CHAIR OF COMMUNITY IMPACT	1 00	X		X				0	0	0
KOLA AKINDELE AT-LARGE BOARD MEMBER	1 00	X						0	0	0
JOSEPH P CARLSON AT-LARGE BOARD MEMBER	1 00	X						0	0	0
MATILDE CASTIEL AT-LARGE BOARD MEMBER	1 00	X						0	0	0
JEFFREY CHIN AT-LARGE BOARD MEMBER	1 00	X						0	0	0
TAREK ELSAWY AT-LARGE BOARD MEMBER	1 00	X						0	0	0
ELIZABETH M HELENIOUS AT-LARGE BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MAUREEN BINIENDA AT-LARGE BOARD MEMBER	1 00	X						0	0	0
STEVEN G JOSEPH AT-LARGE BOARD MEMBER	1 00	X						0	0	0
RALPH H LAMBALOT AT-LARGE BOARD MEMBER	1 00	X						0	0	0
DEBORAH LARSEN AT-LARGE BOARD MEMBER	1 00	X						0	0	0
AIVI NGUYEN ESQ CHAIR OF THE BOARD OF DIRE	1 00	X		X				0	0	0
REPRESENTATIVE JAMES J O'DAY AT-LARGE BOARD MEMBER	1 00	X						0	0	0
PAUL PROVOST AT-LARGE BOARD MEMBER	1 00	X						0	0	0
MARY LOU RETELLE AT-LARGE BOARD MEMBER	1 00	X						0	0	0
JOHN C ROCHE AT-LARGE BOARD MEMBER	1 00	X						0	0	0
JOHN SHEA AT-LARGE BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
NAOMI SLEEPER AT-LARGE BOARD MEMBER	1 00	X						0	0	0
BRIAN SULLIVAN AT-LARGE BOARD MEMBER	1 00	X						0	0	0
LUIS PEDRAJA AT-LARGE BOARD MEMBER	1 00	X						0	0	0
ALEX ZEQUEIRA AT-LARGE BOARD MEMBER	1 00	X						0	0	0
BRADLEY H JOHNSON AT-LARGE BOARD MEMBER	1 00	X						0	0	0
LEAH LAMSON AT-LARGE BOARD MEMBER	1 00	X						0	0	0
EDWARD H WHITE AT-LARGE BOARD MEMBER	1 00	X						0	0	0
TIMOTHY J GARVIN PRESIDENT AND CEO	35 00			X				159,231	0	28,086
JENNIFER DAVIS CAREY EXECUTIVE DIR , WORC EDUC	35 00			X				118,181	0	7,395
JAMES HAYES CHIEF OPERATING OFFICER	35 00			X				116,568	0	20,558

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 **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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,878,512	6,017,654	6,359,168	5,992,026	5,374,235	29,621,595
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,878,512	6,017,654	6,359,168	5,992,026	5,374,235	29,621,595
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)						3,342,397
6	Public support. Subtract line 5 from line 4						26,279,198

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,878,512	6,017,654	6,359,168	5,992,026	5,374,235	29,621,595
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	396,321	-92,182	949,053	860,793	144,561	2,258,546
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						31,880,141

12 Gross receipts from related activities, etc. (see instructions) **12**

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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	82.430 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	82.130 %

16a **33 1/3% support test—2018.** 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 ▶

b **33 1/3% support test—2017.** 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 ▶

17a **10%-facts-and-circumstances test—2018.** 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 ▶

b **10%-facts-and-circumstances test—2017.** 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 ▶

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 ▶

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 line 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 (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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

- 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)	1	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 04-2104017

Name: UNITED WAY OF CENTRAL MASSACHUSETTS INC

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)

Facts And Circumstances Test

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 the latest information.

OMB No 1545-0047
2018
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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,797,569	7,224,741	6,603,711	7,307,036	7,025,043
b Contributions	250,000	26,000	200		250,000
c Net investment earnings, gains, and losses	764,479	950,880	998,762	-348,697	377,070
d Grants or scholarships					
e Other expenditures for facilities and programs	349,884	327,393	307,207	298,567	289,918
f Administrative expenses	78,987	76,659	70,725	56,061	55,159
g End of year balance	8,383,177	7,797,569	7,224,741	6,603,711	7,307,036

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 94 000 %
 - b** Permanent endowment ▶ 6 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		367,137	367,137	0
c Leasehold improvements		774,289	770,493	3,796
d Equipment		483,310	473,352	9,958
e Other		204,916	204,916	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				13,754

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	1,188,992
(2) BENEFICIAL IN TRUST - WOMEN'S INITIATIVE FUND IN HONOR OF LOIS B GREEN HELD	344,259
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,533,251

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	
DONOR DESIGNATED PLEDGES	279,026
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	279,026

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	6,116,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	556,241
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	48,601
e	Add lines 2a through 2d	2e	604,842
3	Subtract line 2e from line 1	3	5,512,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,512,097

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	5,689,852
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	5,689,852
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,689,852

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 04-2104017

Name: UNITED WAY OF CENTRAL MASSACHUSETTS INC

Supplemental Information

Return Reference	Explanation
PART V, 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

Supplemental Information

Return Reference	Explanation
PART XI LINE 2D	OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 CHANGE IN VALUE OF A BENEFICIAL INTEREST IN TRUST \$41,902 FUNDRAISING EVENTS ON SCHEDULE G \$6,699 TOTAL \$48,601

Supplemental Information

Return Reference	Explanation
PART XI LINE 4	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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL MASSACHUSETTS INC

Employer identification number
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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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 ten 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			
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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ACAPPELLA CONTEST (event type)	AUCTION (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	38,223	49,778		88,001
2	Less Contributions	33,750	37,126		70,876
3	Gross income (line 1 minus line 2)	4,473	12,652		17,125
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,118			4,118
	7 Food and beverages		4,471		4,471
	8 Entertainment		175		175
	9 Other direct expenses	14,664	396		15,060
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-6,699

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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 | % |
| b | An outside facility | % |

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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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

Table with 8 columns: (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. Rows 1-12.

- 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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART 1	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 PROGRAM 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

Additional Data

Software ID:
Software Version:
EIN: 04-2104017
Name: UNITED WAY OF CENTRAL MASSACHUSETTS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
15-40 CONNECTION FOUNDATION 53 OTIS STREET WESTBOROUGH, MA 01581	26-2873903	501(C)(3)	25,000				DONOR DESIGNATED
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	397				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	17,000				PROGRAM OPERATING
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	31,050				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	100				AGENCY AWARD
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	2,188				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	421				DONOR DESG 3RD PARTY
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	45,922				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-2496563	501(C)(3)	375				DONOR DESIGNATED
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-2496563	501(C)(3)	31,050				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-2496563	501(C)(3)	31,019				PROGRAM OPERATING
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	10,369				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	178				DONOR DESG 3RD PARTY
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	79,740				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	3,000				MINOR CAPITAL
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	100				AGENCY AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	17,864				DONOR DESIGNATED
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	2,306				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	26,500				PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	9,306				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	8,000				PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	1,509				MINOR CAPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	205,304				PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	3,532				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	45,140				PROGRAM OPERATING
BUILDING FUTURES INC 34 GREATBROOK VALLEY AVENUE WORCESTER, MA 01605	01-0628266	501(C)(3)	19,800				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	3,808				DONOR DESIGNATED
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	47,859				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	3,100				MINOR CAPITAL
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	6,535				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	1,261				DONOR DESG 3RD PARTY
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	36,338				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	4,997				DONOR DESIGNATED
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	88,628				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	27,000				PROGRAM OPERATING
CENTRAL MASS LABOR AGENCY 400 WASHINGTON ST AUBURN, MA 01501	34-1976280	501(C)(3)	11,761				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTRAL MASS LABOR AGENCY 400 WASHINGTON ST AUBURN, MA 01501	34-1976280	501(C)(3)	2,350				PROGRAM SPONSORSHIP
CHILDREN'S FRIEND INC 81 HOPE AVENUE WORCESTER, MA 01603	04-2105856	501(C)(3)	4,571				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S FRIEND INC 81 HOPE AVENUE WORCESTER, MA 01603	04-2105856	501(C)(3)	456				DONOR DESG 3RD PARTY
CHILDREN'S FRIEND INC 81 HOPE AVENUE WORCESTER, MA 01603	04-2105856	501(C)(3)	17,726				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY HEALTHLINK INC 72 JAQUES AVENUE WORCESTER, MA 01610	04-2626179	501(C)(3)	2,166				DONOR DESIGNATED
COMMUNITY HEALTHLINK INC 72 JAQUES AVENUE WORCESTER, MA 01610	04-2626179	501(C)(3)	70,920				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY HEALTHLINK INC 72 JAQUES AVENUE WORCESTER, MA 01610	04-2626179	501(C)(3)	64,800				PROGRAM OPERATING
COMMUNITY LEGAL AID INC 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	2,077				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY LEGAL AID INC 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	73,118				PROGRAM OPERATING
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	54-2075825	501(C)(3)	1,540				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	54-2075825	501(C)(3)	38,110				PROGRAM OPERATING
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	12,967				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	159				DONOR DESG 3RD PARTY
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	38,110				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	7,977				PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	7,471				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	18,283				PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	62,100				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	44,996				PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	115				PROGRAM AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	3,266				DONOR DESIGNATED
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	542				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	54,000				PROGRAM OPERATING
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	60,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	9,490				DONOR DESIGNATED
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	1,827				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	49,631				PROGRAM OPERATING
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	7,150				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	2,700				MINOR CAPITAL
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	64,725				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	2,028				PROGRAM OPERATING
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	19,040				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRL SCOUTS OF CNTRLWSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	04-2103856	501(C)(3)	685				DONOR DESIGNATED
GIRL SCOUTS OF CNTRLWSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	04-2103856	501(C)(3)	450				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRL SCOUTS OF CNTRLWSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	04-2103856	501(C)(3)	14,420				PROGRAM OPERATING
GIRL SCOUTS OF CNTRLWSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	04-2103856	501(C)(3)	500				PROGRAM SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRL SCOUTS OF CNTRLWSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	04-2103856	501(C)(3)	5,000				MINOR CAPITAL
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	9,915				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	800				DONOR DESG 3RD PARTY
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	8,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	14,100				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	1,500				PROGRAM SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	1,000				PROGRAM SPONSORSHIP
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	40,770				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	7,000				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	4,603				MINOR CAPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	106,222				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	1,668				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	8,108				PROGRAM OPERATING
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	3,916				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	260				DONOR DESG 3RD PARTY
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	31,269				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	65				DONOR DESIGNATED
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	10,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	1,353				DONOR DESIGNATED
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	832				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	37,260				PROGRAM OPERATING
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	35,460				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	5,974				DONOR DESIGNATED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	26,550				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)(3)	1,690				DONOR DESIGNATED
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)(3)	27,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	22-2599363	501(C)(3)	2,500				MINOR CAPITAL
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	3,810				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	30,577				PROGRAM OPERATING
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	200				AGENCY AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	3,499				MINOR CAPITAL
PROJECT NEW HOPE 70 JAMES STREET SUITE 157 WORCESTER, MA 01603	27-4555998	501(C)(3)	5,000				PROGRAM SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	2,149				DONOR DESIGNATED
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	35,079				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	13,050				PROGRAM OPERATING
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	5,000				MINOR CAPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAMP PROGRAM 484 MAIN STREET WORCESTER, MA 01608	04-2104017	501(C)(3)	40,512				DONOR DESIGNATED
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	988				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	49,500				PROGRAM OPERATING
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	100				AGENCY AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	3,829				MINOR CAPITAL
RENDER CREATIVE INC 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	5,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RENDER CREATIVE INC 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	1,100				AGENCY AWARD
RESTORER OF BROKEN BRIDGES 30 GRAFTON STREET MILLBURY, MA 01527	47-5387634	501(C)(3)	5,500				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAINT ROSE OF LIMA 244 WEST MAIN STREET NORTHBOROUGH, MA 01532	04-3227865	501(C)(3)	5,000				DONOR DESIGNATED
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	04-2274992	501(C)(3)	2,234				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	04-2274992	501(C)(3)	1,430				DONOR DESG 3RD PARTY
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	04-2274992	501(C)(3)	16,290				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	04-2274992	501(C)(3)	5,000				MINOR CAPITAL
SOUTH MIDDLESEX OPPORTUNITY 7 BISHOP STREET FRAMINGHAM, MA 01702	04-2389659	501(C)(3)	2,400				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTH MIDDLESEX OPPORTUNITY 7 BISHOP STREET FRAMINGHAM, MA 01702	04-2389659	501(C)(3)	88,628				PROGRAM OPERATING
OPEN SKY INC 4 MANN STREET WORCESTER, MA 01602	04-2701581	501(C)(3)	646				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OPEN SKY INC 4 MANN STREET WORCESTER, MA 01602	04-2701581	501(C)(3)	39,870				PROGRAM OPERATING
UMASS MEMORIAL FOUNDATION 119 BELMONT STREET WORCESTER, MA 01605	04-2626179	501(C)(3)	200				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UMASS MEMORIAL FOUNDATION 119 BELMONT STREET WORCESTER, MA 01605	04-2626179	501(C)(3)	75,330				PROGRAM OPERATING
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	3,470				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	5,051				DONOR DESG 3RD PARTY
UW OF SOUTHBRIDGE STURBRIDGE 176 MAIN STREET SUITE 400 SOUTHBRIDGE, MA 01550	04-2308155	501(C)(3)	3,167				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UW OF SOUTHBRIDGE STURBRIDGE 176 MAIN STREET SUITE 400 SOUTHBRIDGE, MA 01550	04-2308155	501(C)(3)	6,288				DONOR DESG 3RD PARTY
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	4,946				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	14,332				DONOR DESG 3RD PARTY
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	28,689				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UW WEBSTER & DUDLEY 275 MAIN STREET WEBSTER, MA 01570	04-2380352	501(C)(3)	10,623				DONOR DESIGNATED
UW WEBSTER & DUDLEY 275 MAIN STREET WEBSTER, MA 01570	04-2380352	501(C)(3)	5,177				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WEBSTER SQUARE DAY CARE INC 1048 MAIN STREET WORCESTER, MA 01603	04-2449880	501(C)(3)	1,430				DONOR DESIGNATED
WEBSTER SQUARE DAY CARE INC 1048 MAIN STREET WORCESTER, MA 01603	04-2449880	501(C)(3)	33,927				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	9,663				DONOR DESIGNATED
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	750				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	30-0707429	501(C)(3)	77				DONOR DESIGNATED
WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	30-0707429	501(C)(3)	10,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	30-0707429	501(C)(3)	100				AGENCY AWARD
WORCESTER STATE FOUNDATION INC 486 CHANDLER STREET WORCESTER, MA 01602	22-3248067	501(C)(3)	780				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORCESTER STATE FOUNDATION INC 486 CHANDLER STREET WORCESTER, MA 01602	22-3248067	501(C)(3)	36,000				PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	364				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	5,000				PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	23,325				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	512				PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	7,540				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	3,568				DONOR DESIGNATED
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	52				DONOR DESG 3RD PARTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	8,000				PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	5,000				MINOR CAPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	34,800				PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	1,787				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	17,442				PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	4,445				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	35,100				PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	5,400				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	4,650				MINOR CAPITAL
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	6,684				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	234				PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	11,399				DONOR DESIGNATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	406				DONOR DESG 3RD PARTY
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	53,000				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	1,000				PROGRAM SPONSORSHIP
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	52,539				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	17,730				PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	59,380				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	31,019				PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	7,500				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	5,000				MINOR CAPITAL
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	26,040				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	897				PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	27,765				PROGRAM OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITY OF WORCESTER DEPARTMENT OF PUBLIC HEALTH 25 MEADE STREET ROOM 200 WORCESTER, MA 01610		501(C)(3)	15,000				RESEARCH GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
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 style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in 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 style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 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		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<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		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<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		No		
<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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIMOTHY J GARVIN PRESIDENT AND CEO	(i)	159,231	0	0	0	28,086	187,317	0
	(ii)	0	0	0	0	0	0	0
2 JENNIFER DAVIS CAREY EXECUTIVE DIR , WORC EDUC	(i)	118,181	0	0	0	7,395	125,576	0
	(ii)	0	0	0	0	0	0	0
3 JAMES HAYES CHIEF OPERATING OFFICER	(i)	116,568	0	0	0	20,558	137,126	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART 1, LINE 3	THE CHAIR OF BOARD OF DIRECTORS RECOMMENDS CHANGES TO THE PRESIDENT/CEO SALARY TO THE FULL BOARD OF DIRECTORS



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL MASSACHUSETTS INC

Employer identification number
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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DOUGLAS BROWN	BOARD MEMBER	137,886	GRANTS/DONOR DESIGNATION		No
(2) SHEILAH DOOLEY	BOARD MEMBER	38,086	GRANTS/DONOR DESIGNATION		No
(3) JEFFREY CHIN	BOARD MEMBER	93,387	GRANTS/DONOR DESIGNATION		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF CENTRAL MASSACHUSETTS INC

Employer identification number

04-2104017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 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 MONITORING AND ENFORCEMENT ARE DONE ON A CASE BY CASE BASIS, USUALLY RELATING TO VOTES FOR AGENCY FUNDING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 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 WEBSITE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN TRUSTS 41,902 FUNDRAISING EVENTS ON SCHEDULE G 6,699