

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 NO 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

G Gross receipts \$ 9,586,161

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)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	39
6 Total number of volunteers (estimate if necessary)	1,788
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,374,235	6,164,449
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,936	822,914
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,926	88,506
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,512,097	7,075,869
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,351,770	3,375,433
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)	1,663,179	1,577,701
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 711,513		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,674,903	1,465,990
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,689,852	6,419,124
19 Revenue less expenses. Subtract line 18 from line 12	-177,755	656,745
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,665,159	11,017,600
21 Total liabilities (Part X, line 26)	2,753,621	2,184,265
22 Net assets or fund balances. Subtract line 21 from line 20	7,911,538	8,833,335

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: 2021-04-20
Type or print name and title: TIMOTHY J GARVIN PRESIDENT AND CEO

Paid Preparer Use Only
Print/Type preparer's name: [Blank]
Preparer's signature: [Blank]
Date: 2021-04-14
Check if self-employed
PTIN: P00893261
Firm's name: STOWE & DEGON LLC
Firm's EIN: 04-3379904
Firm's address: 95A TURNPIKE ROAD
Phone no.: (508) 983-6700
WESTBOROUGH, MA 01581

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 \$ 1,467,799 including grants of \$ 834,468) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 287,171 including grants of \$ 216,500) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 624,609 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 2,770,968 including grants of \$ 2,324,465) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,770,968 including grants of \$ 2,324,465) (Revenue \$)

4e Total program service expenses ▶ 5,150,547

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16 with corresponding input fields and checkboxes.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, governance decisions, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							406,677	0	58,105	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part 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 5,272,037			
	b Membership dues	1b			
	c Fundraising events	1c 37,671			
	d Related organizations	1d			
	e Government grants (contributions)	1e 767,778			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 86,963			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		6,164,449		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,783			42,783		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,285,084				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	2,504,953			
			c Gain or (loss)	7c	780,131			
	d Net gain or (loss)			780,131	780,131			
	8a Gross income from fundraising events (not including \$ 37,671 of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b	6,255			
			c Net income or (loss) from fundraising events			916		916
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
			c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS INCOME		900099	71,664	71,664				
b COST RECOVERY FEE		900099	15,926	15,926				
c								
d All other revenue								
e Total. Add lines 11a-11d			87,590					
12 Total revenue. See instructions			7,075,869	867,721	0	43,699		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,375,433	3,375,433		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	406,678	180,271	144,194	82,213
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	838,784	334,053	197,095	307,636
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	240,104	86,888	76,026	77,190
10 Payroll taxes	92,135	38,613	24,178	29,344
11 Fees for services (non-employees):				
a Management				
b Legal	861		861	
c Accounting	22,500		22,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,319		27,319	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	347,661	276,555		71,106
12 Advertising and promotion	34,306	8,153	42	26,111
13 Office expenses	47,311	23,878	11,701	11,732
14 Information technology				
15 Royalties				
16 Occupancy	163,087	100,323	21,873	40,891
17 Travel	18,959	8,583	4,573	5,803
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	355,316	328,529	293	26,494
20 Interest				
21 Payments to affiliates	53,870	18,316	11,852	23,702
22 Depreciation, depletion, and amortization	9,363	3,196	1,978	4,189
23 Insurance	8,093		8,093	
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	328,529	328,529		
b BANK AND CREDIT CARD FE	33,515	33,515		
c EQUIPMENT AND RENTAL	12,297	5,097	2,257	4,943
d ORGANIZATION DUES	3,003	615	2,229	159
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,419,124	5,150,547	557,064	711,513
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	324,609	1	981,403
	2 Savings and temporary cash investments	58,477	2	28,478
	3 Pledges and grants receivable, net	1,704,325	3	1,472,215
	4 Accounts receivable, net	54,601	4	41,742
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	126,216	9	63,406
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,421,262		
	b Less: accumulated depreciation	1,402,603		
	11 Investments—publicly traded securities	6,635,256	11	6,283,736
	12 Investments—other securities. See Part IV, line 11	214,670	12	166,705
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,533,251	15	1,961,256
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,665,159	16	11,017,600	
Liabilities	17 Accounts payable and accrued expenses	108,023	17	181,632
	18 Grants payable	2,366,572	18	1,474,802
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	268,857
	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	279,026	25	258,974
	26 Total liabilities. Add lines 17 through 25	2,753,621	26	2,184,265
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,221,831	27	6,912,998
	28 Net assets with donor restrictions	1,689,707	28	1,920,337
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,911,538	32	8,833,335	
33 Total liabilities and net assets/fund balances	10,665,159	33	11,017,600	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,075,869
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,419,124
3	Revenue less expenses. Subtract line 2 from line 1	3	656,745
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,911,538
5	Net unrealized gains (losses) on investments	5	306,877
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	-41,825
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,833,335

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 (2019)

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 2020, 40 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. THE WOMEN'S INITIATIVE COMMUNITY IMPACT PROGRAM FUNDED 10 COMMUNITY BASED PROGRAMS AND SPONSORED 3 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			
JOHN C TANACEA AT-LARGE BOARD MEMBER	1.00	X						0	0	0
THERESE DAY 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
ELIZABETH M HELENIUS 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 AT-LARGE BOARD MEMBER	1.00	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
EDWARD H WHITE AT-LARGE BOARD MEMBER	1.00	X						0	0	0
ALEX ZEQUEIRA AT-LARGE BOARD MEMBER	1.00	X						0	0	0
DOUGLAS BROWN FORMER CHAIR OF THE BOARD	1.00	X						0	0	0
TIMOTHY J GARVIN PRESIDENT AND CEO	35.00			X				164,576	0	27,499
JENNIFER DAVIS CAREY EXECUTIVE DIR., WORC. EDUC	35.00			X				121,701	0	7,603
JAMES HAYES CHIEF OPERATING OFFICER	35.00			X				120,400	0	23,003

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL MASSACHUSETTS INC

Employer identification number
04-2104017

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,017,654	6,359,168	5,992,026	5,374,235	6,164,449	29,907,532
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	6,017,654	6,359,168	5,992,026	5,374,235	6,164,449	29,907,532
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) . . .						3,326,395
6 Public support. Subtract line 5 from line 4.						26,581,137

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	6,017,654	6,359,168	5,992,026	5,374,235	6,164,449	29,907,532
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	-92,182	949,053	860,793	144,561	910,504	2,772,729
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						32,680,261
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 2019 (line 6, column (f) divided by line 11, column (f))	14	81.340 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	82.430 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? Yes 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? Yes 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	8,383,177	7,797,569	7,224,741	6,603,711	7,307,036
b Contributions		250,000	26,000	200	
c Net investment earnings, gains, and losses	1,154,118	764,479	950,880	998,762	-348,697
d Grants or scholarships					
e Other expenditures for facilities and programs	1,060,416	349,884	327,393	307,207	298,567
f Administrative expenses	75,992	78,987	76,659	70,725	56,061
g End of year balance	8,400,887	8,383,177	7,797,569	7,224,741	6,603,711

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|------------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | 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	774,289	0
d Equipment		86,092	67,433	18,659
e Other		193,744	193,744	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				18,659

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	1,131,387
(2) BENEFICIAL IN TRUST - WOMEN'S INITIATIVE FUND IN HONOR OF LOIS B. GREEN HELD	829,869
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,961,256

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED PLEDGES	258,974
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	258,974

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	7,340,921
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	306,877	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-41,825	
e	Add lines 2a through 2d			2e 265,052
3	Subtract line 2e from line 1			3 7,075,869
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 7,075,869

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	6,419,124
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 6,419,124
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 6,419,124

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 BENEFICIAL TRUST: -40,909 FUNDRAISING EVENTS ON SCHEDULE G: -916 TOTAL: -41,825

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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) Total events
		ACAPPELLA CONTEST (event type)	AUCTION (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	12,557	31,369		43,926
2	Less: Contributions	12,557	25,114		37,671
3	Gross income (line 1 minus line 2)		6,255		6,255
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,350			1,350
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,951	38		3,989
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,339
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				916

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 | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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
------------------	-------------

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**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**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 General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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)	40,000				DONOR DESIGNATED
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	17,000				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
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	4,000				MINOR CAPITAL
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	14-1970474	501(C)(3)	260				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)	15,525				PROGRAM OPERATING
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	1,967				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
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	654				DONOR DESG. 3RD PARTY
AMER RED CROSS CENT MA 2000 CENTURY DRIVE WORCESTER, MA 01606	53-0196605	501(C)(3)	22,961				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
ARTREACH 322 WEST BOYSTON STREET WORCESTER, MA 01606	32-0606640	501(C)(3)	12,000				PROGRAM OPERATING
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET SUITE 300 WORCESTER, MA 01604	04-2496563	501(C)(3)	31,035				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)	260				DONOR DESIGNATED
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	5,839				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)	182				DONOR DESG. 3RD PARTY
BIG BROTHER BIG SISTERS CM 484 MAIN STREET SUITE 360 WORCESTER, MA 01608	04-2317926	501(C)(3)	39,870				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)	4,653				PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	50,000				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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	4,628				DONOR DESG. 3RD PARTY
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	26,500				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
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)	4,807				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)	16,971				DONOR DESIGNATED
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	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
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	04-2105851	501(C)(3)	2,500				PROGRAM OPERATING
BUILDING FUTURES INC 34 GREATBROOK VALLEY AVENUE WORCESTER, MA 01605	01-0628266	501(C)(3)	4,000				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
BUILDING FUTURES INC 34 GREATBROOK VALLEY AVENUE WORCESTER, MA 01605	01-0628266	501(C)(3)	9,900				PROGRAM OPERATING
BUILDING FUTURES INC 34 GREATBROOK VALLEY AVENUE WORCESTER, MA 01605	01-0628266	501(C)(3)	4,565				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
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	3,796				MINOR CAPITAL
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	23,930				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)	4,181				DONOR DESIGNATED
CASA PROJECT INC 100 GROVE STREET WORCESTER, MA 01605	04-2711865	501(C)(3)	900				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
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	5,000				PROGRAM OPERATING
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	18,169				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
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	19,421				DONOR DESIGNATED
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	04-2103979	501(C)(3)	107				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
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	1,975				DONOR DESIGNATED
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	2,500				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
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	04-2791448	501(C)(3)	44,314				PROGRAM OPERATING
CENTRAL MASS LABOR AGENCY 400 WASHINGTON ST AUBURN, MA 01501	34-1976280	501(C)(3)	6,062				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)	2,316				DONOR DESIGNATED
CHILDREN'S FRIEND INC 81 HOPE AVENUE WORCESTER, MA 01603	04-2105856	501(C)(3)	490				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
CHILDREN'S FRIEND INC 81 HOPE AVENUE WORCESTER, MA 01603	04-2105856	501(C)(3)	8,863				PROGRAM OPERATING
COMMUNITY LEGAL AID INC 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	36,559				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 LEGAL AID INC 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	1,889				DONOR DESIGNATED
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	54-2075825	501(C)(3)	1,600				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
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	54-2075825	501(C)(3)	19,055				PROGRAM OPERATING
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	54-2075825	501(C)(3)	1,610				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)	197				DONOR DESG. 3RD PARTY
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	13,331				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)	509				DONOR DESG. 3RD PARTY
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET SUITE 100 WORCESTER, MA 01606	04-2545221	501(C)(3)	23,043				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)	2,346				DONOR DESIGNATED
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	53,548				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)	18,500				PROGRAM OPERATING
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	595				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)	75,000				PROGRAM OPERATING
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	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
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	04-2103767	501(C)(3)	4,050				MINOR CAPITAL
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	7,415				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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	2,946				DONOR DESG. 3RD PARTY
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	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
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	24,816				PROGRAM OPERATING
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)	50,000				PROGRAM OPERATING
FRIENDLY HOUSE INC 36 WALL STREET WORCESTER, MA 01604	04-2104239	501(C)(3)	1,099				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)	5,333				DONOR DESIGNATED
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	91				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
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	10,000				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	20,385				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)	20,000				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	106,222				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)	15,000				PROGRAM OPERATING
GIRLS INC OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	04-2123666	501(C)(3)	3,000				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
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	3,768				DONOR DESG. 3RD PARTY
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	4,378				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)	5,548				DONOR DESIGNATED
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	7,903				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)	20,000				PROGRAM OPERATING
WEBSTER SQUARE DAY CARE INC 1048 MAIN STREET WORCESTER, MA 01603	04-2449880	501(C)(3)	1,170				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
WEBSTER SQUARE DAY CARE INC 1048 MAIN STREET WORCESTER, MA 01603	04-2449880	501(C)(3)	16,964				PROGRAM OPERATING
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	5,166				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 COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457	501(C)(3)	1,635				DONOR DESG. 3RD PARTY
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)	26,325				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)	10,000				PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	04-3245867	501(C)(3)	2,700				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)	52				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
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	8,620				PROGRAM OPERATING
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	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
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	80,334				PROGRAM OPERATING
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	50,000				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
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	26,040				PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	50,000				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
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	10,000				PROGRAM SPONSORSHIP
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	2,532				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
YWCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	4,806				PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	912				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 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	10,000				PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	34,800				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
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	04-2105885	501(C)(3)	50,000				PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	5,789				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)	2,500				DONOR DESG. 3RD PARTY
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	17,550				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
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	6,684				PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	20,000				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
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	23-7112665	501(C)(3)	10,000				PROGRAM OPERATING
ECOTARIUM 222 HARRINGTON WAY WORCESTER, MA 01604	04-2105868	501(C)(3)	7,000				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
FRACTURED ATLAS 228 PARK AVENUE SOUTH 56651 NEW YORK, NY 10003	11-3451703	501(C)(3)	13,500				PROGRAM OPERATING
GREATER WORCESTER COMMUNITY 370 MAIN STREET SUITE 650 WORCESTER, MA 01608	04-2572276	501(C)(3)	250				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
GREATER WORCESTER COMMUNITY 370 MAIN STREET SUITE 650 WORCESTER, MA 01608	04-2572276	501(C)(3)	1,293,870				PROGRAM OPERATING
LIVING IN FREEDOM TOGETHER 34 CEDAR STREET SUITE 301 WORCESTER, MA 01609	81-3646918	501(C)(3)	4,794				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
LIVING IN FREEDOM TOGETHER 34 CEDAR STREET SUITE 301 WORCESTER, MA 01609	81-3646918	501(C)(3)	9,999				PROGRAM OPERATING
LIVING IN FREEDOM TOGETHER 34 CEDAR STREET SUITE 301 WORCESTER, MA 01609	81-3646918	501(C)(3)	2,500				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
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	7,000				PROGRAM OPERATING
MASSACHUSETTS PROJECT 351 INC 50 CONGRESS STREET SUITE 351 WORCESTER, MA 02109	45-4103159	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
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	1,348				DONOR DESIGNATED
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	260				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
GUILD OF ST AGNES 405 GROVE STREET SUITE 201 WORCESTER, MA 01605	04-2104267	501(C)(3)	15,634				PROGRAM OPERATING
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	104				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
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	04-2483679	501(C)(3)	10,000				PROGRAM OPERATING
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	1,377				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
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	1,040				DONOR DESG. 3RD PARTY
MASS EDUCATIONAL & CAREER OP 484 MAIN STREET 500 WORCESTER, MA 01608	23-7055676	501(C)(3)	36,360				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)	5,655				DONOR DESIGNATED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	1,250				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
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	03-0385377	501(C)(3)	13,275				PROGRAM OPERATING
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 01610	83-0876779	501(C)(3)	11,700				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
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 01610	83-0876779	501(C)(3)	13,965				PROGRAM OPERATING
NET OF COMPASSION 674 MAIN STREET WORCESTER, MA 01610	83-0876779	501(C)(3)	8,548				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
OPEN SKY INC 4 MANN STREET WORCESTER, MA 01602	04-2701581	501(C)(3)	19,935				PROGRAM OPERATING
OPEN SKY INC 4 MANN STREET WORCESTER, MA 01602	04-2701581	501(C)(3)	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
OPEN SKY INC 4 MANN STREET WORCESTER, MA 01602	04-2701581	501(C)(3)	442				DONOR DESG. 3RD PARTY
PAKACHOAG MUSIC SCHOOL OF GREATER WORCESTER 10 IRVING STREET WORCESTER, MA 01609	04-3029253	501(C)(3)	8,100				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
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	3,394				DONOR DESIGNATED
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	260				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
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	5,000				PROGRAM OPERATING
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	04-2453851	501(C)(3)	15,288				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
PROJECT NEW HOPE 70 JAMES STREET SUITE 157 WORCESTER, MA 01603	27-4555998	501(C)(3)	5,000				PROGRAM OPERATING
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	950				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
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	04-2507815	501(C)(3)	24,065				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)	14,430				DONOR DESIGNATED
RECREATION WORCESTER 455 MAIN STREET WORCESTER, MA 01608		501(C)(3)	125,000				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
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	975				DONOR DESIGNATED
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	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
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	24,750				PROGRAM OPERATING
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	04-6364350	501(C)(3)	4,641				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
RENDER CREATIVE INC 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	407				DONOR DESIGNATED
RENDER CREATIVE INC 9 IRVING STREET WORCESTER, MA 01609	47-4551070	501(C)(3)	9,000				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)	5,000				SPONSORSHIP
SAINT ROSE OF LIMA 244 WEST MAIN STREET NORTHBOROUGH, MA 01532	04-3227865	501(C)(3)	5,000				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)	1,384				DONOR DESIGNATED
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)	200				DONOR DESIGNATED
SOUTH MIDDLESEX OPPORTUNITY 7 BISHOP STREET FRAMINGHAM, MA 01702	04-2389659	501(C)(3)	3,172				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)	44,314				PROGRAM OPERATING
SOUTH WORCESTER NEIGHBORHOOD IMPROVEMENT CORP 47 CAMP STREET WORCESTER, MA 01603	04-2529221	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
TRI-COUNTY UNITED WAY INC 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	247				DONOR DESIGNATED
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SUITE 290 SHREWSBURY, MA 01545	04-3108190	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
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SUITE 290 SHREWSBURY, MA 01545	04-3108190	501(C)(3)	237				DONOR DESIGNATED
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SUITE 290 SHREWSBURY, MA 01545	04-3108190	501(C)(3)	37,665				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
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SUITE 290 SHREWSBURY, MA 01545	04-3108190	501(C)(3)	67,860				PROGRAM OPERATING
UNITED WAY OF GREATER PLYMOUTH COUNTY 928 WEST CHESTNUT STREET 2ND FLOOR BROCKTON, MA 02301	04-2103940	501(C)(3)	52				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 GREATER PLYMOUTH COUNTY 928 WEST CHESTNUT STREET 2ND FLOOR BROCKTON, MA 02301	04-2103940	501(C)(3)	1,555				DONOR DESG. 3RD PARTY
UNITED WAY OF GREATER PLYMOUTH COUNTY 928 WEST CHESTNUT STREET 2ND FLOOR BROCKTON, MA 02301	04-2103940	501(C)(3)	4,333				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
UNITED WAY OF HAMPSHIRE COUNTY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	234				DONOR DESG. 3RD PARTY
UNITED WAY OF HAMPSHIRE COUNTY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	520				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 HAMPSHIRE COUNTY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	4,333				PROGRAM OPERATING
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210		501(C)(3)	5,404				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 MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210		501(C)(3)	5,802				DONOR DESG. 3RD PARTY
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210		501(C)(3)	7,666				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
UNITED WAY OF NORTH CENTRAL MASS INC 649 JOHN FITCH HIGHWAY FITCHBURG, MA 01420	04-2233021	501(C)(3)	2,309				DONOR DESIGNATED
UNITED WAY OF NORTH CENTRAL MASS INC 649 JOHN FITCH HIGHWAY FITCHBURG, MA 01420	04-2233021	501(C)(3)	3,668				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
UNITED WAY OF NORTH CENTRAL MASS INC 649 JOHN FITCH HIGHWAY FITCHBURG, MA 01420	04-2233021	501(C)(3)	4,333				PROGRAM OPERATING
UNITED WAY OF SOUTH CENTRAL MASSACHUSETTS 176 MAIN STREET SUITE 400 SOUTHBRIDGE, MA 01550	04-2308155	501(C)(3)	15,857				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 SOUTH CENTRAL MASSACHUSETTS 176 MAIN STREET SUITE 400 SOUTHBRIDGE, MA 01550	04-2308155	501(C)(3)	5,564				DONOR DESG. 3RD PARTY
UNITED WAY OF SOUTH CENTRAL MASSACHUSETTS 176 MAIN STREET SUITE 400 SOUTHBRIDGE, MA 01550	04-2308155	501(C)(3)	4,333				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
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	29,289				PROGRAM OPERATING
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231	501(C)(3)	4,333				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 ART MUSEUM 55 SALISBURY STREET WORCESTER, MA 01609	04-1988530	501(C)(3)	5,000				PROGRAM OPERATING
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 01608	04-2382160	501(C)(3)	1,747				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 COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 01608	04-2382160	501(C)(3)	155,000				COMMUNITY SUPPORT CAMPAIGN
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 01609	04-2104353	501(C)(3)	600				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 JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 01609	04-2104353	501(C)(3)	20,710				PROGRAM OPERATING
WORCESTER JEWISH COMMUNITY CENTER 633 SALISBURY STREET WORCESTER, MA 01609	04-2104353	501(C)(3)	260				DONOR DESG. 3RD PARTY

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL MASSACHUSETTS INC	Employer identification number 04-2104017
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

2019

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CENTRAL MASSACHUSETTS INC

Employer identification number

04-2104017

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

Table with 5 columns: (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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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) SHEILAH DOOLEY	BOARD MEMBER	23,942	GRANTS/DONOR DESIGNATION		No
(2) JEFFREY CHIN	BOARD MEMBER	45,891	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.

OMB No. 1545-0047

2019**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	FORM 990 IS FIRST REVIEWED BY MANAGEMENT AND THEN BY THE FINANCE COMMITTEE AND THE BOARD PRIOR TO SUBMISSION, AS REQUIRED.

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 -40,909. FUNDRAISING EVENTS ON SCHEDULE G -916.