

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016	
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>United Way of Central Massachusetts, Inc.</b>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<b>484 Main Street 300</b>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	<b>Worcester, MA 01608</b>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer <b>Timothy J. Garvin</b>
	<b>484 Main Street, Suite 300 Worcester, MA 01608</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>D</b> Employer identification number <b>04-2104017</b>
<b>J</b> Website: ▶ <b>www.unitedwaycm.org</b>	<b>E</b> Telephone number <b>(508) 757-5631</b>
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>G</b> Gross receipts \$ <b>8,739,372</b>
<b>L</b> Year of formation <b>1920</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>M</b> State of legal domicile <b>MA</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list (see instructions)
	<b>H(c)</b> Group exemption number ▶

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities			
<b>United Way of Central Massachusetts connects people and resources to improve the community.</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>	
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>30</b>	
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2005</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,849,579</b>	<b>5,996,056</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>396,321</b>	<b>(92,181)</b>	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>37,493</b>	<b>38,180</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,283,393</b>	<b>5,942,055</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>4,130,080</b>	<b>4,000,829</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,555,205</b>	<b>1,495,415</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>25,142</b>	<b>34,971</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>786,817</b>	<b>828,984</b>	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,497,244</b>	<b>6,360,199</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(213,851)</b>	<b>(418,144)</b>	
<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
<b>21</b> Total liabilities (Part X, line 26)	<b>10,628,235</b>	<b>9,870,659</b>	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>4,259,495</b>	<b>4,097,755</b>	
	<b>6,368,740</b>	<b>5,772,904</b>	

**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

<b>Sign Here</b>	<b>Signature of officer</b> <i>Timothy J. Garvin</i>	<b>Date</b> <i>2/15/2017</i>
	<b>Type or print name and title</b> <b>TIMOTHY J. GARVIN, PRESIDENT &amp; CEO</b>	

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2015)

SCANNED MAR 13 2017

574 16

**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 \$ 3,454,009 including grants of \$ 3,112,483) (Revenue \$ )Community Impact Program - The Community Impact Program plays a critical role in improving our community. Our work is organized around Education, Family Stability and Health, which are considered essential building blocks for a successful life.By 2020 United Way, aspires to see a 10% change in the following factors in Central Massachusetts:1. Increasing the high school graduation rate for at-risk youth2. Reducing the child poverty rate3. Reducing the childhood obesity rate.In addition, this program helps to providing services to stabilize those who are unable to meet their basic needs due to conditions that create vulnerability. United Way of Central Massachusetts staff and volunteers, through a competitive process, evaluate funding proposals, select the highest quality agency programs to fund, and monitor program results to ensure maximum community impact. During FY 2016, over 50 funded programs provided services in one or more of the three basic components for a successful life: education, family stability, and health.**4b** (Code: ) (Expenses \$ 377,239 including grants of \$ 263,650) (Revenue \$ )Women's Initiative Community Impact Program - The Women's Initiative focuses on building, strengthening, and supporting the development of confident and safe adolescent girls, and has successfully brought about lasting change. Through educational events, grants for area programs, financial literacy education, and sponsorship of a comprehensive local needs assessment, the Women's Initiative of the United Way is a thriving vehicle of change for girls in central Massachusetts.During FY 2016, Women's Initiative delivered 5 full-day conferences for over 350 middle-school girls, utilizing the time and talent of more than 170 professional women. In addition, the Women's Initiative Community Impact Program funded 11 community based programs and sponsored 5 local educational events.**4c** (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )**All other programs described in schedule O****4d** Other program services (Describe in Schedule O.)(Expenses \$ 1,202,921 including grants of \$ 0) (Revenue \$ )**4e** Total program service expenses **5,034,169**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b> ✓	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b> ✓	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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) . . . . .	<b>17</b> ✓	
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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 . . . . .	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☒

Yes No

<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	15			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	30			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓	
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> <b>24</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> <b>21</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	✓	

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **Massachusetts**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**James Hayes, United Way of Central MA, 484 Main Street, Suite 300, Worcester, MA 01608 508.757.5631 ext. 250**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Jennifer Davis Carey</u> <u>Executive Dir., Worc. Educational Collaborative</u>	<u>35</u>				✓			<u>103,500</u>	<u>0</u>	<u>0</u>
(2) <u>James Hayes</u> <u>Vice President, Finance and Operations</u>	<u>35</u>			✓	✓			<u>91,775</u>	<u>0</u>	<u>0</u>
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Representative James J. O'Day At-large Board member	1	✓								
(16) John C. Roche At-large Board member	1	✓								
(17) Marco Rodrigues At-large Board member	1	✓								
(18) Edwin Thomas Shea, Jr. At-large Board member	1	✓								
(19) John Shea At-large Board member	1	✓								
(20) Michael Tsotsis At-large Board member	1	✓								
(21) Yuka-Marie Vinagre At-large Board member	1	✓								
(22) Edward H. White At-large Board member	1	✓								
(23) Elaine Wright At-large Board member	1	✓								
(24) Alex Zequeira At-large Board member	1	✓								
(25) Timothy J. Garvin President and CEO	35			✓	✓	✓		137,372	0	0
<b>1b Sub-total</b>								137,372	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								195,275	0	0
<b>d Total (add lines 1b and 1c)</b>								332,647	0	0

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

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		✓

**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? If "Yes," complete Schedule J for such individual

	Yes	No
<b>4</b>		✓

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>5</b>		✓

**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 **2**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b>	146,286			
	<b>b</b>	Membership dues	<b>1b</b>	0			
	<b>c</b>	Fundraising events	<b>1c</b>	0			
	<b>d</b>	Related organizations	<b>1d</b>	0			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	4,114			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,845,656			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		0			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		5,996,056			
	<b>Program Service Revenue</b>	<b>Business Code</b>					
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		68,919			68,919
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents					
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7a</b>	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		2,636,217			
	<b>b</b>	Less: cost or other basis and sales expenses		2,797,317			
	<b>c</b>	Gain or (loss)		(161,100)			
	<b>d</b>	Net gain or (loss)		(161,100)			
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	<b>a</b>						
	<b>b</b>	Less: direct expenses					
	<b>c</b>	Net income or (loss) from fundraising events					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19					
	<b>a</b>						
	<b>b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10a</b>	Gross sales of inventory, less returns and allowances						
<b>a</b>							
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	Cost recovery fees		900099	38,180	38,180		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d			38,180			
<b>12</b>	<b>Total revenue.</b> See instructions.			5,942,055	38,180	68,919	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,000,829	4,000,829		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	408,926	168,331	159,144	81,451
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	831,883	331,859	173,467	326,557
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,002	13,875	5,382	11,745
<b>9</b> Other employee benefits	140,953	50,387	28,756	61,810
<b>10</b> Payroll taxes	82,651	34,279	20,593	27,779
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	625	0	625	0
<b>c</b> Accounting	20,352	0	20,352	0
<b>d</b> Lobbying	0	0	0	0
<b>e</b> Professional fundraising services See Part IV, line 17	34,971			34,971
<b>f</b> Investment management fees	40,974	0	40,974	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	163,309	109,020	21,894	32,395
<b>12</b> Advertising and promotion	32,886	10,961	3,244	18,681
<b>13</b> Office expenses	90,171	58,588	16,379	15,204
<b>14</b> Information technology	109,838	50,324	19,592	39,922
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	145,728	97,313	19,856	28,559
<b>17</b> Travel	13,019	5,009	5,741	2,269
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings	122,545	72,481	6,144	43,920
<b>20</b> Interest	0	0	0	0
<b>21</b> Payments to affiliates	52,715	18,961	13,789	19,965
<b>22</b> Depreciation, depletion, and amortization	17,248	6,503	4,393	6,352
<b>23</b> Insurance	14,961	5,152	6,739	3,070
<b>24</b> 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)				
<b>a</b> Organization dues	3,940	297	3,001	642
<b>b</b> Miscellaneous	673	0	641	32
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,360,199	5,034,169	570,706	755,324
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	279,398	<b>1</b>	217,990
	<b>2</b> Savings and temporary cash investments	872,353	<b>2</b>	1,392,221
	<b>3</b> Pledges and grants receivable, net	2,121,577	<b>3</b>	1,923,206
	<b>4</b> Accounts receivable, net	53,051	<b>4</b>	51,983
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	97,041	<b>9</b>	125,768
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	<b>b</b> Less accumulated depreciation	10b		
	<b>11</b> Investments—publicly traded securities	47,338	<b>10c</b>	35,504
	<b>12</b> Investments—other securities. See Part IV, line 11	5,755,903	<b>11</b>	4,812,644
	<b>13</b> Investments—program-related. See Part IV, line 11	186,217	<b>12</b>	165,592
	<b>14</b> Intangible assets	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,215,357	<b>15</b>	1,145,751	
	10,628,235	<b>16</b>	9,870,659	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	134,227	<b>17</b>	121,641
	<b>18</b> Grants payable	3,800,007	<b>18</b>	3,646,060
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	325,261	<b>25</b>	330,054
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	4,259,495	<b>26</b>	4,097,755
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,373,882	<b>27</b>	4,771,652
	<b>28</b> Temporarily restricted net assets	516,050	<b>28</b>	522,444
	<b>29</b> Permanently restricted net assets	478,808	<b>29</b>	478,808
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
	<b>33</b> <b>Total net assets or fund balances</b>	6,368,740	<b>33</b>	5,772,904
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	10,628,235	<b>34</b>	9,870,659	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,942,055
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,360,199
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	(418,144)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,368,740
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(162,484)
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(15,208)
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,772,904

**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
<b>1</b>		
<b>2a</b>		
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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 11, 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants".)	6,570,572	6,677,662	6,609,855	5,878,512	6,017,654	31,754,255
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	00	0
<b>4 Total.</b> Add lines 1 through 3	6,570,572	6,677,662	6,609,855	5,878,512	6,017,654	31,754,255
<b>5</b> 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)						3,151,694
<b>6 Public support.</b> Subtract line 5 from line 4.						28,602,561

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	6,570,572	6,677,662	6,609,855	5,878,512	6,017,654	31,754,255
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	230,117	332,793	570,131	396,321	(92,182)	1,437,180
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						33,191,435
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.17% %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	85.31% %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions		
<b>9</b>	Distributable amount for 2015 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013			
<b>e</b>	From 2014			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b>	Distributions for 2015 from Section D, line 7. \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013			
<b>d</b>	Excess from 2014			
<b>e</b>	Excess from 2015			

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

Part II - Section B - Line 10 - United Way of Central Massachusetts, Inc. leases an office condominium it owns outright to

other local non-profit agencies. The office is presently being used by the Southeast Asian Coalition free of charge.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
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 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	7,307,036	7,025,043	6,046,954	5,555,135	6,019,433
<b>b</b> Contributions	0	250,000	0	181,567	6,484
<b>c</b> Net investment earnings, gains, and losses	(348,697)	377,070	1,295,389	623,123	(172,117)
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	(298,567)	(289,918)	(264,031)	(265,579)	(259,219)
<b>f</b> Administrative expenses	(56,061)	(55,159)	(53,269)	(47,292)	(39,446)
<b>g</b> End of year balance	6,603,711	7,307,036	7,025,043	6,046,954	5,555,135

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

- a** Board designated or quasi-endowment ▶ 93%  
**b** Permanent endowment ▶ 7%  
**c** Temporarily restricted endowment ▶ 0%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		367,137	367,137	0
<b>c</b> Leasehold improvements		774,288	750,337	23,951
<b>d</b> Equipment		467,659	456,107	11,552
<b>e</b> Other		204,916	204,916	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,503

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Beneficial in trust - United Way of Central Massachusetts Fund held at the Greater Worcester	857,236
(2) Community Foundation.	
(3) Beneficial in trust - Women's Initiative Fund in Honor of Lois B. Green held at the Greater Worcester	288,515
(4) Community Foundation.	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	1,145,751

**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	330,054
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	330,054

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>5,063,721</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>(162,484)</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>(696,473)</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>(858,957)</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>5,922,678</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>40,974</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>(21,598)</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>19,376</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>5,942,054</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>5,659,557</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>5,659,557</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>40,974</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>659,667</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>700,641</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>6,360,198</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**1. Part V - Endowment Funds - Line 4:**

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

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

Designated donations - (\$624,696)

Professional fund raising fees charged by other organizations - (\$34,971)

Change in value of a beneficial interest in trust - (\$36,806)

Total = (\$696,473)

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

Adjustment for gain from collection activity from prior year campaigns = \$21,598

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

**Part XIII** Supplemental Information (continued)**4. Part XII line 4 - Amounts included on Form 990, Part IX, line 25, but not on line 1: - 4b Other -**

Designated donations - \$ 624,696

Professional fund raising fees charged by other organizations - \$ 34,971

Total = \$ 659,667

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

**United Way of Central Massachusetts, Inc.**

Employer identification number

**04-2104017**

**Part I**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> Action for Boston Comm Dev.	COMECC/CFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98,390	17,558	80,832
<b>2</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>3</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>4</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>5</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>6</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>7</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>8</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>9</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>10</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total</b>				<b>98,390</b>	<b>17,558</b>	<b>80,832</b>

**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.

Massachusetts

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

**Part 1 - 2b column iii -**

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

United Way of Central Massachusetts, Inc.

Employer identification number  
04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1) 15-40 Connection</b>							
53 Otis Street, Westboro, MA 01581	26-2873903	501(c)(3)	10117				Donor Designated
<b>(2) Abby Kelley Foster House</b>							
52 High St. Worcester, MA 01609	04-2648411	501(c)(3)	6382				Donor Designated
<b>(3) African Community Education</b>							
24 Chatham St. Worcester, Ma 01608	14-1970474	501(c)(3)	288				Donor Designated
<b>(4) African Community Education</b>							
24 Chatham St. Worcester, Ma 01608	14-1970474	501(c)(3)	51375				Program Operating
<b>(5) African Community Education</b>							
24 Chatham St. Worcester, Ma 01608	14-1970474	501(c)(3)	1198				Minor Capital
<b>(6) African Community Education</b>							
24 Chatham St. Worcester, Ma 01608	14-1970474	501(c)(3)	751				Donor Desg. 3rd Party
<b>(7) ALAME Trek Across Maine</b>							
122 State St. Augusta, ME 04330	01-0211531	501(c)(3)	8200				Donor Designated
<b>(8) Amer. Red Cross Cent. Mass.</b>							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	12159				Donor Designated
<b>(9) Amer. Red Cross Cent. Mass.</b>							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	50519				Program Operating
<b>(10) Amer. Red Cross Cent. Mass.</b>							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	1221				Donor Desg. 3rd Party
<b>(11) Ascentria Care Alliance</b>							
14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	26				Donor Designated
<b>(12) Ascentria Care Alliance</b>							
14 E Worc. St., Ste 300 Worc, MA	04-2496563	501(c)(3)	68250				Program Operating

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 6
- 3 Enter total number of other organizations listed in the line 1 table ► 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

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

Part III can be duplicated if additional space is needed.

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

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

**1.** 280 agencies received donor designations totaling \$624,696 for this fiscal year.

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

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

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

the organization to qualify for funding. Organizational documents including program description, Board of Directors' roster, operating budget, financial review or

audit, 501(c)(3) determination letter, and a non-discrimination policy are required. If accepted into Phase II, the applicant organization submits a detailed program

application with specific outcome measurements to ensure the funded programs will achieve maximum community impact in the specified focus area. Programs

receive funding through recommendations from volunteer committees with final approval by the full Board of Directors. The funded programs are monitored

throughout the program cycle through regular reporting on progress toward outcomes and United Way coordinated site visits.

(continued on Schedule O.)

**SCHEDULE I  
(Form 990)**

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Be Like Brit 66 Pullman Street, Worcester, MA 01606	27-1857525	501(c)(3)	21650				Donor Designated
(2) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	7906				Donor Designated
(3) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	87750				Program Operating
(4) Big Brothers Big Sisters CM 484 Main St, Worcester, MA 01608	04-2317926	501(c)(3)	1130				Donor Desg. 3rd Party
(5) Boy Scouts Of Amer. Mohegan C 19 Harvard St. Worcester, MA 0160	04-2105867	501(c)(3)	12502				Donor Designated
(6) Boy Scouts of Amer. Mohegan 19 Harvard St. Worcester, MA 0160	04-2105867	501(c)(3)	638				Donor Desg. 3rd Party
(7) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	26212				Donor Designated
(8) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	44738				Program Operating
(9) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	2130				Minor Capital
(10) Boys & Girls Club of Worcester 65 Tainter St. Worcester, MA 01610	04-2105851	501(c)(3)	3815				Donor Desg. 3rd Party
(11) left blank intentionally							
(12) left blank intentionally							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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

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

Cat No 50055P

Schedule I (Form 990) (2015)



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CASA Project, Inc 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	1150				Donor Designated
(2) CASA Project, Inc 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	105300				Program Operating
(3) CASA Project, Inc 100 Grove St. Worcester, MA 01605	04-2711865	501(c)(3)	2720				Minor Capital
(4) Catholic Charities of Worc 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	12281				Donor Designated
(5) Catholic Charities of Worc 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	39975				Program Operating
(6) Catholic Charities of Worc 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	4983				Minor Capital
(7) Catholic Charities of Worc 10 Hammond Street Worcester, MA	04-2103979	501(c)(3)	4109				Donor Desig. 3rd Party
(8) Central Mass Housing Alliance Bellevue Street Worcester, MA	04-2791448	501(c)(3)	2915				Program Designated
(9) Central Mass Housing Alliance Bellevue Street Worcester, MA	04-2791448	501(c)(3)	171250				Program Operating
(10) Central Mass Housing Alliance Bellevue Street Worcester, MA	04-2791448	501(c)(3)	52				Donor Desig. 3rd Party
(11) Central Mass Labor Agency Bellevue Street Worcester, MA	04-2791448	501(c)(3)	16089				Donor Designated
(12) left blank intentionally							

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

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Children's Friend, Inc 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	4124				Donor Designated
(2) Children's Friend, Inc 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	19500				Program Operating
(3) Children's Friend, Inc 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	3184				Minor Capital
(4) Children's Friend, Inc 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	117				Donor Desig. 3rd Party
(5) Clark University 950 Main St. Worcester, MA 01610	04-2111203	501(c)(3)	1698				Donor Designated
(6) Clark University 950 Main St. Worcester, MA 01610	04-2111203	501(c)(3)	12000				Program Operating
(7) Community Health Charities N.E. 393 Maple St, Springfield, MA 01105	13-6167225	501(c)(3)	10654				Donor Designated
(8) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	4727				Donor Designated
(9) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	149175				Program Operating
(10) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	1428				Minor Capital
(11) Community Healthlink, Inc. 72 Jacques Ave Worcester, MA 01610	04-2626179	501(c)(3)	338				Donor Desig. 3rd Party
(12) left blank intentionally							

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	2566				Donor Designated
(2) Community Legal Aid, Inc. 405 Main St Worcester, Ma 01608	04-2446242	501(c)(3)	80438				Program Operating
(3) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	1370				Donor Designated
(4) Dismas House PO Box 30125 Worcester, MA 01603	54-2075825	501(c)(3)	41925				Program Operating
(5) Elder Services of Worcester Are 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	15506				Donor Designated
(6) Elder Services of Worcester Are 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	50700				Program Operating
(7) Elder Services of Worcester Are 411 Chandler St. Worcester, MA	04-2545221	501(c)(3)	2704				Donor Desig. 3rd Party
(8) Elm Park Center for Early 284 Highland St. Worcester, MA	04-2500932	501(c)(3)	16312				Program Operating
(9) Elm Park Center for Early 284 Highland St. Worcester, MA	04-2500932	501(c)(3)	560				Donor Desig. 3rd Party
(10) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	1828				Donor Designated
(11) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	133550				Program Operating
(12) Family Health Center of Worc. 26 Queen St. Worcester, MA 01610	04-2485308	501(c)(3)	2243				Minor Capital

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 5
- 3 Enter total number of other organizations listed in the line 1 table ► 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Family Services of Centrl Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	3885				Donor Designated
(2) Family Services of Centrl Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	58500				Program Operating
(3) Family Services of Centrl Mass 1 Harvard St. Worcester, MA 01609	04-2103767	501(c)(3)	4000				General Operating
(4) Friendly House 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	13977				Donor Designated
(5) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	61700				Program Operating
(6) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	3447				Minor Capital
(7) Friendly House, Inc. 36 Wall St. Worcester, MA 01604	04-2104239	501(c)(3)	2334				Donor Desig. 3rd Party
(8) Girl Scouts of Central & Western 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	3209				Donor Designated
(9) Girl Scouts of Central & Western 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	17200				Program Operating
(10) Girl Scouts of Central & Western 81 Gold Star Blvd Worcester, MA	04-2103856	501(c)(3)	5000				Program Sponsorship
(11) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	11264				Donor Designated
(12) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	80100				Program Operating

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

United Way of Central Massachusetts, Inc.

Employer identification number  
04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	50				Program Sponsorship
(2) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	3154				Minor Capital
(3) Girls Inc. of Worcester 125 Providence St. Worcester, MA	04-2123666	501(c)(3)	1388				Donor Desig. 3rd Party
(4) Guild of St. Agnes 133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	2657				Donor Designated
(5) Guild of St. Agnes 133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	29250				Program Operating
(6) Guild of St. Agnes 133 Granite St Worcester, MA 01604	4-2104267	501(c)(3)	150				Donor Desig. 3rd Party
(7) Jumpstart 308 Congress Street, 6th Floor, Boston, MA 02210	04-3262046		20000				General Operating
(8) Latino Education Institute 486 Chandler St, Worcester, MA	22-3248067	501(c)(3)	104250				Program Operating
(9) LUK Crisis Center, Inc. 545 Westminster St. Fitchburg, MA	04-2483679	501(c)(3)	13500				Program Operating
(10) Mass. Educational & Career Ops. 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	604				Donor Designated
(11) Mass. Educational & Career Ops 484 Main St #500 Worc. MA 01608	23-7055676	501(c)(3)	79950				Program Operating
(12) left blank intentionally							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	5731				Donor Designated
(2) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	29250				Program Operating
(3) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	500				Program Sponsorship
(4) Nativity School of Worcester 67 Lincoln St. Worcester, MA 01605	03-0385377	501(c)(3)	1000				Donor Desig. 3rd Party
(5) Nichols College 124 Center Road, Dudley, MA 01571	04-2104778	501(c)(3)	25000				Donor Designated
(6) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	1508				Donor Designated
(7) Oak Hill CDC 74 Providence St. Worc. MA 01604	22-2599363	501(c)(3)	25000				Program Operating
(8) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	5353				Donor Designated
(9) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	33638				Program Operating
(10) Pernet Family Health 237 Millbury St. Worcester, MA	04-2453851	501(c)(3)	208				Donor Desig. 3rd Party
(11) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	2561				Donor Designated
(12) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	47775				Program Operating

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 5
- 3** Enter total number of other organizations listed in the line 1 table ► 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	2500				Minor Capital
(2) Rainbow Child Development Ctr 10 Edward Street Worcester, MA	04-2507815	501(c)(3)	320				Donor Desig. 3rd Party
(3) Ramp Program 484 Main St, Worcester, MA 01608	04-2104017	501(c)(3)	33921				Donor Designated
(4) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	602				Donor Designated
(5) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	54600				Program Operating
(6) Regional Environmental Council PO Box 255 Worcester, MA 01613	04-6364350	501(c)(3)	2935				Minor Capital
(7) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	415				Donor Designated
(8) Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-2274992	501(c)(3)	15750				Program Operating
(9) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	97500				Program Operating
(10) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	3664				Minor Capital
(11) South Middlesex Opportunity 300 Howard St. Framingham, MA	04-2389659	501(c)(3)	131				Donor Desig. 3rd Party
(12) Straight Ahead Ministries, Inc. 791 Main St, Worcester, MA 01610	04-310369	501(c)(3)	1614				Donor Designated

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Straight Ahead Ministries, Inc. 791 Main St, Worcester, MA 01610	04-310369	501(c)(3)	39000				Program Operating
(2) Students Helping Children 330 Merrimac Street, Newburyport,	30-0707429	501(c)(3)	11				Donor Designated
(3) Students Helping Children 330 Merrimac Street, Newburyport,	30-0707429	501(c)(3)	10000				General Operating
(4) The Bridge of Central Mass. 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	10679				Donor Designated
(5) The Bridge of Central Mass. 4 Mann St. Worcester, MA 01602	04-2701581	501(c)(3)	75075				Program Operating
(6) UMass Memorial Foundation 26 Queen St. Worc. MA	04-2626179	501(c)(3)	76				Donor Designated
(7) UMass Memorial Foundation 26 Queen St. Worc. MA	04-2626179	501(c)(3)	82875				Program Operating
(8) UMass Memorial Foundation 26 Queen St. Worc. MA	04-2626179	501(c)(3)	2000				Program Sponsorship
(9) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	11494				Donor Designated
(10) UW of Mass Bay 51 Sleeper St. Boston, MA 02210	04-238223	501(c)(3)	4637				Donor Desig. 3rd Party
(11) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	5065				Donor Designated
(12) UW North Central Mass. 649 John Fitch Hwy, Fitchburg MA	04-2233021	501(c)(3)	5225				Donor Desig. 3rd Party

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat No 50055P

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UW Pioneer Valley 1441 Main St, Springfield, MA 01103	04-215268	501(c)(3)	5918				Donor Designated
(2) UW Pioneer Valley 1441 Main St, Springfield, MA 01103	04-215268	501(c)(3)	2196				Donor Desig. 3rd Party
(3) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	5011				Donor Designated
(4) UW of Southbridge, Sturbridge 155 Main St, Southbridge, MA 01550	04-2308155	501(c)(3)	5036				Donor Desig. 3rd Party
(5) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	9053				Donor Designated
(6) United Way of Tri-County 46 Park Street Framingham, MA	04-2104231	501(c)(3)	15790				Donor Desig. 3rd Party
(7) UW Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	4117				Donor Designated
(8) UW Webster & Dudley PO Box 636 Webster, MA 01570	04-2380352	501(c)(3)	6330				Donor Desig. 3rd Party
(9) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	2836				Donor Designated
(10) Webster Square Day Care, Inc. 1048 Main St. Worcester, MA	04-2449880	501(c)(3)	32175				Program Operating
(11) Worc. Community Action Council Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	6243				Donor Designated
(12) Worc. Community Action Council Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	39000				Program Operating

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

**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.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Worc. Community Action Council Council 484 Main St. Worcester, MA	04-2382160	501(c)(3)	155000				CSF Grant
(2) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	19308				Donor Designated
(3) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	49969				Program Operating
(4) Worcester County Food Bank 474 Boston Trnpke Shrewsbury, MA	04-3071457	501(c)(3)	676				Donor Desig. 3rd Party
(5) Worcester Roots Project 5 Pleasant Street 3rd Fl, Worc MA	05-0566468	501(c)(3)	13650				Program Operating
(6) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	2787				Donor Designated
(7) Worcester Youth Center 326 Chandler St. Worc, MA 01602	04-3245867	501(c)(3)	5000				Program Operating
(8) YMCA of Central Massachusetts 766 Main St. Worcester, MA 0161	04-2105885	501(c)(3)	2049				Donor Designated
(9) YMCA of Central Massachusetts 766 Main St. Worcester, MA 0161	04-2105885	501(c)(3)	8000				Program Operating
(10) Youth Opportunities Upheld, Inc. 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	18728				Donor Designated
(11) Youth Opportunities Upheld, Inc. 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	607,400				Program Operating
(12) left blank intentionally							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

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

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Youth Opportunities Upheld, Inc. 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	2500				Minor Capital
(2) Youth Opportunities Upheld, Inc. 81 Plantation St. Worcester, MA	23-7112665	501(c)(3)	1560				Donor Desig. 3rd Party
(3) YWCA of Central Massachusetts 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	19182				Donor Designated
(4) YWCA of Central Massachusetts 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	275975				Program Operating
(5) YWCA of Central Massachusetts 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	2500				Program Sponsorship
(6) YWCA of Central Massachusetts 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	4885				Minor Capital
(7) YWCA of Central Massachusetts 1 Salem Sq. Worcester, MA 01608	04-2105873	501(c)(3)	260				Donor Desig. 3rd Party
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat No 50055P

Schedule I (Form 990) (2015)

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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.		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> 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		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III		
<b>6</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III		
<b>8</b> 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		
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Timothy Garvin, President/CEO	(i)	137,372	0	0	0	22,285	22,285	159,657
	(ii)							
2 Jennifer Davis Carey, Exec Dir.	(i)	103,500	0	0	0	6,305	6,305	109,805
	(ii)							
3 James Hayes, VP Finance/Ops	(i)	91,775	0	0	0	17,314	17,314	109,089
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

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

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

approval.

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

**Transactions With Interested Persons**

OMB No 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

**United Way of Central Massachusetts, Inc.**

**04-2104017**

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

**Total** . . . . . ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Frances Anthes	Board Member	137,621	Grants/Donor Designation		✓
(2) Karen Ludington	Board Member	26,925	Grants/Donor Designation		✓
(3) Alex Zequeira	Board Member	36,481	Grants/Donor Designation		✓
(4) Douglas Brown	Board Member	155,668	Grants/Donor Designation		✓
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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



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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**United Way of Central Massachusetts, Inc.**

Employer identification number

**04-2104017**

**Community Services Program**

**Volunteer Center - The United Way of Central Massachusetts supports a Volunteer Center internal to its operations. Since 1967, the**

**Volunteer Center has been the primary portal for community members to engage in voluntarism. The Center is an affiliate member**

**of the Hands on Network and offers an array of services that build the capacity for effective volunteering. The Center recruits volunteers for**

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

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

**volunteer opportunities in central Massachusetts. The following list represents unique volunteer opportunities offered by the Center:**

**Earned Income Tax Credit (EITC) Initiative - Through the EITC Initiative, UWCM is addressing Financial Stability by helping taxpayers**

**claim federal rebates. We are part of the Worcester EITC Coalition, which is working to create awareness about the EITC and engage**

**volunteers to help prepare taxes for free. The Coalition recruits volunteers to serve at VITA sites and helps people claim eligible tax credits.**

**We are also working to build awareness about financial issues such as predatory lending practices, pay day loans, and predatory tax**

**preparation services that further hinder an individual's ability to save and build assets.**

**Day of Caring - The Volunteer Center at United Way of Central Massachusetts coordinates many events to promote voluntarism and**

**gifts to other 501(c)(3) nonprofit organizations. Over 280 agencies received donor designated contributions totaling \$624,696 in FY 2016.**

**over 1,275 people took to the streets of central Massachusetts to volunteer at dozens of locations for the day.**

**Total investment in the Community Services program = \$121,780.**

**Mass 2-1-1 - United Way of Central Massachusetts collaborates with other United Way's across the state, to fund the Mass 2-1-1 referral**

**financial statements for this fiscal year. The WEC had income of \$229,364 and expenses of \$222,774 (including \$10,203 for**

**health and human services available in their community. It serves as a resource for finding government benefits and services, non-profit**

**organizations, support groups, volunteer opportunities, donation programs, and other local resources.**

**Total investment = \$28,689.**

**AFL-CIO Labor Community Services Program - The AFL-CIO Labor Community Services Program coordinates many programs to benefit**

**members of organized labor, their families and the community at large. Members of organized labor participate in United Way's Day of**

**Caring, organize the Handicapped Ramp Program, NALC food drive, the Holiday Toy Drive and other special projects. One of the most**

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

**United Way of Central Massachusetts, Inc.****04-2104017**

important roles of the Labor Community Services Program is to design and provide training sessions for union members, their families and other community partners. Volunteers from NALC Branch 12 delivered over 348,000 pounds of food to organizations serving the hungry in Central Massachusetts.

Total investment = \$ 136,963

**Fiscal Sponsorships** - The United Way of Central Massachusetts is serving as fiscal sponsor for the Investing in Girls Alliance (IIGA) and for the Worcester Education Collaborative (WEC). The IIGA provides research, education, advocacy, and programs to address the needs of middle-school girls in the Worcester area. The WEC is an independent advocacy organization working to ensure that students in the Worcester Public Schools are given the opportunity to succeed at the highest possible level and to acquire the skills and knowledge to master the challenges of the 21st century. The WEC is committed to supporting, facilitating, and developing a wide variety of partnerships among families, schools, organizations, and businesses that will both enhance the quality of public education in Worcester and the quality of our common life. The IIGA had income of \$78,000 and expenses of \$97,373 included in United Way of Central Massachusetts' financial statements for this fiscal year. The WEC had income of \$229,364 and expenses of \$222,774 (including \$10,203 for management and general, and \$19,151 for fundraising) included in United Way of Central Massachusetts' financial statements for this fiscal year.

**Donor Designations** - The United Way of Central Massachusetts facilitates the collection and distribution of donor designated pledges and gifts to other 501(c)(3) nonprofit organizations. 280 agencies received donor designated contributions totaling \$624,696 in FY 2016.

**Part VI - Section A - Line 9**

James Leary, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655

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

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

Joseph D. Freitas, The Hanover Insurance Group, Inc., 440 Lincoln Street, E10, Worcester, MA 01653

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

continued on additional Schedule O

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part VI - Section A - Line 9 (continued)**

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

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

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

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

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

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

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

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

Karen Ludington, Children's Friend, Inc., 21 Cedar Street, Worcester, MA 01609

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

John C. Roche, The Hanover Insurance Group, Inc., 440 Lincoln Street, S442, Worcester, MA 01653

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

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

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

Michael Tsostis, Benefit Development Group, 446 Main Street, Worcester, MA 01608

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

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

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

Alex Zequeira, Nativity School of Worcester, 67 Lincoln Street, Worcester, MA 01605

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number

04-2104017

**Part VI - Section B - Line 11b:** The Finance Committee received a draft version of the Form 990 and all supporting schedules at its January 30, 2017 meeting. The full Board of Directors received a copy of the final version of the Form 990 and all supporting schedules to review in advance of its February 15, 2017 meeting. The document review was included as an agenda item for that meeting.

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

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

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

**Part XI - Question 9 - Other changes in net assets of fund balances -** United Way of Central Massachusetts has two funds established at the Greater Worcester Community Foundation and one at Culter Capital Management. The change in values of these funds is listed as a separate line item in the Statement of Activities in the audited financial statements. This change for FY 2016 was (\$36,806). United Way of Central Massachusetts estimates its uncollectible expense on its present year campaign based on historical data. Per IRS requirements, the variance of actual collections from prior campaign year uncollectible estimates should be included on this line. The adjustment for collections from prior year campaigns included in the FY 2016 audited financial statements was \$21,598. Total Other changes in net assets of fund balances = (\$15,208).

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**United Way of Central Massachusetts, Inc.**

Employer identification number

**04-2104017**

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

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

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

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

Schedule I Codes and Definitions (column h):

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

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

Donor Desg, 3rd Pty - An unrestricted grant made to an agency, at the direction of the donor(s), collected and paid directly to the agency  
by a 3rd party, in support of its general operating costs.

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

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

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

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

Program Spnsrshp - Sponsorship of an agency event.

Overhead Calculation:

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

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

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

For United Way of Central Massachusetts this calculation is as follows:  $(570,706 + 755,324) / 5,942,055 = 22.3\%$ .

The actual management/general (m & g) and fundraising expenses decreased by \$96,053 from the previous fiscal year. These expenses

include \$29,354 of management & general and fundraising expenses for the Worcester Education Collaborative (WEC).

UWCM serves as the fiscal sponsor for the WEC.

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

The total endowment support for FY 2016 was \$298,567. The endowment support allows UWCM to invest over 82% of its current year

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

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)