DLN: 93493046025197

OMB No 1545-0047

# Form 990

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 <u>www IRS gov/form990</u>

**Return of Organization Exempt From Income Tax** 

Δ F	or the 2015	calendar vear, or tax vear begin	ning 07-01-2015 , and ending 06-30-201	6						
	eck if applicabl	C Name of organization	<u> </u>			D Em	ployer	identific	cation number	
<u> </u>	dress change	ONLINE WILL OF THIS STEEL OF THE				04	-2382	233		
	ime change Itial retum	Doing business as UNITED WAY OF MASSACHUSETT	S BAY AND MERRIMACK VALLEY							
FII FII	nal terminated		f mail is not delivered to street address) Room/sui	ıte		E Tele	phone	number		
	ended return	51 SLEEPER STREET				(61	7)62	4-8000	)	
Арі	olication pendii	ng City or town, state or province, o BOSTON, MA 02210	ountry, and ZIP or foreign postal code			<b>G</b> Gro	ss rece	ıpts \$ 55,1	105,972	
		<b>F</b> Name and address of prin	cipal officer	н	(a) I	this a gro		•		
		PATRICIA A LATIMORE 51 SLEEPER STREET BOSTON,MA 02210			sı	ubordinate No	s?		⊤ Yes 🗸	
Ta:	k-exempt stat		<b>◄</b> (Insert no ) 4947(a)(1) or 527	H(		re all subc cluded?	rdinat	:es	∏Yes ∏ No	
J W	ebsite: ▶ V	VWW SUPPORTUNITEDWAY OF	RG						e instructions)	
	of organizati	on ✓ Corporation Trust Asso	octation Other •			Froup exer of formation			r ▶ e of legal domicile Mi	
K FOM	n or organizati	on   Corporation   Trust   Asse	ociation   Other	_[					7 or regar deminer:	
Pa		mmary	ion or most significant activities							
Activities & Governance	MORE TEXPERT BUSINE MAXIM BETTEF FAMILI WE ARE	THAN ANY INDIVIDUAL OR ON TISE AND INFLUENCE TO BRII ESSES, PRIVATE FOUNDATIO UM IMPACT AND ACHIEVING R LIVES FINANCIAL OPPORT ES HAVE SAFE HOUSING, HE, E ALSO ENSURING THAT CHIL L SKILLS, AND GET THE SUPP	SAY, INC (UWMB) WAS BUILT ON THE ERGANIZATION CAN ALONE NO OTHER NG TOGETHER HUNDREDS OF HUMAN NS AND DEDICATED VOLUNTEERS ARE LONG-LASTING RESULTS WE ARE FOUNITY AND EDUCATIONAL SUCCESS ALTHY FOOD, QUALITY CHILD CARE ADDEN ENTER SCHOOL READY TO LEAF ORT THEY NEED TO STAY IN SCHOOL ELP THOSE IN NEED TOGETHER WE W	SER SER OUN CUS WE, ND RN, [	NGLE VICE ID A ( ED O ARE E EARN DEVE	ORGANIZ AGENCIE COMMON N THE TWENSURING ENOUGH LOP CRIT DUATE F	ZATIO ES, GO VISIO O FO THA TO S ICAL	ON HAS OVERNM ON OF C UNDAT T INDIN GUPPOR ACADE LY, WE I	THE SCOPE, MENT, CREATING IONS OF VIDUALS AND T THEMSELVES EMIC AND MOBILIZE	
(20)										
<b>ಸ</b> ರ ഗ										
Mile	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets									
Acti	<b>3</b> Numbe	er of voting members of the gove	rning body (Part VI, line 1a)				3	; [	44	
	f 4 Number of independent voting members of the governing body (Part VI, line $f 1b$ )						4		43	
		· ·	n calendar year 2015 (Part V, line 2a) .		•		5	_	188	
			fnecessary)	•	•		7	-	6,660	
			from Form 990-T, line 34				-	b b		
				T		Prior Year		T (	Current Year	
0.	8 Con	tributions and grants (Part VIII			44,74	7,33	5	45,686,045		
Ravenue	-	•	, line 2g)	$\vdash$			14,388		170,743	
Rạv		· ·	mn (A), lines 3, 4, and 7d)	$\vdash$			3,121,379		1,047,771 2,058,785	
	<b>12</b> Tota	, , ,	11 (must equal Part VIII, column (A), line	e E		50,10			48,963,344	
	12) <b>13</b> Gra	nte and cimilar amounte haid (De	art IX, column (A), lines 1-3)	+			37,522,582		39,116,894	
			rt IX, column (A), line 4)				37,322,302		39,110,094	
so			oyee benefits (Part IX, column (A), lines			7,92	9,918	3	8,967,194	
Expenses	5-1 <b>16a</b> Pro	•	IX, column (A ), line 11e)	$\vdash$		.,		+	0	
xbe		fundraising expenses (Part IX, column		`  -				†		
ш			), lines 11a-11d, 11f-24e)			4,66	4,44	7	4,618,777	
			must equal Part IX, column (A), line 25)	L		50,11			52,702,865	
	<b>19</b> Rev	enue less expenses Subtract III	ne 18 from line 12	+		- 1	2,604	1	-3,739,521	
Net Assets or Fund Balances				Ве	eginni	ng of Curre	nt Yea	r	End of Year	
Asse Bak		al assets (Part X, line 16)		$\perp$		69,99		_	64,900,135	
Yet.		al liabilities (Part X, line 26) .				10,73 59,25			8,960,606 55,939,529	
		inature Block	ct mie 21 nom mie 20			37,23	,2,010	<u>′1                                    </u>	33,333,323	
my kr	•	d belief, it is true, correct, and c	examined this return, including accompan omplete Declaration of preparer (other the companies)							
	<b>L</b> _					2017-02-1	15			
Sign Here	. [	gnature of officer				Date				
пеге	1 0	ntricia A Latimore Chief Financial Officer or print name and title								
	17	Print/Type preparer's name	Preparer's signature D	ate		Check	f PT	IN		
Paid		Firm's name ▶				self-employ	ed			
	parer Only	Firm's address				Phone no				
1160		i								

May the IRS discuss this return with the preparer shown above? (see instructions)

. Yes No

(Code	) (Expenses \$	10,511,658	including grants	01 \$	8,881,296 ) (Revenue \$	0 )
CREATING FINA	ANCIAL OPPORTUNITY- RESEARCH HAS	SHOWN THAT F	INANCIAL OPPOR	TUNITY IS ESSI	ENTIAL TO IMPROVING THE F	UTURE FOR CHILDREN AND
FAMILIES FINA	ANCIAL STABILITY COMES FROM PROVI	DING FAMILIES T	HE RESOURCES	AND OPPORTUN	ITTIES THEY NEED TO MEET	THEIR BASIC NEEDS, ATTAIN SAFE
AND AFFORDA	BLE HOUSING AND SECURE JOBS THAT	PAY FAMILY-SUS	STAINING WAGES	UWMB HAS CF	REATED AN ASSET-BUILDING	FRAMEWORK TO MOVE PEOPLE
WHO ARE LOW	-INCOME INTO THE ECONOMIC MAINS	TREAM UNDERL'	YING ALL OF THI	S IS THE BASIC	NECESSITY OF SAFE, AFFOR	DABLE, PERMANENT HOUSING A
	Y OF AFFORDABLE HOUSING IS CRITIC					
	HOUSING SUPPLY UWMB SUPPORTS S					
	IN BUILDING A STRONG FRAMEWORK					
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	1 MANY FAMILIES STRUGGLE TO MEET					
	OD, HEAT AND HOUSING 2 FAMILY HC					
	F BECOMING HOMELESS GET SAFE, SEC					
	3,100 INDIVIDUALS TO GET JOBS UW					
	BOUT THE EARNED INCOME TAX CREDI					
	N ADDITION, UWMB'S TRAILBLAZING N					
ALSO ACHIEVE	O AN AVERAGE MONTHLY NET INCOME	INCREASE OF \$4	127 AND AN AVE	RAGE CREDIT SO	ORE INCREASE OF 28 POIN	ΓS

(Code 8,796,361 including grants of \$ 7,258,390 ) (Revenue \$ ) (Expenses \$ SUPPORTING YOUTH IN SCHOOL - RESEARCH SHOWS THAT YOUTH WHO HAVE ACCESS TO QUALITY OUT-OF-SCHOOL TIME PROGRAMS AND TRUSTING RELATIONSHIPS WITH ADULTS HAVE REDUCED PROBLEM BEHAVIOR AND INCREASED SELF-CONFIDENCE, SELF ESTEEM AND ATTITUDES TOWARDS SCHOOL, SCHOOL GRADES, AND ACHIEVEMENT TEST SCORES OUR GOALS IN THIS AREA ARE THAT YOUTH WILL HAVE ACCESS TO ACADEMIC PROGRAMS THAT KEEP STUDENTS ON TRACK TO GRADUATE, MENTORS THAT INSPIRE YOUTH TO STAY IN SCHOOL AND INITIATIVES THAT FOSTER LEADERSHIP SKILLS AND CREATE BONDS TO THE COMMUNITY HERE ARE SOME EXAMPLES OF HOW WE ARE ADDRESSING THE NEEDS OF YOUNG PEOPLE IN OUR REGION. LAST YEAR 26,300 YOUTH WERE BETTER ABLE TO SUCCEED IN SCHOOL AND GRADUATE ON TIME, 12,200 YOUTH WERE LESS LIKELY TO ENGAGE IN RISKY BEHAVIORS, AND 3,500 YOUTH WERE IN HIGH-QUALITY, ONE-ON-ONE YOUTH MENTORING RELATIONSHIPS THROUGH OUR INNOVATIVE SUMMER LEARNING COLLABORATIVE, A STATEWIDE COLLABORATIVE AIMED AT INCREASING LITERACY AND REDUCING SUMMER LEARNING LOSS, 82% OF OVER 3,000 PARTICIPATING STUDENTS AVOIDED SUMMER LEARNING LOSS AND 70% ADVANCED FROM THE LOWEST READING LEVEL

See Additional Data

45,007,673

4c

Total program service expenses ▶

(Expenses \$

Other program services (Describe in Schedule O )

14,784,366 including grants of \$

12,490,124 ) (Revenue \$

170,743)

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

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28c

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Yes

Form 990 (2015)

Yes

Yes

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Νo

Νo

Nο

Νo

Nο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	İ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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?	25b		No

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 🔧

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc		\			
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	198		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		he organization comply with backup withholding rules for reportable payments t ng (qambling) winnings to prize winners?		dors and reportable	1c	Yes	
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered		1.00		1 03	
b	, If at I	is return			2b	Yes	
22		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. he organization have unrelated business gross income of \$1,000 or more durin	•	•	3a		No
		es," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	_	•	3b		INO
	Atan	ly time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities ac	ignatu	re or other authority			
	accou	unt)?			4a		No
b	If "Ye See ii (FBA	es," enter the name of the foreign country <u> </u>	k and	Financial Accounts			
5a	Was t	' the organization a party to a prohibited tax shelter transaction at any time durii	ng the	tax year?	5a		No
b	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	- tax sh	ielter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
6a		the organization have annual gross receipts that are normally greater than \$1			5c 6a		No
b	If"Ye	nization solicit any contributions that were not tax deductible as charitable contest," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
	Did th	he organization receive a payment in excess of \$75 made partly as a contributices provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	es," did the organization notify the donor of the value of the goods or services p	rovide	ed?	<b>7</b> b	Yes	
С		he organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	rty for	which it was required to	<b>7</b> c		
d	If"Y€	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	he organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	If the	organization received a contribution of qualified intellectual property, did the ored?	rganız	zation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd •	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu g the year?	sines:	s holdings at any time	8		
9a	Did th	he sponsoring organization make any taxable distributions under section 4966	?.		9a		
ь	Did th	he sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b		]		
		on 501(c)(12) organizations. Enter		I			
		s income from members or shareholders	11a		1		
D		s income from other sources (Do not net amounts due or paid to other sources ist amounts due or received from them )	<b>11</b> b				
		on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
a		e organization licensed to issue qualified health plans in more than one state? <b>N</b> ional information the organization must report on Schedule O	lot e. S	See the instructions for	13a		
	ın wh	the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans	<b>13</b> b				
		the amount of reserves on hand	<b>13</b> c				
		he organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If "Ye	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ition ir	Schedule O	14b		

Form 990 (2015) Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 44 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 Enter the number of voting members included in line 1a, above, who are 1h 43 independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο 5 Nο Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? . . . . . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. 10a Did the organization have local chapters, branches, or affiliates? . 10a Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **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? . . . . . . . . . . . . . . . . . . 16b

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► MA.NH

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

✓ O wn website Another's website Upon request Other (explain in Schedule O)

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
 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶PATRICIA A LATIMORE 51 SLEEPER STREET BOSTON, MA 02210 (617) 624-8000

Part VII

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

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

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

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

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) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-		ated of other is ation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiz	ted
See Addıtıonal Data Table											
1b Sub-Total						<u> </u>					
c Total from continuation sheets	 sto Part VII. Se			•							
d Total (add lines 1b and 1c) .	·			٠.	٠.	•		1,898,007	0		301,620
2 Total number of individuals (inc \$100,000 of reportable compe	:luding but not l	limited t	o the	se I	ıste	d abov	e) wh	no received more t	han		

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes	ĺ			
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	5		No			

#### Section B. Independent Contractors

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

(A)

Name and business address	Description of services	Compensation
TCAM Core Property Fund	Building property manager	1,543,097
PO Box 360060		
Pittsburgh, PA 15251		
DIGITALNET TECHNOLOGY SOLUTIONS LLC	IT SUPPORT	1,205,880
300 BRICKSTONE SQUARE SUITE 201		
ANDOVER, MA 01810		
Blue Cross-Blue Shield of MA	Health and Dental Insurance	1,035,229
PO Box 371318		
Pittsburgh, PA 01525		

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 ► 3

(C)

Form 99								Page <b>9</b>
Part V	1441	Statement o						_
		Check If Schedu	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a	60,914				
anta	ь	Membership du	es <b>1b</b>	0				
Gra mo	С	Fundraising eve	ents <b>1c</b>	3,201,189				
fts. Ir A	d	Related organiz	ations <b>1d</b>	0				
nila	e	Government grants		4,244,987				
Sin		-						
utio	f	similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	38,178,955				
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contribution	ons included in lines	755,930				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		45,686,045			
				Business Code				
ne.	2a	Service Fee Reven	ue	Business Code	170,743	170,743		
۴.	ь				170,713	1,0,113		
Program Service Revenue	c							
rvic	d							
32	e							
jran	f	A II other progra	ım service revenue		0	0	0	0
<b>P</b>		Total Add lines			170 742			
	g 3		s 2a-2f ome (including dividen		170,743			
			ar amounts)		1,047,771			1,047,771
	4		tment of tax-exempt bond p	oroceeds , . ►	0			0
	5	Royalties	(1) Dool	(u) Daraanal	U			0
	6a	Gross rents	(ı) Real	(II) Personal				
	Ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental incor	me or (loss)					
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	5,300,198					
	ь	Less cost or other basis and sales expenses	5,497,790					
	С	Gain or (loss)	-197,592	0				
	d	_	s)					
Other Revenue	8a	Gross income fi events (not incl \$ 3,201, of contributions	luding					
æ		See Part IV, lin	e 18 <b>a</b>					
her	ь	less directexi	penses b	644,838 644,838				
Ö	c		(loss) from fundraising					
	<b>9</b> a		rom gaming activities					
		See Part IV, lin	e 19 <b>a</b>					
	ь	Less directevi	penses b	0				
	l		loss) from gaming activ		0			0
				<b>▶</b>				
	10a	Gross sales of returns and allo						
	ь	Less cost of go						
	С		loss) from sales of inve					
	11a	Miscellaneous		Business Code 900099	1,451,958	1,451,958		
	١.	Income from O		900099	103,774	1,431,938		
	Ь		ct & Miscellaneous					
	С							
	d	All other revenu	ue		503,053	503,053	0	0
	e	Total. Add lines	s 11a-11d	•	2,058,785			
	12	Total revenue.	See Instructions .	•	48,963,344	2,229,528	0	1,047,771

#### 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)

	Г				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	39,116,894	39,116,894		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,512,314	790,799	469,533	251,982
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,763,894	2,482,408	827,629	2,453,857
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	432,244	185,957	57,923	188,364
9	Other employee benefits	734,587	342,375	87,822	304,390
10	Payroll taxes	E24 155	227 502	92.974	102 500
11	Fees for services (non-employees)	524,155	237,593	92,974	193,588
a	Management				
b	Legal	614	276	100	238
c	Accounting	92,012	27,907	39,265	24,840
d	Lobbying	32,012	27,307	33,203	24,040
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,456	1,554	564	1,338
12	Advertising and promotion				
13	Office expenses	611,874	127,259	80,999	403,616
14	Information technology	1,064,090	476,041	214,134	373,915
15	Royalties				
16	Occupancy	1,092,404	494,763	181,806	415,835
17	Travel	136,072	71,262	11,530	53,280
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,676	8,186	2,165	9,325
20	Interest				
21	Payments to affiliates	403,857	122,485	172,341	109,031
22	Depreciation, depletion, and amortization	564,354	254,843	88,632	220,879
23	Insurance	50,937	23,075	8,555	19,307
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Contracted Services	205,359	91,871	41,326	72,162
b	Printing and Publications	155,949	61,438	15,064	79,447
С	Bank and Credit Card Fees	102,558	31,120	43,754	27,684
d	Recruiting and Training	57,991	31,361	6,173	20,457
e	A II other expenses	57,574	28,207	8,804	20,563
25	<b>Total functional expenses.</b> Add lines 1 through 24e	52,702,865	45,007,674	2,451,093	5,244,098
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			· · · · <u>· · · · · · · · · · · · · · · </u>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		2,929,960	1	2,854,871
	2	Savings and temporary cash investments $\cdot$ . $\cdot$ .		510,449	2	512,241
	3	Pledges and grants receivable, net		12,867,583	3	12,011,522
	4	Accounts receivable, net		57,560	4	22,555
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplete Part II of		5	0
its	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(B), and section 501(c)(9)		5	<u> </u>
Assets					6	0
As	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		290,585	9	323,930
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 7,102,416			
	Ь	Less accumulated depreciation	<b>10b</b> 4,840,226	2,322,393	10c	2,262,190
	11	Investments—publicly traded securities		30,512,611	11	28,164,100
	12	Investments—other securities See Part IV, line $11$ .	19,418,040	12	17,684,854	
	13	Investments—program-related See Part IV, line 11 $$ .	1,000,000	13	1,000,000	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		83,139	15	63,872
	16	Total assets.Add lines 1 through 15 (must equal line 34	)	69,992,320	16	64,900,135
	17	Accounts payable and accrued expenses		2,720,120	17	3,294,937
	18	Grants payable		1,500,616	18	810,507
	19	Deferred revenue		0	19	31,500
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d				
<u> </u>		persons Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated third	parties	1,000,000	23	0
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related third parties,			
				5,518,968	25	4,823,662
	26	<b>Total liabilities.</b> Add lines 17 through 25		10,739,704	26	8,960,606
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🕨 🔽 and complete			
<u>lan</u>	27	Unrestricted net assets		32,945,464	27	31,328,189
Ba	28	Temporarily restricted net assets		15,220,107	28	13,328,377
2	29	Permanently restricted net assets		11,087,045	29	11,282,963
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds			30	
sel	31	Paid-in or capital surplus, or land, building or equipment			31	
Ass	32	Retained earnings, endowment, accumulated income, or			32	
et	33	Total net assets or fund balances		59,252,616	33	55,939,529
~	34	Total liabilities and net assets/fund balances		69,992,320	34	64,900,135
	1 54	i otal naphities and het assets/fully palatices		l 03,332,320	34	04,900,133

48,963,344

52,702,865

-3,739,521

59,252,616

-1,838,235

2,264,669

55,939,529

No

Νo

Nο

Form 990 (2015)

Yes

ΧI	Reconcilliation	of Net Assets
_	110001101111111111111111111111111111111	0

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

Total revenue (must equal Part VIII, column (A), line 12) . . . . Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities .

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII . . . . . .

Part XIII Financial Statements and Reporting

**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

Consolidated basis Separate basis **b** Were the organization's financial statements audited by an independent accountant?

Investment expenses .

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2b Yes

2c

3a

3b

Yes

2a

#### **Additional Data**

**Software ID:** 15000238

**Software Version:** 2015v3.0 **EIN:** 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 12,490,124 Including grants of \$ 12,490,124 ) (Revenue \$ 0 )

DONORS TO THE CAMPAIGN MAY DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES SUCH

AMOUNTS ARE NOT INCLUDED AS ALLOCATIONS TO AGENCIES AND ARE RECORDED AS A DEDUCTION FROM DONOR

CONTRIBUTIONS IN THE AUDITED FINANCIAL STATEMENT OF ACTIVITIES ALL DONOR DESIGNATIONS ARE VERIFIED FOR

501(C)(3) ELIGIBILITY AND COMPLIANCE WITH THE USA PATRIOT ACT

(Code ) (Expenses \$ 2,294,242 Including grants of \$ 0 ) (Revenue \$ 170,743)

PROGRAM ADMINISTRATION INCLUDES UWMB'S INTERNAL RESOURCE ALLOCATION TO SUPPORT CHILDREN, YOUTH AND FAMILY PROGRAMS

								fficers, Direc ent Contract		s, Key Emplo
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Pos mi unles	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)	(F) Estimated amount of other compensation from the organization	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
WILLAIM T EATON DIRECTOR	2 0	x	_					0	0	0
MARK WHITNEY VICE CHAIRMAN AND DIRECTOR	2 0	x						0	0	0
JAMES WESTRA SECRETARY AND VICE CHAIRMAN AND DIRECTOR	2 0	×						0	0	0
CAROL VALIANTI DIRECTOR	2 0	x						0	0	0
TIM SULLIVAN DIRECTOR	2 0	×						0	0	0
ANDREW SMITH DIRECTOR	2 0	×						0	0	0
JAY A SHUMAN DIRECTOR	2 0	×						0	0	0
ERIC ROSENGREN DIRECTOR	2 0	×						0	0	0
DOROTHY PUHY VICE CHAIRMAN AND DIRECTOR	2 0	X						0	0	0
WILLIAM K BACIC VICE CHAIRMAN AND DIRECTOR	2 0	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and A verage Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099for related director/trustee) (W-2/1099from the organizations MISC) MISC) organization Officer emplovee Highest compensated Former Individual trustee Ē below and related Instituticnal Trust⊷e director dotted line) organizations employee **РНҮШ**S 20 BARAJAS Χ 0 0 DIRECTOR ROBERT L 2 0 BEAL Χ 0 0 DIRECTOR TAYLOR S BODMAN 20 VICE Χ 0 CHAIRMAN AND DIRECTOR JEFFR EY 20 BRAY Х 0 0 DIRECTOR 2 0 IVY L BROWN 0 0 Χ DIRECTOR POLLY 20 BRYSON 0 0 Х DIRECTOR CHRISTINE C 20 CARSMAN Х 0 0 DIRECTOR JACQUES 20 CARTER Х 0 0 DIRECTOR 20 AMY CASE 0 0 Х DIRECTOR PHIL CATCHINGS 20 VICE Х 0 0 CHAIRMAN AND DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Estimated Name Average Reportable Reportable and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Highest compensated employee Officer Key Individual trustee below Institutional Trust⊭ë and related dotted line) organizations employee 語ので TIMOTHY CONNELLY 20 VICE Χ 0 CHAIRMAN AND DIRECTOR JANET 2 0 COOPER Χ 0 0 0 DIRECTOR KRISTINA DAVIS 20 VICE Χ 0 CHAIRMAN AND DIRECTOR MICHAEL 2 0 DOUGHTY Χ 0 0 0 DIRECTOR ANDREW **DREYFUS** 20 IMMEDIATE Χ 0 0 0 PAST CHAIR OF THE **BOARD** BILL 2 0 **PIOMBINO** 0 0 0 Χ DIRECTOR SUSAN 2 0 **ESPER** Χ 0 0 0 CHAIR OF THE BOARD LYNNETTE C 20 FALLON Χ 0 0 0 DIRECTOR MATTHEW E 2 0 FISHMAN Х 0 0 0 DIRECTOR COLBY T 2 0 GAMESTER Χ 0 0 DIRECTOR

Form 9 Compe	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors													
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations	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				
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	мізе	Misc)	and related organizations				
LOURDES GERMAN DIRECTOR	2 0	x						0	0	(				
MATTHEW GOULDING DIRECTOR	2 0	х						0	0	(				
CAROLYN M JONES	2 0	×						0	0	(				
DIRECTOR ELLEN KING DIRECTOR	2 0	×						0	0	(				
PATRICIA KRAFT DIRECTOR	2 0	x						0	0	(				
STEVEN D KRICHMAR TREASURER AND VICE CHAIRMAN AND DIRECTOR	2 0	x						0	0	(				
MARY KAY LEONARD DIRECTOR	2 0	×						0	0	(				
JOHN MANG	2 0	×						0	0	(				
PENNI McLean- Conner MCLEAN- CONNER	2 0	×						0	0	(				
DIRECTOR MICHAEL MOONEY DIRECTOR	2 0	×						0	0	(				
DINLETON	ı	ı	ı	ı	ı	1		I	I					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Highest compensated Former 9 <u>.</u> emplovee Individual trustee below Institutional and related <u>年</u>806日 dotted line) organizations employee Trustee CAROLYN 2 0 MURPHY Х 0 0 DIRECTOR GEORGE NEBLE 20 Х 0 0 VICE CHAIRMAN AND DIRECTOR MICHAEL DURKIN 40 0 PRESIDENT AND Х 53.94 398,545 0 CEO AND ASSISTANT SECRETARY **PATRICIA** LATIMORE 40 0 218,222 0 37,10 CFO AND ASSISTANT TREASURER JEFFERY HAYWARD 40 0 Χ 247,439 0 34,38 CHIEF OF EXTER NAL **AFFAIRS** JOHN FEUDO 40 0 CHIEF Χ 184,354 0 23,92 DEVELOPMENT **OFFICER** KARLEY **AUSIELLO** 40.0 SENIOR VICE-0 36,87 X 175,069 PRESIDENT -COMMUNITY IMPACT MARK LAMOTHE 40 0 SENIOR VICE-175.651 0 27.66 Х PRESIDENT-MARKETING MARIA TRINGALE 40 0 Х 177,220 0 29,95 VICE-PRESIDENT-MAJOR GIFTS IMRAN ALRAI 40 0 VICE-29,56 171,057 0 PRESIDENT-**INFORMATION TECHNOLOGY** 

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Position (do not check Reportable Reportable Estimated Average Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W- 2/1099-(W-2/1099from the MISC) MISC) organizations organization below and related

	dotted line)	vidual trustee Inector	titutional Trustee	<u> </u>	employee	hest compensated dovee	mer			organizations
JANE TEWKSBURY	40 0									
EXECUTIVE						X		150,450	0	28,202

DIRECTOR-THRIVE IN FIVE

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data
SCHEDULE A	Public Ch	narity Status

DLN: 93493046025197 OMB No 1545-0047

Employer identification number

04-2382233

**Public Charity Status and Public Support** 

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is  $\,$  (For lines  $\,$  1 through  $\,$  11, check only one box  $\,$  )

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

Name of the organizat	ion
Internal Revenue Service	
Treasury	
Department of the	

UNITED WAY OF MASSACHUSETTS BAY INC

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

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

990EZ)

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(Form 990 or

www.irs.gov/form990.

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

6		A federal, state, or loc	al government	t or governmental unit	: described in <b>s</b> e	ection 170(b)(	1)(A)(v).		
7	Ī	An organization that n				om a governm	ental unit or from the g	eneral public	
8	_	described in <b>section 1</b> A community trust des				tII)			
9	<u> </u>	An organization that r receipts from activitie from gross investmen	normally receives related to it not income and it	ves (1) more than 33 s exempt functions—s	1/3% of its sup subject to certa xable income (I	port from cont in exceptions, ess section 5:	ributions, membership and (2) no more than 1 11 tax) from businesse	331/3% of its support	
10	Г	An organization organ					on 509(a)(4).		
11 a	F		upported organrough 11d that organization op n(s) the power	nizations described in at describes the type o perated, supervised, or to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori	)(1) or section ganization and its supported (	i 509(a)(2) See <b>sectio</b> I complete lines 11e, 1 organization(s), typical	n 509(a)(3). Check 1f, and 11g ly by giving the	
b	Г	Type II. A supporting	organization s pporting organ	upervised or controllenization vested in the	d in connection		orted organization(s), b manage the supported		
С		Type III functionally i			n operated in c	onnection with	n, and functionally inted	rated with, its	
	ı	supported organization						,	
d		Type III non-function not functionally integral					with its supported org rement and an attentiv		
		(see instructions) You							
е	Г	Check this box if the contegrated, or Type III					is a Type I, Type II, T	ype III functionally	
f	Ente	r the number of support			5 5				
g		Provide the following i							
Nar	(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Insted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
					Yes	No			
Tota	ıl								

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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.)

Section A Bubli		ion rans to quar	i, ander the te	ses listed below, p	rease complete i
Part III	. If the organizat	ion fails to qual	ify under the te	sts listed below, p	lease complete P

S	ection A. Public Support		•			•		
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2	015	<b>(f)</b> Total
-	fiscal year beginning in)	(4)2011	(0)2012	(0)2013	(u)2017	(6)2		
1	Gifts, grants, contributions, and membership fees received (Do	44,492,586	41,197,209	42,189,165	44,111,171	4'	5,686,045	217,676,176
	not include any unusual grants )	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12,257,205	,,	, ===, = .	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Tax revenues levied for the							
	organization's benefit and either							0
3	paid to or expended on its behalf The value of services or							
3	facilities furnished by a							
	governmental unit to the							0
	organization without charge							
4	<b>Total.</b> Add lines 1 through 3	44,492,586	41,197,209	42,189,165	44,111,171	45	5,686,045	217,676,176
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							0
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	<b>Public support.</b> Subtract line 5							217,676,176
- S	from line 4 ection B. Total Support							
	Calendar year		1					
(or	fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	)15	<b>(f)</b> Total
7	A mounts from line 4	44,492,586	41,197,209	42,189,165	44,111,171	45	,686,045	217,676,176
8	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	731,316	2,102,950	1,076,200	3,121,379	1	.,047,771	8,079,616
	royalties and income from similar sources							
9	Net income from unrelated							
-	business activities, whether or							0
	not the business is regularly						٩	O
	carried on							
10	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part	1,678,256	946,641	1,764,746	2,871,793	2	2,229,528	9,490,964
	VI)							
11	<b>Total support.</b> Add lines 7							235,246,756
	through 10						$\vdash$	
12	Gross receipts from related activ	, ,	•			12		0
13	First five years.If the Form 990 is	•	•		•			organization,
	check this box and stop here			<u></u>		<u> </u>	.▶	
	ection C. Computation of Po	• • •		4.4 1 (5)				
14	Public support percentage for 20	•	• •	e 11, column (r))		14		92 53 %
15	Public support percentage for 20	14 Schedule A, Pa	art II, line 14			15		92 12 %
16a	<b>33 1/3% support test – 2015.</b> If th	e organization did	not check the bo	x on line 13, and I	ine 14 is 33 1/3%	or more	, check th	is box
	and <b>stop here.</b> The organization q							▶  ▼
b	<b>33 1/3% support test—2014.</b> If th	ne organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or	more, che	eck this
	box and <b>stop here.</b> The organizat			_				▶
17a	10%-facts-and-circumstances tes							
	is 10% or more, and if the organizin Part VI how the organization m							ted
	5	iccis the lacts-al	ia circumstances	test The Organi.	zacion quannes as	а ривпо	'it anhhoi	<b>▶</b> [
b	organization  10%-facts-and-circumstances tes	st = 2014.If the ord	anization did not	check a box on lin	e 13 16a 16b o	r <b>1</b> 7 a a	nd line	
,	15 is 10% or more, and if the org							
	Explain in Part VI how the organiz							/
	supported organization							▶┌
18	Private foundation. If the organize	ation did not chec	k a box on line 13	, 16a, 16b, 17a, c	or 17b, check this	box and	see	
	Instructions							▶┌

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.)

	II. If the organization	n fails to qualify	under the tes	ts listed below,	please comple	ete Part II.)	
56	ction A. Public Support Calendar year				Ι	1	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
_	to the organization without charge				<b>I</b>		
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6 )						
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
-	iscal year beginning in) 🕨	(u)2011	(5)2012	(6)2013	(4)2011	(0)2013	(1)10001
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, thırd, fourth, or f	ifth tax year as a	section 501(c	·· · ·
_	check this box and stop here						<b>▶</b> □
	ction C. Computation of Pub		<del>_</del>				
15	Public support percentage for 2015	•		13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ection D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for 2	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line 1	.7		18	
	33 1/3% support tests—2015.If the	organization did	not check the ho	von line 14 and	line 15 is more t		nd line 17 is not
19a					THIC IS IN THICK O		
19a	more than 33 1/3%, check this box						▶┌

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

#### Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	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)	2		1
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
D	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 $509(a)(2)^{\circ}$ If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			Ì
	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised.	4b		
	by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	<b>4</b> c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) 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>9</b> b		
c	Did a disqualified person (as defined in line 9(a)) 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>9</b> c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
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)	<b>10</b> b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

#### Part IV Supporting Organizations (continued)

Section B.	Type 1	I Supporting	Organizations

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

Section	_	Tyna	TT	Supporting	Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <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)	1		

50	Section D. All Type 111 Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?	9				

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

<b>1</b> Ch	neck the box next to th	e method that the or	aanization used to satisf	v the Integral Part Test d	urina the vear	(see instructions)
-------------	-------------------------	----------------------	---------------------------	----------------------------	----------------	--------------------

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С	The organization supported a governmental entity	Describe in Part VI how you supported a government entity (se	eе
	instructions)	_	

C	instructions)	itity (S	·ee
2	Activities Test Answer (a) and (b) below.		Y
a	<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?		

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 identify those supported organizations and explain</b> 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	2a	
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	2b	

- 3 Parent of Supported Organizations Answer (a) and (b) below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
  - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	Organizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	ust on	Nov 20,1970 <b>See inst</b> i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	Γ
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Se	ection D - Distributions			Current Year			
1	A mounts paid to supported organizations to accom	plish exempt purposes					
2	A mounts paid to perform activity that directly furthe excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	A mounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval rea	aured)					
	Other distributions (describe in Part VI) See instru	,					
	,	20010					
	<b>Total annual distributions.</b> Add lines 1 through 6						
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide				
9	Distributable amount for 2015 from Section C, line	6					
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3	Excess distributions carryover, if any, to 2015						
а							
b							
С.							
	From 2013						
	From 2014  Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Carryover from 2010 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2015 from Section D, line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c						
8	Breakdown of line 7						
а							
b							
с —	Excess from 2013						
d	From 2014						
е	From 2015						

#### DLN: 93493046025197

Employer identification number

04-2382233

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

UNITED WAY OF MASSACHUSETTS BAY INC

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	· •	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s		☐ Yes ☐ No		
4a	Was a correction made?		☐ Yes ☐ No		
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ie amount paid fro Iirectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For I	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	D-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

L	nedule C	. (1 0	1111 990 01 990-12) 2013		Page Z
P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and finder section $501(h)$ .	led Form 5768	(election
	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated gexpenses, and share of excess lobbying expenditures)	roup member's nan	ne, address, EIN
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals

	expenses, and share of excess lobby		acca g.	oup member 5 ham	c, address, E1
В	Limits on Lobby	x A and "limited control" provisions apply ing Expenditures ans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1</b> a	Total lobbying expenditures to influence public o lobbying) Total lobbying expenditures to influence a legisla	, ,			
c	Total lobbying expenditures (add lines 1a and 1b	)			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c	and 1d)			
f	Lobbying nontaxable amount Enter the amount fill If the amount on line 1e, column (a) or (b) is:	rom the following table in both columns  The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of line	e 1f)	-		
h	Subtract line 1g from line 1a If zero or less, ente	r -0-			
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either lin reporting section 4911 tax for this year?	e 1h or line 1i, did the organization file Form 4	720	•	
		┌ Yes	N	0	

h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c $$ If zero or less, enter	-0-				
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes No					
	4-Year Ave (Some organizations that made a so columns below. See th		ection do not	have to com		ne five
	Lobbying Expe	nditures During 4	4-Year Avera	ging Period	1	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e) Total
<b>2</b> a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
				Sche	dule C (Form 990	or 990-EZ) 2015

	edule C (Form 990 or 990-EZ) 20					Р	age <b>3</b>
Pa		rganization is exempt under section 501(c)(3) and has election under section 501(h)).					
		igh 11 below, provide in Part IV a detailed description of the lobbying	(	(a)	٦	(b)	
activ	rity		Yes	No	I	A mour	nt
1		anization attempt to influence foreign, national, state or local			7		
	legislation, including any attemp through the use of	t to influence public opinion on a legislative matter or referendum,					
а	Volunteers?		Yes				
b	Paid staff or management (includ	le compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?			Νo	1		
d	Mailings to members, legislators	, or the public?		Νo			
e	Publications, or published or bro			No	₩		
f	Grants to other organizations for	, , ,	V = =	No	+		2.50
g h	- · · · · · · · · · · · · · · · · · · ·	heir staffs, government officials, or a legislative body? rs, conventions, speeches, lectures, or any similar means?	Yes	No	+-		2,59
i	Other activities?	3, conventions, specenes, rectures, or any similar means.	Yes	110	+		
j	Total Add lines 1c through 1:				+		2,59
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?		Νo			
b		tax incurred under section 4912			L		
c		tax incurred by organization managers under section 4912			$\perp$		
		a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Par	t III-A Complete if the o 501(c)(6).	rganization is exempt under section 501(c)(4), section	501(0	5)(5),	or s	ectio	n
				ı		Yes	No
1 2		nore) dues received nondeductible by members? n-house lobbying expenditures of \$2,000 or less?			2		
3	,	ry over lobbying and political expenditures from the prior year?			3		
		rganization is exempt under section 501(c)(4), section	501(	:)(5).		ectio	n
	501(c)(6) and if e	either (a) BOTH Part III-A, lines 1 and 2, are answered "	No"	OR (b	) Par	t III	-A,
1	Dues, assessments and similar		1				
2		bbying and political expenditures (do not include amounts of political					
_	expenses for which the section 5	527(f) tax was paid).	2a				
a b	Current year Carryover from last year		2b				
c	Total		2c				
3	Aggregate amount reported in se	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?		4				
		political expenditures (see instructions)	5				
	art IV Supplemental Inf						
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro e 1 Also, complete this part for any additional information	up list)	), Part I	I-A,I	ines 1	and
	Return Reference	Explanation					
	edule C, Part II-B, Line 1	UWMB DEVOTES A LIMITED AMOUNT OF TIME AND RESOURCES I					
	AILED DESCRIPTION OF THE BYING ACTIVITY	AROUND ISSUES THAT AFFECT LOW-INCOME CHILDREN, YOUTH CONVENING KEY STAKEHOLDERS FROM THE BUSINESS COMMUN			:5 DI		
		PHILANTHROPIC, PROVIDER AND FAITH COMMUNITIES, UWMB E					CY
		MAKERS ABOUT EMERGING CONCERNS AND POTENTIAL SOLUTION SEEKS SYSTEMATIC CHANGES AT THE STATE LEVEL ADDRESSING					VING
		ACTIVITIES INCLUDE MEETINGS AND CORRESPONDENCE WITH				LODD	TING
		TESTIFYING BEFORE LEGISLATIVE COMMITTEES, USING THE ME					ND
		OP-EDS TO DRIVE PUBLIC WILL, AND CONDUCTING RESEARCH T ADDITION, UWMB WORKS WITH STATE-LEVEL OFFICIALS ON SPE					ото
		EARLY EDUCATION QUALITY AND ACCESS, REDUCING INDIVIDU					
C - I-	adula C. Dant II. D. Luca 4	HOMELESSNESS, AND ECONOMIC DEVELOPMENT	NITO A	DVOC	A T I N		
	edule C, Part II-B, Line 1 AILED DESCRIPTION OF THE	UWMB DEVOTES A LIMITED AMOUNT OF TIME AND RESOURCES I AROUND ISSUES THAT AFFECT LOW-INCOME CHILDREN, YOUTH					
	BYING ACTIVITY	CONVENING KEY STAKEHOLDERS FROM THE BUSINESS COMMUN	ITY, L	ABOR,			
		PHILANTHROPIC, PROVIDER AND FAITH COMMUNITIES, UWMB E MAKERS ABOUT EMERGING CONCERNS AND POTENTIAL SOLUTION					ΞY
		SEEKS SYSTEMATIC CHANGES AT THE STATE LEVEL ADDRESSING					YING
		ACTIVITIES INCLUDE MEETINGS AND CORRESPONDENCE WITH	POLIC	CY MAK	ŒRS,		
		TESTIFYING BEFORE LEGISLATIVE COMMITTEES, USING THE ME OP-EDS TO DRIVE PUBLIC WILL, AND CONDUCTING RESEARCH T					ΝD
		ADDITION, UWMB WORKS WITH STATE-LEVEL OFFICIALS ON SPE					ото
		EARLY EDUCATION QUALITY AND ACCESS, REDUCING INDIVIDU	ALAN	ID FAM	ILY		
		HOMELESSNESS, AND ECONOMIC DEVELOPMENT					

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#### SCHEDULE D

(Form 990)

Department of the

tax year ▶\_

Treasury

### 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.

OMB No 1545-0047

DLN: 93493046025197

Inspection

Internal Revenue Service **Employer identification number** Name of the organization UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233 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 Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?	Yes	☐ No

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

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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)?

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

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

- 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
  - 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

Assets included in Form 990, Part X

- **▶** \$ \_ (ii) Assets included in Form 990, Part X
- 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
- Revenue included on Form 990, Part VIII, line 1
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III	Organizations Maintaining	g Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
		(continued)					
3		g the organization's acquisition, acc ction items (check all that apply)	cession, and other re	ecords, check any	of the following that	are a significant us	e of its
а		Public exhibition		d L	oan or exchange pro	ograms	
b		Scholarly research		<b>e</b>	ther		
c		Preservation for future generations	i				
4	Provi Part )	de a description of the organization KIII	n's collections and e	xplain how they fur	ther the organization	on's exempt purpose	: ın
5		g the year, did the organization sol					s 🗆 No
Pai	rt IV	<b>Escrow and Custodial Arr</b> Complete if the organization	angements.	<del></del>			<u>'</u>
1a		Part X, line 21. e organization an agent, trustee, cu ded on Form 990, Part X?	ıstodıan or other ınte	ermediary for contr	ubutions or other as	ssets not	s No
	1.5	IVaa II ayalaya tha ayaa aasaa ya sa	Doub VIII and assemble	-t- the fall	hla	Δ 200	nount
b c		'Yes," explain the arrangement in F	art XIII and comple	ete the lollowing ta	1	c A	iount .
d		ginning balance				d	
e		ditions during the year				e l	
f		stributions during the year ding balance			1		
2a		ne organization include an amount	on Form 990 Part Y	line 21 for escro		-	
20	Dia ti	ic organization include an amount	on rorm 550, rate x	, IIIIC 21, 101 C3C10	w or custodial acco	anchability.   Ye	s No
b	If"Y∈	es," explain the arrangement in Par					
Pa	rt V	Endowment Funds. Compl		ation answered "		· · · · · · · · · · · · · · · · · · ·	
			(a)Current year	(b)Prior year	<b>b (c)</b> Two years back		(e)Four years back
1a	=	nning of year balance	15,606,619	16,034,415	14,983,448	14,504,434	15,336,003
Ь	Conti	ributions • • • • • • •	429,536		0	17,210	0
c	Net II Iosse	nvestment earnings, gains, and	-200,323	294,265	1,764,907	1,166,815	-156,178
d	Grant •	ts or scholarships	0		0		0
e		r expenditures for facilities rrograms • • • • • • • •	744,325	722,061	713,940	705,011	675,391
f	Admı	nistrative expenses	0		0		
g	End o	of year balance	15,091,507	15,606,619	16,034,415	14,983,448	14,504,434
2	Provi	de the estimated percentage of the	current year end ba	alance (line 1g, col	umn (a)) held as		
а	Board	l designated or quasi-endowment 🖡	29 %				
ь	Perm	anent endowment ► 40 %					
c		orarily restricted endowment Forcentages on lines 2a, 2b, and 2c	31 %				
За	A re tl	here endowment funds not in the police	•		neld and administer	ed for the	Yes No
	(i) un	related organizations				3a	a(i) Yes
		elated organizations				<del>-</del>	n(ii) No
b		es" on 3a(II), are the related organi					3b
4		ribe in Part XIII the intended uses  Land, Buildings, and Equi		s endowment runds	<b>i</b>		
Pal	rt VI	Complete if the organization		Form 990. Part	IV. line 11a.See	Form 990, Part >	(, line 10.
		Description of property		(a) Cost or other (investme	(b) basis Cost or other b	Accumulated	(d)Book value
1a	Land						
b	Buildin	gs					
c	Leasel	nold improvements			3,758,	825 2,628,36	50 1,130,465
d	Equipn	nent		.	1,429	277 1,294,90	134,369

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

997,356

2,262,190

916,958

1,914,314

. . . . . . .

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organ	ization answered 'Yes	on Form 990, Part IV, line 11b.
(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) Alternative Investments		3,513,876	F
(B) Investment in Partnership		8,855,967	F
(C) Perpetual Trusts		5,315,011	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•	17,684,854	
Complete if the organization answered	d 'Yes' on Form 990	, Part IV, line 11c. <sub>See</sub>	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organization (a) Desc		Form 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
(.,,			(2) 2 2 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4
Total. (Column (b) must equal Form 990, Part X, col (B) line.	15)		•
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	anization answered	l 'Yes' on Form 990, P	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
Loss on Sub Lease			
Deferred Lease Incentive	493,0	0.3	
Donor Designtn next year Campaign	21,4		
Donor Designtn current Campaign	3,723,6	58	
Deferred Rent	503,5	89	
Deferred Recoveries			
Grant designations payable	82,0	00	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provided the second	► 4,823,6		financial statements that reports the
organization's liability for uncertain tax positions under F			

Sched	lule D (Form 990) 2015		Page <b>4</b>
Par	<b>t XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	Return
1	Total revenue, gains, and other support per audited financial statements	1	48,227,329
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,838,235		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-736,015
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,963,344
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	48,963,344
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	41,314,961
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		71,517,551
² a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
u e	Add lines 2a through 2d	2e	1,102,220
е 3	Subtract line <b>2e</b> from line <b>1</b>	2e 3	40,212,741
	<u> </u>	3	40,212,741
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
а	4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,490,124
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	52,702,865
	<u> </u>		1
Part	Supplemental Information		
Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b 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 mation		de any additional
	Return Reference Explanation		

Return Reference	Explanation

Schedule D, Part V, Line 4 Intended uses of endowment funds

IUWMB'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD DESIGNATED ENDOWMENT FUNDS TEMPORARILY RESTRICTED ENDOWMENT FUNDS INCLUDE GAINS AND EARNINGS ON PERMANENTLY RESTRICTED FUNDS IN EXCESS OF THE AMOUNTS APPROPRIATED FOR SPENDING ON A CUMULATIVE BASIS BY THE BOARD OF DIRECTORS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF DIRECTORS OF UWMB HAS INTERPRETED THE "UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT" (UPMIFA) AS REQUIRING THE PRESERVATION OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, UWMB CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS, (a) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (b) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (c) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE BOARD OF DIRECTORS OF UWMB IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA IN ACCORDANCE WITH UPMIFA, UWMB CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE ENDOWMENT FUNDS 1) THE DURATION AND PRESERVATION OF THE FUND 2) THE PURPOSES OF UWMB AND THE DONOR-RESTRICTED ENDOWMENT FUND 3)GENERAL ECONOMIC CONDITIONS 4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION 5)THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS 6) OTHER RESOURCES OF UWMB 7)THE INVESTMENT POLICIES OF UWMB 8) THE ROLE OF EACH INVESTMENT IN THE WHOLE PORTFOLIO 9) THE ADEQUACY OF RESERVES

Schedule D (Form 990) 2015	Page <b>5</b>		
Part XIII Supplemental Info	ormation (continued)		
Return Reference	Explanation		
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	DESIGNATIONS - 12490124		
-			

DLN: 93493046025197

Employer identification number

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

OMB No 1545-0047

2015

Open to Public Inspection

UNITED WAY OF MASSACHUSETTS BAY INC
04-2382233

**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	fundraı: custi cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>	0	0	0

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

ME MA NE

	•	,
Part II	Fundraising	Events
	C l - k C + l -	

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>(b)</b> Event #2	(c)Other events	(d)
		Real Estate Breakfast	Oyster Harbor Golf Classic		Total events (add col <b>(a)</b> through col <b>(c)</b> )
		(event type)	(event type)		
Reverkie	1 Gross receipts	1,199,356	564,480	1,437,353	3,201,189
	<b>2</b> Less Contributions	1,118,763	504,116	933,472	2,556,351
	Gross income (line 1 minus line 2)	80,593	60,364	503,881	644,838
	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
ွှ	<b>6</b> Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
<u>\$</u>	8 Entertainment				
- 1	<b>9</b> Other direct expenses	80,593	60,364	503,881	644,838
ا ق	10 Direct expense summary Add lines	4 through 9 in column (d	)		644,838
	11 Net income summary Subtract line 1	10 from line 3, column (d	)	•	0
Part	Complete if the organization Form 990-EZ, line 6a.	n answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Reversie		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
~	<b>1</b> Gross revenue				
Expenses	2 Cash prizes				
<u> </u>	3 Noncash prizes				
Direct	4 Rent/facility costs				
ੂ │	<b>5</b> Other direct expenses				
				Yes %	
	<b>6</b> Volunteer labor	├ No	├ No	☐ No	
	7 Direct expense summary Add lines	2 through 5 in column (d	)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
					L
9 a	Enter the state(s) in which the organization licensed to conduct				
	-	gaming decivities in ede	in or these states.		1 135 1 115
b	If "No," explain				
L0a	Were any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	Yes No

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493046025197 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (d) A mount of cash (a) Name and address of **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

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

Cat No 50055P

Schedule I (Form 990) 2015

425

a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assista

Down TV	Cunnique antal Tafaras	atta a Dualitata ala a cada	 and I have Death III	 and district and in the constant of the	
1					

OUTCOMES AND DELIVERABLES TO ENSURE UWMB IS ACHIEVING ITS MISSION

Part IV Supplemental :	<b>iformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Schedule I, Part I, Line 2	ARTNER ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UWMB UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING
Procedures for monitoring use of	WARDED FUNDING, INCLUDING BUT NOT LIMITED TO, AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF PROPOSED USE
grant funds	AND RESULTS OF FUNDING UWMB ENGAGES MULTIPLE VOLUNTEER REVIEW COMMITTEES TO REVIEW APPLICATIONS AND RECOMMEND
	UNDING TO UWMB'S COMMUNITY IMPACT COMMITTEE UWMB REQUIRES THAT ALL PARTNER AGENCIES SIGN A MEMORANDUM OF
	JNDERSTANDING AGREEING TO GENERAL PROVISIONS, REPORTING REQUIREMENTS, AND COMPLIANCE WITH APPLICABLE STATE AND
	EDERAL REGULATIONS IN ADDITION. UWMB'S COMMUNITY IMPACT STAFF. REGULARLY COMMUNICATE AND MONITOR AGENCIES'

COMPLIANCE WITH THE MEMORANDUM OF UNDERSTANDING INCLUDING PROGRESS AGAINST AGREED UPON PROGRAMMATIC

## **Additional Data**

74 Union Park Street Boston, MA 02118 **Software ID:** 15000238 **Software Version:** 2015v3.0

**EIN:** 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıfapplıcable (book, FMV, appraisal, organization grant cash non-cash assistance orassistance or government assistance other) N/A ABCD-Action for Boston 501(c)(3) 203,895 0 N/A 04-2304133 Community Impact Community Development 178 Tremont Street Boston, MA 02111 N/A Action Incorporated 04-2389332 501(c)(3) 25,100 0 N/A Community Impact 180 Main Street Gloucester, MA 01930 N/A Adopt A Student Foundation 501(c)(3) 10,243 0 N/A 04-6665080 Community Impact Cathedral High School

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Aids Action Committee of 22-2707246 501(c)(3) 36,869 0 N/A IN/A Community Impact Massachusetts Inc 75 Amory St Impact

IN/A

Community Impact

0 N/A

Roxbury, MA 02119							
A llston-Brighton Community Development Corporation	04-2716278	501(c)(3)	159,732	0	N/A	N/A	Community I
20 Linden Street							
Suite 288							
Allston, MA 02134							

17,008

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

501(c)(3)

Alzheimers Association of

Massachusetts 480 Pleasant Street Watertown, MA 02472

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 05-0271570 501(c)(3) 34,348 0 N/A IN/A American Cancer Society -Community Impact New England Division Finance Department 30 Speen Street Framingham, MA 01701 N/A 13-4159765 501(c)(3) 9,800 0 N/A Community Impact tion

0 N/A

N/A

Community Impact

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

501(c)(3)

Training nam, MA 01701
American India Foundation
Development Consultant
216 East 45th St 7th Floor
New York, NY 10017

PO Box 73857 Chicago, IL 60673

American National Red Cross

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash l(book, FMV, appraisal, non-cash assistance orassistance or government assistance other) IN/A American Red Cross of 501(c)(3) 360,109 0 N/A Community Impact 53-0196605 Massachusetts 139 Main Street ommunity Impact

IN/A

Community Impact

0 N/A

Cambridge, MA 02142							i
Americas Charities PO Box 75083 Baltimore MD 21275	54-1517707	501(c)(3)	13,258	0	N/A	N/A	Con

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

501(c)(3)

Animal Charities of America

San Francisco, CA 94145

PO Box 45754

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Animal Welfare Fund 26-0610986 501(c)(3) 12,198 0 N/A Community Impact 125 Washington Street Ste 201 inity Impact

A A	04 2476250	E01/a//2/	104 102		NI / A	N/A	C
Arlington Boys and Girls Club 60 Pond Ln Arlington, MA 02474	04-2149320	501(c)(3)	5,098	0	N/A	N/A	Communit
Salem,MA 01970							

Community Impact Asian American Civic 04-24/6258 501(c)(3) 104,183 U IN/A Association

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

87 Tyler St 5

Boston, MA 021111833

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance 04-2988263 501(c)(3) 79,884 0 N/A IN/A Community Impact Asian Community **Development Corporation** 38 Oak Street inity Impact

A	04 2276227	E01/-3/23	F 734		N1 / 8	N/A	<u> </u>
Domestic Violence PO Box 120108 Boston, MA 02112							
Asıan Task Force Agaınst	04-3103354	501(c)(3)	46,643	0	N/A	N/A	Communi
Boston,MA 02111							

Aspergers Association of Newl 04-3376227 501(c)(3) 5,721 0 N/A England Inc

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

Watertown, MA 02472

Community Impact 51 Water St Ste 2

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Bay Cove Human Services 04-2518575 501(c)(3) 11,194 0 N/A IN/A Community Impact Development Office 66 Canal Street

Boston, MA 02114							
BELL Foundation 60 Clayton Street Dorchester, MA 02122	04-3182053	501(c)(3)	70,646	0	N/A	N/A	Community Impact
Berkshire Children and	04-2226238	501(c)(3)	10,930	0	N/A	N/A	Community Impact

Families Inc.

480 West Street Suite 2 Pittsfield, MA 01201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 20,000 0 N/A N/A Berwick Academy 01-0223755 Community Impact 31 Academy Street South Berwick, ME 03908 IN/A BEST Corp 501(c)(3) 47,040 0 N/A 20-0917822 Community Impact 33 Harrison Ave Third Floor

IN/A

Community Impact

0 N/A

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

501(c)(3)

Boston, MA 02111

Bethany Hill School

89 Bethany Road Framingham, MA 01702

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) IN/A Beverly Bootstraps 04-3254507 501(c)(3) 37,374 0 N/A Community Impact 35 Park St Beverly, MA 01915 N/A Beverly Childrens Learning 02-3726724 29,664 0 N/A 501(c)(3) Community Impact Center 550 Cabot Street

Beverly, MA 01915 IN/A Big Brothers Big Sisters 04-2074462 501(c)(3) 225,299 0 N/A Community Impact Association of Massachusetts Bay 75 Federal St

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

5Th Floor

Boston, MA 02110

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Big Sister Association of 04-2150651 501(c)(3) 282,215 0 N/A N/A Community Impact Greater Boston 20 Park Plaza - Suite 1420 Boston, MA 02116 N/A Bird Street Community Center 04-2708670 501(c)(3) 68,410 0 N/A Community Impact Nathan Simms 500 Columbia Road

Dorchester, MA 02125 N/A BOSTnet - Build the Out of 22-2835459 501(c)(3) 165,500 0 N/A Community Impact

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

School Time Network 6 Beacon Street Suite 810 Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Boston Area Health Education 04-3316655 501(c)(3) 10,400 0 N/A IN/A Community Impact Center c/o Boston Public Health Commission 1010 Massachusetts Avenue Boston, MA 02118 IN/A Boston Asian Youth Essential 23-7288855 501(c)(3) 67,233 0 N/A Community Impact Service 199 Harrison Avenue Boston, MA 02111

N/A

Community Impact

0 N/A

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

501(c)(3)

Boston Center for

Independent Living Inc(BCIL) 60 Temple PL 5th FL Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Boston Centers for Youth and 04-2602576 18,000 0 N/A IN/A 501(c)(3) Community Impact Families 1483 Tremont St Boston, MA 02120 In/a Boston Childrens Hospital -04-2774441 501(c)(3) 10,884 0 N/A Community Impact Family Connections 300 Longwood Avenue Boston, MA 02215

N/A

Community Impact

0 N/A

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

501(c)(3)

Boston College

Office of Sponsored Programs 140 Commonwealth Ave Chestnut Hill, MA 02467

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Boston Medical Center 04-3314093 501(c)(3) 10,998 0 N/A IN/A Community Impact 801 Massachusetts Avenue Boston, MA 021182393 N/A Boston Medical Center (Child 04-3314093 501(c)(3) 54,720 0 N/A Community Impact Witness to Violence Drozest inity Impact

660 Harrison Ave Gambro 2 - Room 211 Boston, MA 02118							
Boston Medical Center (Healthy Steps) 660 Harrison Ave	04-3314093	501(c)(3)	65,399	0	N/A	N/A	Communit

Gambro 2 Rm 211 Boston, MA 02118

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boston Minuteman Council 22-1576300 501(c)(3) 17,886 0 N/A Community Impact Boy Scouts of America 600 W Cummngs Park Suite 2750 Wohurn MA 018016457 ity Impact

6.726

IN/A

Community Impact

0 N/A

WODUITI, MA 010010437							
Boston Public Health	04-3316655	501(c)(3)	11,200	0	N/A	N/A	Community
Commission							
c/o Boston Public Health							
Commission							
1010 Massachusetts Avenue							
Boston, MA 02118							

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

501(c)(3)

Boy Scouts of America Old Colony Council

2438 Washington Street Canton, MA 02021

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Boys and Girls Club -04-2103922 501(c)(3) 6,046 0 N/A IN/A Community Impact Charlestown 200 High Street Suite 3B Boston, MA 02110 ity Impact ity Impact

Boys and Girls Club of Greater Billerica 19 Campbell Road Billerica, MA 018212698	23-7106468	501(c)(3)	18,624	0	N/A	N/A	Community
Boys and Girls Club of Greater Lowell Inc Joseph C Hungler Exec Director	04-2104396	501(c)(3)	43,832	0	N/A	N/A	Community

657 Middlesex Street Lowell, MA 01851

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boys and Girls Club of Woburn 04-2301953 501(c)(3) 54,564 0 N/A Community Impact James L MCKeon Boys and Gırls 40 Hudson Street Woburn, MA 01801 inity Impact

Boys and Girls Clubs of Boston 200 High Street Boston, MA 02110	04-2103922	501(c)(3)	888,324	0	N/A	N/A	Communi
Boys and Girls Clubs of	23-7072766	501(c)(3)	70,138	0	N/A	N/A	Communi

Middlesex County

11 Salem Street Suite 15 Medford, MA 02155

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

inity Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boys and Girls Club of 04-2111215 501(c)(3) 22,248 0 N/A Community Impact Haverhill 55 Emerson Street PO Box 483 Hayarbill MA 01020

navernin, MA 01630							
Boys and Girls Club of Lower Merrimack Valley PO Box 5906 Salisbury, MA 01952	04-3474114	501(c)(3)	23,442	0	N/A	N/A	Community Impact
Boys and Girls Clubs of	23-7076465	501(c)(3)	127,345	0	N/A	N/A	Community Impact

Dorchester 35 Deer Street Dorchester, MA 02125

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Brazelton Touchpoints Project 04-3327682 501(c)(3) 86,083 0 N/A N/A Community Impact Inc Boston Childrens Hospital Research Fifnance Boston, MA 02241 nity Impact

0 N/A

Community Impact

Brazelton Touchpoints Project Inc	04-3327682	501(c)(3)	86,083	0	N/A	N/A	Communit
Family Connections 1295 Boylston Street 320 Boston, MA 02215							
Bridge Over Troubled Waters	04-2472126	501(c)(3)	185.753	0	N/A	N/A	Communit

185,753

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

501(c)(3)

Bridge Over Troubled Waters

Inc

47 West Street Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Bridgewater State University 22-2678005 501(c)(3) 8,750 0 N/A Community Impact Tillinghast Hall - Rm 100 45 School Street nity Impact

Bridgewater, MA 02325							
Brookline Center (The) 41 Garrison Road Brookline, MA 02445	04-2263744	501(c)(3)	161,344	0	N/A	N/A	Community Impact
Brookline Community Mental	04-2263744	501(c)(3)	10,931	0	N/A	N/A	Community Impact

Health Center 41 Garrison Road Brookline, MA 02445

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Build The Out of School Time 22-2835459 501(c)(3) 46,144 0 N/A Community Impact Network Inc dbaBosNet Inc 6 Beacon Street Suite 810 Boston, MA 22108 N/A Cambridge Community Center 04-2477881 501(c)(3) 32,240 0 N/A Community Impact Inc N/A 04-2103961 501(c)(3) 30,761 0 N/A Community Impact

5 Callender Street Attn Benjamin B Clark Cambridge, MA 02139 Cambridge Community Services (CCS) Ben Clark - Executive Director

99 Bishop Richard Allen Drive Cambridge, MA 02139

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Cambridge Family and 04-2104057 501(c)(3) 76,877 0 N/A IN/A Community Impact Childrens Service Ms Maria Mossaides 60 Gore Street ity Impact

Cambridge, MA 02141							
Cambridge Family YMCA 820 Massachusetts Avenue Cambridge, MA 02139	04-2103960	501(c)(3)	6,246	0	N/A	N/A	Community Impact
Camp Fire USA North Shore	04-2103970	501(c)(3)	34,849	0	N/A	N/A	Community Impact

Council 2 Cain Road Salem, MA 01970

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A CancerCure of America 81-0648432 501(c)(3) 11,837 0 N/A Community Impact PO Box 45754 San Francisco, CA 94145 IN/A Cape and Islands United Way 04-2271714 501(c)(3) 18,675 0 N/A Community Impact

259 Stevens St Suite E Hyannis, MA 0260143

Boston, MA 02118

 Hyannis, MA
 026014327
 Casa Myrna Vazquez Inc
 04-2625710
 501(c)(3)
 43,964
 0 N/A
 N/A
 Community Impact

 38 Wareham Street
 ORA
 (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) IN/A 04-2534041 501(c)(3) 906,042 0 N/A Catholic Charities - Boston Community Impact 275 W Broadway South Boston MA unity Impact

IN/A

Community Impact

0 N/A

021271943							
Catholic Charities North	04-2534041	501(c)(3)	54,656	0	N/A	N/A	Commun
117 N Common Street							

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

501(c)(3)

Lynn, MA 01902

04-2534041

Catholic Charities South

169 Court Street Brockton, MA 02302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 45-1679647 501(c)(3) 12,270 0 N/A Community Impact Catholic Service Organizations of America PO Box 45754 inity Impact

0 N/A

N/A

Community Impact

San Francisco, CA 94145						
CDC of South Berkshire 04-3010 PO Box 733 Great Barrington, MA 01230	725 501(c)(3	59,810	0	N/A	N/A	Communi

22,160

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

501(c)(3)

Center for Teen Empowerment

384 Warren Street 3 Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) IN/A Centro Latino de Chelsea 22-2966645 501(c)(3) 8,651 0 N/A Community Impact 267 Broadway Chelsea, MA 02150 unity Impact

Centro Presente 12 Bennington Street Suite 2 Boston, MA 021281771	04-2754284	501(c)(3)	50,398	0	N/A	N/A	Community Impact
Cerebral Palsy Association of	04-2204289	501(c)(3)	48,396	0	N/A	N/A	Community Impact

Fastern Massachusetts 103 Johnson Street Lynn, MA 01902

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Charity Without Borders 81-0648432 501(c)(3) 5,729 0 N/A Community Impact 1100 Larkspur Landing Larkspur, CA 94939 Community Impact

Community Impact

Charities Under 1 Overhead PO Box 45754 San Francisco, CA 94145	27-3132554	501(c)(3)	9,655	0	N/A	N/A
Chelsea Neighborhood Developers	04-2660283	501(c)(3)	9,500	0	N/A	N/A

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

4 Gerrish Avenue Chelsea, MA 02150

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Child and Family Services of 02-0222164 501(c)(3) 16,482 0 N/A Community Impact New Hampshire 464 Chestnut Street Manchester, NH 03101 inity Impact

Child Care of the Berkshires Inc PO Box 172 North Adams,MA 01247	04-2457299	501(c)(3)	9,232	0	N/A	N/A	Community Impact
Child Development Council Inc	23-7173500	501(c)(3)	15,000	0	N/A	N/A	Community Impact

Stacey Barnett Frias PO Box 337 Kingston, NH 03848

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Childrens Charities of 94-3148588 501(c)(3) 15,516 0 N/A IN/A Community Impact A merica PO Box 45754 San Francisco, CA 94145 IN/A Childrens Friend and Family 04-2104791 501(c)(3) 75,519 0 N/A Community Impact Service Society 110 Boston Street Salem, MA 019701402

N/A

Community Impact

0 N/A

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

501(c)(3)

04-2104791

Childrens Friend and Family

110 Boston Street Salem, MA 01970

Service

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) IN/A 04-2622153 501(c)(3) 55,901 Childrens Law Center of 0 N/A Community Impact Massassachusetts 298 Union Street nity Impact

N/A

Community Impact

0 IN/A

Lynn,MA 01903							
Childrens Medical and Research Charities of America PO Box 45754	94-3148588	501(c)(3)	15,832	0	N/A	N/A	Communit

269,681

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

501(c)(3)

San Francisco, CA 94145

520 Dudley St Roxbury, MA 02119

Childrens Services of Roxbury

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Christian Charities USA 94-3255961 501(c)(3) 15.568 0 N/A Community Impact 1100 Larkspur Landing Larkspur, CA 94939 unity Impact

N/A

Community Impact

0 N/A

zarkopar, orr sisos							
Christian Family Services 2720 Southwest Second	59-2062317	501(c)(3)	6,314	0	N/A	N/A	Commur
A venue							
Gainesville.FL 32607							l

36,173

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

501(c)(3)

Christian Service Charities

PO Box 79704 Baltimore, MD 21279

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Citizens Housing and Planning 04-6138418 501(c)(3) 75,000 0 N/A IN/A Community Impact Association (CHAPA) 18 Tremont Street Suite 401 inity Impact

0 N/A

N/A

Community Impact

Boston, MA 02108							
Citizens Schools 308 Congress Street 5th Floor Boston, MA 02210	04-3259160	501(c)(3)	6,000	0	N/A	N/A	Communi

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

501(c)(3)

City Mission Society

14 Beacon Street Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 04-6001396 501(c)(3) 8.985 0 N/A IN/A City of Lowell Public Schools Community Impact 155 Merrimack Street Lowell MA 01852 ty Impact

City Year Boston 287 Columbus Avenue Boston, MA 02116	22-2882549	501(c)(3)	64,987	0	N/A	N/A	Community Impact
BOSTON, MA UZITO							
Coalition for a Better Acre Inc	04-2760272	501(c)(3)	45,472	0	N/A	N/A	Community Impact

517 Moody Street Lowell, MA 01854

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Codman Square Neighborhood 04-2752507 501(c)(3) 256,878 0 N/A IN/A Community Impact Development Corporation Gail Latimore 587 Washington Street inity Impact

Dorchester, MA 02124							
College Bound Dorchester 18 Samoset Street Dorchester, MA 021242415	04-2383512	501(c)(3)	290,228	0	N/A	N/A	Community Impact
Combined Jewish	04-2103559	501(c)(3)	555,926	0	N/A	N/A	Community Impact

Philanthropies 126 High Street Boston, MA 021102707

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Commonwealth Family 26-4068736 501(c)(3) 5,432 0 N/A Community Impact Childcare Inc 691 Broadway Raynham, MA 02767 N/A Commonwealth Land Trust 22-2753637 501(c)(3) 58,900 0 N/A Community Impact Inc 1059 Tremont St Suite 2 Roxbury Crossing, MA

02120 N/A 0 N/A Community Action 02-0268636 501(c)(3) 73,514 Community Impact Partnership of Strafford County

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

Betsey Andrews Parker

PO Box 160 Dover, NH 03821

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 04-2428915 501(c)(3) 20,000 0 N/A Community Action Programs Community Impact Inter-City Inc 100 Everett Ave Unit 14 nity Impact

N/A

Community Impact

0 N/A

Chelsea,MA 02150							
Community Action Inc 3 Washington Sq Fl 4	04-2383153	501(c)(3)	83,098	0	N/A	N/A	Communit
Haverbill MA 01830							

32,944

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

501(c)(3)

naverilli, MA 01030

Community Art Center Inc

119 Windsor Street Cambridge, MA 02139

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Community Day Care Center 04-2473133 501(c)(3) 5,120 0 N/A N/A Community Impact ofLawrence 190 Hampshire Street Lawrence, MA 01840 IN/A Community Day Care Contor 04 2472122 E01/61/21 C 150 O N / A Community Impact

of Lawrence Inc 190 Hampshire St Room 302 Lawrence, MA 01840	04-24/3133	301(0)(3)	0,430	U	IN/A		Community Impact
Community Economic Dev	04-2657382	501(c)(3)	44,160	0	N/A	N/A	Community Impact

One Center Plaza Suite 350

Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Community EDC of 04-3371170 501(c)(3) 60,502 0 N/A IN/A Community Impact Southeastern Massachusetts 1285 Acushnet Avenue New Bedford, MA 02740 inity Impact

		==.4.34=3				NI/A	
(MD) PO Box 75153 Baltimore,MD 21275							
Community Health Charities	52-0728032	501(c)(3)	65,742	0	N/A	N/A	Commun

P O Box 75684 Baltimore, MD 21275

Community Health Charities 22-2478946 501(c)(3) 27,308 0 N/A IN/A Community Impact of Maine

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 22-2570476 501(c)(3) 11,717 0 N/A IN/A Community Impact Community Health Charities of New York PO Box 758858 Baltimore, MD 212758858 ommunity Impact

Community Legal Services and Counseling Center One West Street	04-2470335	501(c)(3)	6,134	0	N/A	N/A	Coi
Cambridge, MA 02139							
C	25 1010221	E01(-)(2)	21.677	^	N. (A	NI/A	<u></u>

113 Crosby Road Suite 1 Dover, NH 03820

Community Partners 25-1918334 501(c)(3) 21,677 0 N/A Community Impact Pamela Thyng

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) N/A 501(c)(3) 156,574 0 N/A Community Teamwork Inc 04-2382027 Community Impact 155 Merrimack Street Floor 2 Lowell, MA 018521723 IN/A 501(c)(3) 102,805 0 N/A Community Impact 04-2103560

 
 Community Work Sevices 174 Portland Street Boston, MA 02114
 04-2103560
 501(c)(3)
 102,805
 0 N/A
 N/A
 Community Impact

 Conservation and Preservation Charities of America
 94-3217738
 501(c)(3)
 7,947
 0 N/A
 N/A
 Community Impact

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

PO Box 45754

San Francisco, CA 94145

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Corey Johnson Trauma Cneter 04-3506648 501(c)(3) 25,000 0 N/A Community Impact Roxbury Presbyterian Church 328 Warren Street unity Impact

N/A

Community Impact

0 N/A

Boston, MA 02119							
Council of Social Concern 2 Merrimac Street Woburn, MA 01801	04-2494773	501(c)(3)	64,784	0	N/A	N/A	Communi

12,719

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

501(c)(3)

Cradles to Crayons

155 N Beacon Street Brighton, MA 02135

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Cravon Campus Inc 41-2121951 501(c)(3) 7,468 0 N/A Community Impact 5 Russells Mills Road South Dartmouth, MA 02748 Crisnus Attucks Childrens N/A 501(c)(3) 90,229 04-2457984 0 lN /A Community Impact

N/A

Community Impact

0 N/A

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

501(c)(3)

04-2104046

Crispus Attucks Children
Center
105 Crawford Street
Dorchester, MA 02121

Crittenton Womens Union

One Washington Mall 2nd Fl Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Cross Roads House Inc. 22-2549963 501(c)(3) 11,976 0 N/A N/A Community Impact Martha Stone 600 Lafavette Road Portsmouth, NH 03801 N/A Dana-Farber Cancer Institute 04-2263040 501(c)(3) 85,196 0 N/A Community Impact st 6th

0 N/A

N/A

Community Impact

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

501(c)(3)

Erica Lennon	
10 Brookline P	lace Wes
Floor	
Brookline, MA	02445

90 Sandy Valley Road Dedham, MA 02026

Dedham Country Day School

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Disability Law Center 04-2741869 501(c)(3) 47,798 0 N/A IN/A Community Impact 11 Beacon Street Suite 925 Boston, MA 02108 IN/A Dorchester Bay Economic 04-2681632 501(c)(3) 88,539 0 N/A Community Impact Development Corporation 594 Columbia Road Suite 302 Dorchester, MA 02125

Dorchester Youth 04-2743166 501(c)(3) 14,802 0 N/A N/A Community Impact Collaborative

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

Mrs McGuire

1514A Dorchester Avenue Dorchester, MA 02122

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A DOVE Inc (Domestic 04-2667808 501(c)(3) 7,684 0 N/A Community Impact Violence Ended) PO Box 690267 Quincy, MA 02269 N/A Dover Day Care Learning 02-0303815 501(c)(3) 13.388 0 N /A Community Impact

Dover Day care Learning	02 0303010	001(0)(0)	10,000	•	· · · · · · · · · · · · · · · · · · ·	1 *	pooning impact
Center							
Melissa Fischetto							
43 Back River Road							
Dover, NH 03820							
Downtown Taunton	45-1796085	501(c)(3)	34,378	0	N/A	N/A	Community Impact

Downtown Launton Foundation Inc.

8 Trescott Street Taunton, MA 02780

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 04-3029411 501(c)(3) 25,664 0 N/A IN/A Dudley Neighbors Inc Community Impact 504 Dudley St Roxbury, MA 02119 NI/A Enable Committee North 00 0547400 E 0 4 / - 1/2 1 46 534 0 101 / 0 nunity Impact

IN/A

Community Impact

0 N/A

Early Learning New	02-051/109	501(c)(3)	46,531	Į U	IN/A	IN/A	Commu
Hampshire							
Jackie Cowell - Exec Director							
2 Delta Drive							
Concord.NH 03301							

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

501(c)(3)

Washington, DC 200424011

Earth Share (DC)

Dept 4011

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 04-2774242 501(c)(3) 41,513 0 N/A Fast Boston Ecumenical Community Impact Community Council (EBECC) EBECC 50 Meridian Street Suite B-1 East Boston, MA 02128 N/A East Boston Social Centers 04-2104257 501(c)(3) 91.200 0 N/A Community Impact

N/A

Community Impact

0 N/A

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

501(c)(3)

04-2104163

68 Central Square
East Boston, MA 02128

Fast End House

105 Spring Street Cambridge, MA 02141

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Ecumenical Social Action 04-2455301 501(c)(3) 33,694 0 N/A IN/A Community Impact Comittee Inc (ESAC) 214 Harvard Street Lower Level Dorchester, MA 02124 unity Impact

N/A

Community Impact

0 N/A

Ecumenical Social Action	04-2455301	501(c)(3)	10,000	0	N/A	N/A	Commun
Committee Inc P O Box 301749							
Jamaica Plain, MA							
021300015							

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

501(c)(3)

04-2316924

Eliot Community Human

Services 186 Bedford St Lexington, MA 02420

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A 501(c)(3) 30,275 0 N/A Elizabeth Peabody House 04-2104827 Community Impact 275 Broadway Somerville, MA 02145 IN/A Elizabeth Stone House 501(c)(3) 56,621 0 N/A 51-0192418 Community Impact PO Box 300039

N/A

Community Impact

0 N/A

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

501(c)(3)

Jamaica Plains, MA 02130

Ellis Memorial and Eldredge

House Inc 58 Berkeley Street Boston, MA 021166215

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) N/A 22-2702774 501(c)(3) 41,329 0 N/A Emmaus Inc Community Impact PO Box 568 Haverhill, MA 01831 IN/A 04-2734184 501(c)(3) 6,612 0 N/A Community Impact

Enable Inc 605 Neponset Street Canton, MA 02021 N/A Environmental Federation of 52-1601960 501(c)(3) 5,873 0 N/A New England

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

Washington, DC 200426056

Community Impact Earth Share of New England Department 6056

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Essex County Community 04-3407816 501(c)(3) 9,000 0 N/A Community Impact Foundation Inc. 175 Andover Street Suite 101 Danvers, MA 01923 N/A Fair Tide Inc 01-0525140 501(c)(3) 18.000 0 N/A Community Impact Mary Oplinger 15 State Road

98.013

0 N/A

IN/A

Community Impact

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

501(c)(3)

Kittery, ME 03904

Families First Health and

Support Center 100 Campus Drive Portsmouth, NH 03801

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Families in Transition 02-0475414 501(c)(3) 10.000 0 N/A Community Impact 122 Market Street Manchester, NH 03101 N/A Family and Childrens 04-2235959 501(c)(3) 139,368 0 lN /A Community Impact Services of Gtr Lynn 111 North Common Street

N/A

Community Impact

0 N/A

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

501(c)(3)

Lynn, MA 01902

492 Waltham Street Newton, MA 02465

Family ACCESS of Newton

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance N/A Family Aid Boston 04-2105756 501(c)(3) 10.000 0 N/A Community Impact 727 Atlantic Avenue Boston, MA 02111 unity Impact

Family Nurturing Center 200 Bowdoin St Dorchester, MA 02122	31-1626186	501(c)(3)	43,580	0	N/A	N/A	Community Impact
Family Promise North Shore	27-1801635	501(c)(3)	5,120	0	N/A	N/A	Community Impact

330 Rantoul Street Beverly, MA 01915

Boston

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 501(c)(3) 327,308 0 N/A Family Service of Greater 04-2160528 Community Impact Boston 31 Heath Street Jamaica Plain, MA 02130 IN/A 04-2104054 501(c)(3) 53.063 0 N/A Community Impact

N/A

Community Impact

0 N/A

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

501(c)(3)

04-2105756

Family Services of the
Merrimack Valley Inc
430 North Canal Street
Lawrence, MA 01840

FamilyAid Boston

727 Atlantic Ave Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 22-2538039 501(c)(3) 16.624 IN/A Father Bills and MainSpring 0 IN / A Community Impact 38 Broad Street Ouincy, MA 02169 N/A Father Bills and MainSpring 22-2538039 501(c)(3) 16.624 0 N/A Community Impact 38 Broad Street Quincy, MA 02169

N/A

Community Impact

0 N/A

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

501(c)(3)

Father Bills and MainSpring

38 Broad Street
Quincy, MA 02169

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 22-2538039 501(c)(3) 99,380 0 N/A N/A Father Bills and MainSpring Community Impact 430 Belmont Street Brockton MA 02201 nity Impact

N/A

Community Impact

0 N/A

DIOCKCOII, MA 02301							
Father Bills and MainSpring 430 Belmont Street Brockton, MA 02301	22-2538039	501(c)(3)	99,380	0	N/A	N/A	Communit

99,380

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

501(c)(3)

Father Bills and MainSpring

430 Belmont Street Brockton, MA 02301

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Federation for Children With 04-2557572 501(c)(3) 39,000 0 N/A IN/A Community Impact Special Needs The Schrafft Center 529 Main Street Suite 1M3 Boston, MA 02129 IN/A 04-2666507 501(c)(3) 75.186 0 N/A Community Impact Fenway Community **Development Corporation** 70 Burbank Street Boston, MA 02115

0 N/A

IN/A

Community Impact

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

501(c)(3)

Fenway Community Health

1340 Boylston Street Boston, MA 022154302

Center

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-6002284 501(c)(3) 5.000 0 N/A N/A Fitchburg State University Community Impact 160 Pearl Street act

0 N/A

Community Impact

Fitchburg, MA 01420							
Food Project - Lincoln MA 10 Lewis Street Lincoln, MA 01773	04-3262532	501(c)(3)	6,000	0	N/A	N/A	Community Impact
For Kids Only Afterschool	04-3037204	501(c)(3)	129 036	0	N/A	N/A	Community Impac

129,036

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

501(c)(3)

For Kids Only Afterschool

194 Essex Street Salem, MA 01970

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Foundation for Boston 04-2602576 501(c)(3) 20,000 0 N/A IN/A Community Impact Centers for Youth and Families Donna Reeves-lackson 1402 Tramont Street munity Impact

0 N/A

N/A

Community Impact

Boston, MA 02120							
Franklin County CDC 324 Wells Street Greenfield, MA 01301	04-2678309	501(c)(3)	11,549	0	N/A	N/A	Comm

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

501(c)(3)

Franklin Food Pantry

43 West Central Street Franklin, MA 02038

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Friends of the Homeless Inc 22-2786732 501(c)(3) 9,500 0 N/A Community Impact 769 Worthington Street ity Impact

N/A

Community Impact

0 N/A

Springfield, MA 01105							1
Friends of Youth Opportunity	20-8345272	501(c)(3)	46,542	0	N/A	N/A	Community
Inc							ĺ
7 Palmer Street 2nd Floor							ĺ
Roxbury,MA 02119							1

334,925

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

501(c)(3)

95 Berkelev St Boston, MA 02116

Girl Scouts of Eastern MA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(c)(3) 55.012 0 N/A IN/A Girls Inc of Greater Lowell 04-2104401 Community Impact 220 Worthen St Lowell, MA 01852 nunity Impact

N/A

Community Impact

0 N/A

Girls Inc of Haverhill	04-2104286	501(c)(3)	15,541	0	N/A	N/A	Commu
7 William Street							
Haverhill, MA 01830							

129,487

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

501(c)(3)

Girls Incorporated of Lynn 04-2104250

50 High Street Lvnn, MA 01902

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 65-1149772 501(c)(3) 10,000 0 N/A Global Communities of Community Impact Support 475 Wall Street unity Impact

Princeton, NJ 08540							
Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	501(c)(3)	24,815	0	N/A	N/A	Commun

311 Route 108

Somersworth, NH 03878

501(c)(3) 82,024 0 N/A N/A Goodwin Community Health 02-0304203 Community Impact Melissa Silvev

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 02-6006033 501(c)(3) 100,714 0 N/A IN/A Granite United Way Community Impact Patrick Tufts/William Cherry 22 Concord Street 2 M - - - - - - - - NIII - 0 2 4 0 4 act

N/A

Community Impact

0 N/A

Manchester, NH U31U1							
Great Bay Kids Company	02-0272439	501(c)(3)	10,410	0	N/A	N/A	Commun
Wendy Monroe							1
81 NH Avenue						!	1

Pο

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

501(c)(3)

04-2717782

Greater Boston Food Bank

70 South Bay Ave Boston, MA 021182704

Great Bay Kids Company	02-0272439	501(c)(3)	10,410	0	N/A	N/A	Community Impa
Wendy Monroe							
81 NH Avenue							
Portsmouth, NH 03801							

57,904

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Greater Boston Legal 04-2103907 501(c)(3) 367,701 0 N/A Community Impact Services 197 Friend Street Boston MA 02114 nity Impact

D05(0H, PIA 02114							
Greater Haverhill YWCA 107 Winter St Haverhill, MA 01830	04-2460259	501(c)(3)	15,000	0	N/A	N/A	Community Impact
Greater Lawrence Community	04-2397449	501(c)(3)	96,742	0	N/A	N/A	Community Impact

Action Council

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

305 Essex Street 4th FI Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Greater Lowell Family YMCA 501(c)(3) 9,566 0 N/A 04-2104398 Community Impact 35 YMCA Drive Lowell, MA 01852 IN/A Greaa Neiahborhood House 04-6073599 501(c)(3) 103,827 0 N/A Community Impact

IN/A

Community Impact

0 N/A

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

501(c)(3)

Association
106 Broad Street
Lynn, MA 01902

22-2700013

Haitian Project Inc

PO Box 6891 Providence, RI 02940

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance N/A Hale Reservation 04-2111550 501(c)(3) 5,000 0 N/A Community Impact 80 Carby Street Westwood, MA 02090 inity Impact

·							
HAP Housing Inc 22 Main Street	04-2518368	501(c)(3)	5,133	0	N/A	N/A	Community Impact
Springfield, MA 01105							
Harborlight Community Partners	04-2313571	501(c)(3)	26,250	0	N/A	N/A	Community Impact

PO Box 507 Beverly, MA 01905

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Hattie B Cooper Community 04-2173420 501(c)(3) 102,838 0 N/A IN/A Community Impact Center 1891 Washington Street Boston, MA 02118 BI/A unity Impact

Heading Home Inc 529 Main Street	23-7364546	501(c)(3)	141,724	0	N/A	IN/ A	Community Impact
Suite 100							
Charlestown, MA							
021291119							
Healing Abuse Working for	04-2655367	501(c)(3)	19,283	0	N/A	N/A	Community Impact

Change

20 Central Avenue Lynn, MA 01901

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Health and Medical Research 94-3217739 501(c)(3) 23,230 0 N/A IN/A Community Impact Charities of America PO Box 45754 San Francisco, CA 94145 nity Impact

,							
Health First - Americas Charities	30-0186796	501(c)(3)	8,331	0	N/A	N/A	Community Impact
PO Box 75083 Baltimore, MD 21275							
Health Resources in Action	04-2229839	501(c)(3)	103,831	0	N/A	N/A	Community Impact

(HRIA)

95 Berkeley Street Boston, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A HEARTH 22-3135170 501(c)(3) 15,500 0 N/A Community Impact 1640 Washington Street Boston, MA 02118 IN/A 04-2741009 501(c)(3) 11,672 0 N/A Hilltown CDC Community Impact 387 Main Road PO Box 17

N/A

Community Impact

0 N/A

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

501(c)(3)

Chesterfield, MA 01012

Hingham Interfaith Food

685 Main Street Hingham, MA 02043

Pantry

Form 990, Schedule I, Part	II, Grants and	Other Assistance	<u>to Domestic Orga</u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant
Hockomock Area YMCA 300 Elmwood Street North Attleboro, MA 02760	04-2131749	501(c)(3)	7,134
HolyokeChicopeeSpringfield Head Start Inc 30 Madison Avenue Springfield, MA 01069	04-2466767	501(c)(3)	6,257
Home For Little Wanderers 10 Guest Street Ste 300	04-2104764	501(c)(3)	298,288

Brighton, MA 02135

nizations and Do	omestic Governme	nts.	
(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		<b>(h)</b> Purpose of grant or assistance
0	N/A	N/A	Community Impact
0	N/A	N/A	Community Impact
0	N/A	N/A	Community Impact

n

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance Homeless Center for Strafford 02-0519859 501(c)(3) 19,000 0 N/A IN/A Community Impact County Susan Ford inity Impact

0 N/A

Community Impact

PO Box 7306 Rochester, NH 03839							
Homes for Families 14 Beacon Street Ste 615 Boston, MA 021083700	04-3351172	501(c)(3)	21,416	0	N/A	N/A	Communit
Homestart Inc	04-3311270	501(c)(3)	113.711	0	N/A	N/A	Communi

113,711

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

501(c)(3)

Suite 502 Boston, MA 02111

105 Chauncy Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Horizons Initiative 22-2915188 501(c)(3) 10,010 0 N/A Community Impact 1705 Columbus Avenue Roxbury, MA 02119 ty Impact

Housing Action NH co Families in Transition Att Lisa Allard - Housing Action NH 122 Market Street Manchester,NH 03101	02-0475414	501(c)(3)	11,312	0	N/A	N/A	Community
Housing Assistance	23-7431255	501(c)(3)	16.300	0	N/A	N/A	Community

16,300

0 N/A

Community Impact

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

501(c)(3)

Housing Assistance

460 West Main Street Hyannis, MA 02601

Corporation

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance N/A Housing Families Inc 04-2925846 501(c)(3) 77,806 0 N/A Community Impact 919 Fasern Ave Malden, MA 02148 unity Impact

Hyde Square Task Force PO Box 301871	04-3118543	501(c)(3)	181,103	0	N/A	N/A	Community Impact
_ Jamaica Plain, MA 02130							
Inquilions Boricuas en Accion (IBA)	23-7090081	501(c)(3)	97,004	0	N/A	N/A	Community Impact

405 Shawmut Avenue Roxbury, MA 02118

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Interfaith Social Service Inc. 04-2104853 501(c)(3) 5,208 0 N/A IN/A Community Impact 105 Adams St Quincy, MA 02169 N/A International Institute of 04-2104325 501(c)(3) 115,126 0 N/A Community Impact Boston Rita McDonough - CFO 2 Bolyston Street 3rd Floor Boston, MA 02116

N/A Jamaica Plain Neighborhood 04-2652919 501(c)(3) 194,810 0 N/A Community Impact

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

Development Corporation 31 Germania Street Jamaica Plain, MA 02130

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Jeanne Geiger Crisis Center 22-2474823 501(c)(3) 5,390 0 N/A N/A Community Impact Inc 2 Harris St Newburyport, MA 01950 IN/A Jewish Big Brother and Big 22-3283364 501(c)(3) 6,215 0 N/A Community Impact Sister Assoc of Greater Boston 333 Nahanton Street

Newton, MA 02459

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

Waltham, MA 024519817

Jewish Family and Childrens 04-2104356 501(c)(3) 13,621 0 N/A IN/A Community Impact Services 1430 Main Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) lewish Vocational Services 04-2104357 501(c)(3) 98,250 0 N/A IN/A Community Impact 75 Federal Street Boston, MA 02110 N/A JFY NetWorks 04-2607239 501(c)(3) 23,203 0 N/A Community Impact inity Impact

44 School Sreet Suite 1010 Boston, MA 02108	0. 200, 203			·			
Juvenile Diabetes Research Foundation - New England Chapter 60 Walnut Street	23-1907729	501(c)(3)	9,696	0	N/A	N/A	Communi

Suite 318 Wellesley Hills, MA

024812151

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 13.927 IN/A Kiddie Kampus Inc 43-1011111 0 IN/A Community Impact 26 Old Westport Road North Dartmouth, MA 02747 N/A Kiddie Kampus Inc II 501(c)(3) 5.120 0 N/A 43-1011111 Community Impact

35,831

N/A

Community Impact

0 N/A

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

501(c)(3)

26 Old Westport Road
North Dartmouth, MA 02747

23-7121158

La Alianza Hispana

434 Warren Street Boston, MA 02121

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Lahey Health Behavioral 04-2777145 501(c)(3) 80,551 0 N/A N/A Community Impact Services 199 Rosewood Drive - Suite nunity Impact

250 _ Danvers,MA 01923							
Lamprey Health Care Maria Reyes	23-7305106	501(c)(3)	66,566	0	N/A	N/A	Commur

86,572

0 N/A

N/A

Community Impact

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

501(c)(3)

128 NH 27 Raymond, NH 03077

04-2104377

Lawrence Boys and Girls Club

136 Water St Lawrence, MA 01841

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Lawrence Community Works 04-2982308 501(c)(3) 248,040 0 N/A Community Impact 168 Newbury Street Lawrence MA 01841 unity Impact

Editionice, 1177 01011							
Little Peoples College Inc 177 Bridge Street Fairhaven, MA 02179	04-2708081	501(c)(3)	58,178	0	N/A	N/A	Commur
Little Sprouts LLC	46-0874341	501(c)(3)	51.606	0	N/A	N/A	Commun

Lawrence, MA 01843

unity Impact 354 Merrimack Street Building 1 Suite 270

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Local Initiatives Support 13-3030229 501(c)(3) 172,899 0 N/A Community Impact Corporation 75 Kneeland Street Suite 1102 Suite Boston, MA 02111 N/A 0 N/A Lowell Community Health 04-2881348 501(c)(3) 7,455 Community Impact Center Sheila Och 161 Jackson Street Lowell, MA 018522103 N/A LP College Inc 04-2739618 501(c)(3) 9,180 0 N/A Community Impact DBA/Little Peoples College

Inc

100 Spring Street
New Bedford, MA 02740

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Lynn Economic Opportunity 04-2378885 501(c)(3) 10,218 0 N/A Community Impact Inc (LEO) 156 Broad Street Lynn, MA 01901 N/A Lynn Housing Authority and 04-6003214 501(c)(3) 150,000 0 N/A Community Impact Development Group Inc Michelle DAmico Siemer Case IN/A 04-6003214 501(c)(3) 61,250 0 N/A Community Impact

Mar 10 Church Street Lynn, MA 01902 Lynn Housing Authority Development Group Michelle DAmico Siemer Case Mar 10 Church Street

Lynn, MA 01902

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 04-6003214 501(c)(3) 35,000 0 N/A N/A Lynn Housing Authority Community Impact Development Group Inc Michelle DAmico Siemer Casel Mar nunity Impact

N/A

Community Impact

0 N/A

10 Church Street Lynn, MA 01902							
Lynn Shelter Association 100 Willow St	22-2603594	501(c)(3)	20,900	0	N/A	N/A	Commu

42,217

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

501(c)(3)

Ste 103

04-2759909

Lynn, MA 01901

15 Court Square Ste 600 Boston, MA 02108

MACDC Inc.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Madison Park Development 23-7164223 501(c)(3) 39,155 0 N/A N/A Community Impact Corporation Hibernian Hall 184 Dudley St Roxbury, MA 02119 ity Impact

N/A

Community Impact

0 N/A

Madison Park Development Corporation	23-7164223	501(c)(3)	39,155	0	N/A	N/A	Communit
Hibernian Hall							
184 Dudley St							
Roxbury,MA 02119							

87,837

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

501(c)(3)

23-7164223

Madison Park Development

Corporation 184 Dudley Street Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) IN/A Madison Park Development 23-7164223 501(c)(3) 87,837 0 N/A Community Impact Corporation 184 Dudley Street Roxbury, MA 02119 IN/A 04-2921465 501(c)(3) 45,859 0 N/A Community Impact

9,670

IN/A

Community Impact

0 N/A

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

501(c)(3)

Main South CD	С			
875 Main Street				
Worcester, MA	01610			

01-0444245

Maine Share

PO Box 2095 Augusta, ME 04338

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A MAINFlacs Charities Inc. 501(c)(3) 15,635 0 N/A 01-0440449 Community Impact 103 Marran St Ste 518 Bandor, ME 04401 unity Impact

N/A

Community Impact

0 N/A

Make-A-Wish of New	02-0405369	501(c)(3)	7,064	0	N/A	N/A	Communi
Hampshire							
814 Elm St Suite 300							
Manchester, NH 03101							

50,547

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

501(c)(3)

04-2105874

Malden YMCA

99 Dartmouth St Malden, MA 021485103

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Markman Childrens Programs 04-2528542 501(c)(3) 5,866 0 N/A N/A Community Impact Inc 803 North Main Street Attleboro, MA 02703 nity Impact

Mass Mentoring Partnership 75 Kneeland Street 11th Floor Boston, MA 02111	22-3207958	501(c)(3)	44,842	0	N/A	N/A	Community Impact
Mass211 Inc	04-3514643	501(c)(3)	172,810	0	N/A	N/A	Community Impact

c/o UW of Tri-County 46 Park Street

Framingham, MA 01702

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Massachusetts Advocates for 04-2488456 501(c)(3) 50,378 0 N/A IN/A Community Impact Children 25 Kingston Street - 2nd FL Boston, MA 02111 BL/A inity Impact inity Impact

Massachusetts Affordable Housing Alliance 1803 Dorchester Avenue Dorchester, MA 02124	22-304263/	501(c)(3)	26,626	0	N/A	IV/A	Communi
Massachusetts Afterschool Partnership	20-5116880	501(c)(3)	5,100	0	N/A	N/A	Communi

128A Tremont Street Suite

Boston, MA 021084715

4 F

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Massachusetts Alliance for 22-3068653 501(c)(3) 333,333 0 N/A IN/A Community Impact Supportive Housing 51 Sleeper Street Boston, MA 02210 IN/A Massachusetts Alliance of 04 2506270 E01/63/23 20 0 20 O N /A Community Impact

Portugese Speakers 1046 Cambridge Street Cambridge, MA 02139	04-2596270	301(0)(3)	28,620	U	IN/A	170	Community Impact
Massachusetts Alliance on Teen Pregnancy 105 Chauncy Street	22-2540285	501(c)(3)	24,244	0	N/A	N/A	Community Impact

8Th Floor

Boston, MA 02111

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Massachusetts Association 04-2104711 501(c)(3) 62,492 0 N/A IN/A Community Impact for Mental Health 50 Federal Street 6th Floor Boston, MA 02110 N/A Massachusetts Coalition for 22-2599662 501(c)(3) 75,737 0 N/A Community Impact 15 Bubier Street

the Homeless Lynn, MA 019011704 Massachusetts College of 04-2660810 501(c)(3) 5,000 0 N/A IN/A Community Impact Liberal Arts

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

Financial Aid Office - MCI A 375 Church Street North Adams, MA 02147

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Massachusetts General 04-1564655 501(c)(3) 6,990 0 N/A Community Impact Hospital Development Office 125 Nashua Street - Suite 540 Boston, MA 02114 IN/A Massachusetts Housing and 22-3068653 501(c)(3) 5,500 0 N/A Community Impact Shelter Alliance PO Box 120070 Boston, MA 02112 N/A Massachusetts Immigrant 22-3115048 501(c)(3) 50,750 0 N/A Community Impact and Refugee Advocacy

Coalition

105 Chauncy Street Boston, MA 02111

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2103597 310,895 0 N/A IN/A Massachusetts Society for 501(c)(3) Community Impact the Prevention of Cruelty for Children 3815 Washington Street Suite Boston, MA 02130 IN/A Medical Research Charities 94-3148591 501(c)(3) 9,516 0 N/A Community Impact 125 Washington St Ste 201 Salem, MA 01970

6,198

0 N/A

IN/A

Community Impact

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

501(c)(3)

Melrose Family YMCA

497 Main Street Melrose, MA 02176 04-3024769

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Mental Health Association of 04-2180222 501(c)(3) 34,560 0 N/A Community Impact Gr Lowell 99 Church St Lowell, MA 01852 nunity Impact

Merrimack Valley Food Bank Inc Ammy L Pessia 735 Broadway Street Lowell,MA 01854	22-3241609	501(c)(3)	21,376	0	N/A	N/A	Community Impact
Merrimack Valley YMCA Inc	04-2104378	501(c)(3)	52,183	0	N/A	N/A	Community Impact

101 Amesbury St Suite 400

Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Metropolitan Boston Housing 04-2775991 501(c)(3) 40,305 0 N/A N/A Community Impact Partnership 125 Lincoln Street - 5th Floor Boston, MA 021112503 **Impact** 

Michael Lisnow Carter Respite Center MA 112 Main Street Hopkinton, MA 01748	04-3237284	501(c)(3)	8,361	0	N/A	N/A	Community Impact
Military Family and Veterans Service Organizations of America	94-3193418	501(c)(3)	37,885	0	N/A	N/A	Community Impact

PO Box 45754

San Francisco, CA 94145

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) IN/A Military Support Groups of 27-2242752 501(c)(3) 9,813 0 N/A Community Impact America DO Boy 45754

San Francisco, CA 94145							
More Than Wheels PO Box 4259	02-0528886	501(c)(3)	10,107	0	N/A	N/A	Commu

Concord, NH 03302

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

nunity Impact

IN/A 04-2753429

501(c)(3) 32,421 0 N/A Community Impact

Mujeres Unidas Avanzando 54 Clayton Street 1

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 02-0407497 501(c)(3) 19,751 0 N/A N/A My Friends Place Community Impact Robert O Connell 368 Washington Street Dover, NH 03820 N/A National Christian Foundation 58-1493949 501(c)(3) 8,540 0 N/A Community Impact 11625 Rainwater Drive Suite 500 Alpharetta, GA 30009

5,100

N/A

Community Impact

0 N/A

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

501(c)(3)

National Multiple Sclerosis

Greater New England Chapter 101A First Avenue Ste 6 Waltham, MA 02451 04-2178884

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 80-0254671 501(c)(3) 13,900 0 N/A NCMA Caravan of Toys Community Impact Portsmouth Naval Shipyard Code 620 Portsmouth NH 03804 ty Impact

N/A

Community Impact

0 N/A

1 ortalioutil, NTI 03004							
Neighborhood Affordable Housing NOAH MA 143 Border St	04-2964630	501(c)(3)	231,237	0	N/A	N/A	Community
East Boston, MA 02128							

81,599

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

501(c)(3)

04-2660283

Neighborhood Developers

4 Gerrish Avenue Chelsea, MA 02150

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2732439 501(c)(3) 42,020 0 N/A IN/A Community Impact Neighborhood Housing Services of the South SH 422 Washington St Quincy MA 02169 nity Impact

Quincy, IIII 02103							
NeighborWorks Southern Mass 422 Washington Street Quincy, MA 02169	04-2732439	501(c)(3)	44,361	0	N/A	N/A	Community Impact
New England Center for	04-3007211	501(c)(3)	50,902	0	N/A	N/A	Community Impact

Homeless Veterans 17 Court Street Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A New Generation Inc. 02-0409655 501(c)(3) 17,283 0 N/A Community Impact Jennifer Bisson and/or Meg Connell PO Box 676 Greenland, NH 03840 N/A New Hampshire Legal 02-0300897 501(c)(3) 13,582 0 N/A Community Impact Assistance John Tobin 117 North State Street Concord, NH 03301 N/A Newton Community Service 04-2232418 501(c)(3) 10,000 0 N/A Community Impact

Center-Newton Community Service Center

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

Mr Jon Firger 492 Waltham Street West Newton, MA 02465

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A NH SPCA 02-6000614 501(c)(3) 12,129 0 N/A Community Impact PO Box 196 inity Impact

IN/A

Community Impact

0 N/A

Strathan, NH 03885							i
North Shore Community Development Coalition	04-2686893	501(c)(3)	5,000	0	N/A	N/A	Communit
102 Lafayette Street							ı
Salem, MA 01970							l

15,000

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

501(c)(3)

North Shore Health Project

5 Center Street Gloucester, MA 01930 22-2978638

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2232416 501(c)(3) 27,109 0 N/A IN/A Northeast Arc Community Impact 1 Southside Road Danvers, MA 01923 N/A Nuestra Comunidad 04-2741543 501(c)(3) 96,327 0 N/A Community Impact **Development Corporation** 56 Warren Street Suite 200

Roxbury, MA 02119 N/A

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

Boston, MA 02116

04-2105893 501(c)(3) 448,947 0 N/A Nurtury Community Impact 95 Berkeley Street Suite 306

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 31-1166607 5,581 0 N/A IN/A Ohio State University - The 501(c)(3) Community Impact lames Cancer Center PO Box 183112 Columbus, OH 43218 In/a Operation ABLE of Greater 04-2761871 501(c)(3) 70,315 0 N/A Community Impact Boston Inc 174 Portland Street - Floor 5

Boston, MA 021141727 N/A Pan-Massachusetts 04-2746912 501(c)(3) 11,644 0 N/A Community Impact

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

Challenge 77 Fourth Avenue Needham, MA 02494

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Partners for Youth with 22-2627798 501(c)(3) 93,830 0 N/A N/A Community Impact Disabilities 95 Berkeley Street Boston, MA 02116 N/A Pathways for Children Inc 04-2694002 501(c)(3) 39,133 0 N/A Community Impact 29 Emerson Avenue Gloucester, MA 01930 N/A Paul Center for Learning and 04-2443266 501(c)(3) 13,628 0 N/A Community Impact

Recreation Steve O valle 39 Concord Road Chelmsford, MA 01824

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 04-2516093 501(c)(3) 69,386 0 N/A Community Impact Pine Street Inn Inc 444 Harrison Avenue Boston, MA 02118 unity Impact

55500.,							
Pratham USA 9703 Richmond Avenue Ste	76-0620808	501(c)(3)	7,255	0	N/A	N/A	Commun
102							
Houston,TX 77042							

East Boston, MA 02128

0 N/A N/A Project BreadThe Walk For 04-2931195 501(c)(3) 5.903

Community Impact Hunger 145 Border St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Project Hope 04-2748880 501(c)(3) 147,688 0 N/A Community Impact 550 Dudley Street Boston, MA 02119 N/A Ouaboag Valley CDC 04-3370097 501(c)(3) 18.376 0 N/A Community Impact 23 West Main Street Ware, MA 01082 N/A Ouincy Community Action 04-2391348 501(c)(3) 326.800 0 N/A Community Impact

Programs Inc 1509 Hancock Street Ouincy, MA 02169

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance Raw Art Works 22-2854850 501(c)(3) 52,478 0 N/A IN/A Community Impact 37 Central Square Lynn, MA 01901 nty Impact

Richie McFarland Childrens Center Peggy Small-Porter 11 Sandy Point Road Stratham, NH 03885	02-0302005	501(c)(3)	7,078	0	N/A	N/A	Community Impact
Riverside Community Care	04-3097170	501(c)(3)	52,913	0	N/A	N/A	Community Impact

270 Bridge Stgreet Suite 301

Dedham, MA 020261883

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Riverside Community Care 04-3097170 501(c)(3) 107,295 0 N/A Community Impact Inc 270 Bridge Stgreet Suite 301 Dedham, MA 020261883 inity Impact

Roca Inc 101 Park Street Chelsea,MA 02150	22-3223641	501(c)(3)	242,264	0	N/A	N/A	Community Impact
Rochester Child Care Center Inc	02-0327002	501(c)(3)	26,762	0	N/A	N/A	Community Impact
THE							

Christiane Casserly 95 Charles Street Rochester, NH 03867

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant other) or aovernment assistance 02-0268285 501(c)(3) 77,975 0 N/A IN/A Rockingham Community Community Impact Action Patte Ardizzoni 4 Cutts Street ommunity Impact

50,824

0 N/A

N/A

Community Impact

Portsmouth, NH 03801							
Ron Burton Training Village Inc	22-2570218	501(c)(3)	10,446	0	N/A	N/A	Con
PO Box 2 Hubbardston, MA 01452							
nubbalustoli, MA 01452							

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

501(c)(3)

Root Cause

11 Avenue de LaFayette Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Rosies Place 04-2382233 501(c)(3) 10.148 0 N/A IN/A Community Impact 889 Harrison Avenue Roxbury, MA 02118 N/A Roxbury Center for Financial 04-2582188 501(c)(3) 5,500 0 N/A Community Impact Empowerment 7 Palmer Street - 2nd Floor Roxbury, MA 02119 IN/A 04-2733854 501(c)(3) 86,817 0 N/A Community Impact

Roxbury Youthworks Inc 841 Parker Street Unit 104-106

Roxbury Crossing, MA

02120

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2103624 501(c)(3) 23,392 0 N/A IN/A Community Impact Salvation Army - Boston 25 Shaumut Road William Bode Divisional nity Impact

Community Impact

0 N/A

Commander Canton, MA 02021							
Salvation Army - Salem 93 North Street Salem.MA 01970	04-2103624	501(c)(3)	27,277	0	N/A	N/A	Communit

13,891

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

501(c)(3)

04-2103624

Salvation Army Brockton

216 Centre Street Brockton, MA 02401

Corps

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2643466 501(c)(3) 25,366 0 N/A IN/A Samaritans Inc Community Impact 41 West Street - 4th Floor Boston, MA 021111260 N/A Schwartz Center for 04-1564655 501(c)(3) 7,280 0 N/A Community Impact Compassionate Healthcare Suite

15,209

N/A

Community Impact

0 N/A

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

501(c)(3)

Compassionate ricaltificate	
100 Cambridge Sterewt Suit	ċ€
2200	
Boston, MA 02114	
Seacoast Community Schoo	1

100 Campus Drive Suite 20 Portsmouth, NH 03801

Deborah Stokel

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Seacoast Family Promise 02-0529881 501(c)(3) 15,839 0 N/A Community Impact (Seacoast Interfaith Hospitality) Pati Frew-Waters PO Box 233 Stratham NH 03885 nity Impact

N/A

Community Impact

Stratham, Wil 03003							
Seacoast Mental Health Center Jay Couture MHA	02-0262862	501(c)(3)	12,293	0	N/A	N/A	Communit
1145 Sagamore Avenue							
Portsmouth, NH 03801							

18,000

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

501(c)(3)

02-6369584

SHARE Fund Inc. Torey Kortz

150 Wakefield St - Suite 14 Rochester, NH 03867

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Shrewsbury Youth and Family 22-2506543 501(c)(3) 5,342 0 N/A Community Impact Services 240 Maple Ave nity Impact

Community Impact

0 N/A

Shrewsbury,MA 01545							
Silver Lining Mentoring 727 Atlantic Ave 3rd Fl Boston, MA 02111	04-3575764	501(c)(3)	42,233	0	N/A	N/A	Communit

30,000

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

501(c)(3)

47-3923576

Social Innovation Forum

11 Avenue de Lafavette Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Sociedad Latina Inc 04-2678255 501(c)(3) 92,218 0 N/A IN/A Community Impact 1530 Tremont Street Roxbury, MA 02120 N/A 30-0247901 501(c)(3) 12,000 0 N/A Somersworth Early Learning Community Impact Center

18,466

N/A

Community Impact

0 N/A

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

501(c)(3)

Dawn Collins								
35 Bartlett Avenu	ıe							
Somersworth, NH	03878							
Somerville Community Corporation								
337 Somerville A	ve							

Somerville, MA 02143

2 nd FIr

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2897447 501(c)(3) 64,194 0 N/A Somerville Homeless Community Impact Coalition D O Boy 440436 unity Impact

Community Impact

0 N/A

Somerville, MA 02144							
Somerville YMCA 101 Highland Avenue Somerville, MA 02143	04-2103853	501(c)(3)	37,176	0	N/A	N/A	Commun

77,450

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

501(c)(3)

04-3023407

South Boston NDC 365 West Broadway Boston, MA 02127

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 82,667 0 N/A IN/A South Boston Neighborhood 04-2104807 Community Impact House 136 H Street unity Impact

IN/A

Community Impact

0 N/A

South Boston, MA 02127							
South Middlesex Opportunity Council Inc	04-2389659	501(c)(3)	146,900	0	N/A	N/A	Commur
7 Bishop Street							

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

501(c)(3)

04-2302069

South Shore ARC

371 River Street

North Weymouth, MA 02191

Framingham, MA 01702

5,135

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance N/A South Shore Stars 23-7097840 501(c)(3) 5,000 0 N/A Community Impact 200 Middle Street East Weymouth, MA 02189 nunity Impact

South Shore YMCA 91 Longwater Circle Ste 100 Norwell, MA 02061	04-2105881	501(c)(3)	48,831	0	N/A	N/A	Commu
Southwest Boston CDC	04-3562853	501(c)(3)	24,243	0	N/A	N/A	Commu

Hyde Park, MA 02136

nunity Impact 11 Fairmount Avenue Ste 101

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 04-2103855 501(c)(3) 9,258 0 N/A IN/A Springfield Day Nursery Community Impact dbaSquare One DBA/Square One at King Street 1095 Main Street 2nd Floor Springfield, MA 01103 IN/A St Anns Home Inc. 04-2104866 501(c)(3) 20,025 0 N/A Community Impact 100 A Haverhill St

Methuen, MA 01844 St Francis House 22-2519129 501(c)(3) 8,063 0 N/A IN/A Community Impact

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

PO Box 120499 Essex Station

Boston, MA 021120499

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance St Johns Episcopal Church 94-3483714 501(c)(3) 5,000 0 N/A N/A Community Impact 100 Chapel Street Portsmouth, NH 03801 nity Impact

St Vincent de Paul Society - St Marys Parish 15 Bertan Street Beverly, MA 01915	27-4129727	501(c)(3)	19,294	0	N/A	N/A	Community Impact
St V incent de Paul Society St Johns Parish	27-4130006	501(c)(3)	7,714	0	N/A	N/A	Community Impact

c/o Robert Montannarı 34 Sonning Road Beverly, MA 01915

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A STARS 23-7097840 501(c)(3) 239,047 0 N/A Community Impact 200 Middle Street Fast Weymouth MA 02189 unity Impact

Community Impact

0 N/A

Lust Weymouth, MA 02103						ļ	
Strafford County YMCA - The	02-0222248	501(c)(3)	10,043	0	N/A	N/A	Communi
Childrens Center							
35 Industrial Way Suite 106						<u> </u>	
Rochester, NH 03867						ļ	

26,314

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

501(c)(3)

Straight Ahead Ministries

Worcester, MA 01610

791 Main St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance Strategies for Children Inc 04-3551406 501(c)(3) 19,000 0 N/A IN/A Community Impact 400 Atlantic Avenue Boston, MA 02110 ity Impact

Strive (MA) Boston Employment Services Inc 651 Washington Street Dorchester,MA 02124	04-3223871	501(c)(3)	61,735	0	N/A	N/A	Community Impact
Suffolk University	04-2133255	501(c)(3)	7,500	0	N/A	N/A	Community Impact

Donahue Building

41 Temple Street First Floor Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2104021 501(c)(3) 98,543 0 N/A The Boston Foundation Community Impact 75 Arlington Street 10th Floor Boston, MA 02116 IN/A 05-0451655 501(c)(3) 9,272 0 N/A Community Impact

48,750

IN/A

Community Impact

0 N/A

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

501(c)(3)

Cumberland, RI 02864

The Community Group

190 Hampshire Street Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 02-0427331 501(c)(3) 18,208 0 N/A IN/A The Housing Partnership Community Impact Marty Chapman PO Box 466 Portsmouth, NH 03802 IN/A The Open Door 22-2513482 501(c)(3) 75,388 0 N/A Community Impact 28 Emerson Avenue Gloucester, MA 01930 IN/A The Spirit of Adventure 22-1576300 501(c)(3) 90,959 0 N/A Community Impact

Council

2750

600 W Cummngs Park Suite

Woburn, MA 018016457

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Third Sector New England Inc 04-2261109 501(c)(3) 12,000 0 N/A IN/A Community Impact 89 South St Suite 700 Boston, MA 02111 nunity Impact

Thom Child and Family	04-2104268	501(c)(3)	76,072	0	N/A	N/A	Commu
Services							
251 West Central Street Ste							
22							
							1

Tina McGrath DBA TTM Inc	80-0238457	501(c)(3)	5 204	0	NI / A	N/A	Community Impact
22 Natick, MA 017603758							
251 West Central Street Ste							

Community Impact MCGIAUI DDA T FM TIIC 201(c)(3) 3,204 U IN/A

51 Cedar Street

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

Leominster, MA 01453

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2631789 501(c)(3) 50,322 0 N/A Transition House Inc. Community Impact DOBOV 300065 Cambridge

Cambridge, MA 02139							
Trinity Boston Foundation 206 Clarendon Street Boston, MA 02116	04-2736718	501(c)(3)	20,173	0	N/A	N/A	Community Impact
Triumph Inc	04-2394012	501(c)(3)	6,793	0	N/A	N/A	Community Impact

100 Hon Gordon Owen

Taunton, MA 02780

Riverway

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 04-2690210 501(c)(3) 29,437 0 N/A IN/A Twin Cities CDC of Fitchburg Community Impact and Leominster 470 Main Street E-E-E-E----- MA 04430 inity Impact

Fitchburg, MA 01420							
Unique and Noteworthy	46-3016556	501(c)(3)	7,004	0	N/A	N/A	Commun
Charities							
PO Box 45754							
0. 5 0.4.4.5		I	1	I	l		1

San Francisco, CA 94145

IN/A 501(c)(3) 69,558 0 N/A United South End Settlements 04-2104280 Community Impact 566 Columbus Avenue Boston, MA 02118

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) IN/A United Teen Equality Center 38-3669532 501(c)(3) 81,416 0 N/A Community Impact Greaa Croteau 15 Warren St 3 Lowell, MA 018520165 IN/A University of Massachusetts 54-2084125 501(c)(3) 8,750 0 N/A Community Impact Amherst 43 Whitmore Finance Build 181 Presidents Drive

Amherst, MA 01003

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

Boston, MA 02125

University of Massachusetts 04-3167352 501(c)(3) 7,750 0 N/A IN/A Community Impact Boston 100 Morrissev Boulevard

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash l(book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Urban Edge 22-2483475 501(c)(3) 189,723 0 N/A Community Impact 1542 Columbus Ave 2 ity Impact

IN/A

Community Impact

0 N/A

Roxbury, MA 021191026							
Urban League of Eastern	23-7349132	501(c)(3)	55,013	0	N/A	N/A	Community
Massachusetts							
88 Warren Street							
Roxbury MA 02119							

11,380

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

501(c)(3)

UW Acton-Boxborough

Acton, MA 017206258

PO Box 2258

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) UW of Central and 06-6027348 501(c)(3) 10,562 0 N/A IN/A Community Impact Northeastern CT Kezia Ferrara Dept 111003 inity Impact

Hartford, CT 061150434							
UW of Central Carolinas PO Box 890685 Charlotte, NC 28289	56-0529948	501(c)(3)	18,154	0	N/A	N/A	Community Impact
UW of Central Massachusetts	56-0529948	501(c)(3)	30,035	0	N/A	N/A	Community Impact

484 Main Street Ste 300 Denholm Building

Worcester, MA 016081880

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 03-0217229 501(c)(3) 20,019 0 N/A IN/A Community Impact UW of Chittenden County 412 Farrell St Suite 200 nity Impact

South Burlington, VT 054034466							
UW of Greater Attleboro Taunton	04-2104020	501(c)(3)	8,632	0	N/A	N/A	Communit
3.47 Mania Ctroot						1	

10,367

0 N/A

N/A

Community Impact

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

501(c)(3)

24/ Maple Street Attleboro, MA 02703

UW of Greater Capital Region

One United Way Albany, NY 12212

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2104026 501(c)(3) 6,237 0 N/A N/A Community Impact UW of Greater Fall River DO D ... 2 E E O

Community Impact

0 N/A

Fall River, MA 02720							
UW of Greater Kansas City 801 W 47th Street Ste 500	44-0545812	501(c)(3)	30,537	0	N/A	N/A	Community Impact
Kansas City, MO 64112							

27,632

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

501(c)(3)

UW of Greater Nashua

20 Broad Street Nashua, NH 03064

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A UW of Greater New Bedford 501(c)(3) 20.136 0 N/A 04-2104264 Community Impact 105 William Street 3rd Fl New Bedford, MA 02740 N/A 0 N/A Community Impact

Community Impact

0 N/A

13,671

UW of Greater Plymouth County	04-2103940	501(c)(3)	80,259	
934 West Chesnut Street Brockton, MA 02301				

01-0241767

UW of Greater Portland

PO Box 15200 Portland, ME 04112

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

501(c)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 22-1487218 501(c)(3) 15.000 0 N/A Community Impact UW of Hudson County 857 Bergen Avenue nity Impact

Jersey City, NJ 07306							
UW of Kennebec Valley 121 Commercial Street Augusta, ME 04330	01-6004404	501(c)(3)	15,092	0	N/A	N/A	Community Impact
UW of Mid Coast Maine	01-6004866	501(c)(3)	6,070	0	N/A	N/A	Community Impact

UW of Mid Coast Maine 34 Wing Farm Parkway

Suite 201 Bath, ME 04530

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash l(book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2233021 501(c)(3) 11,153 0 N/A Community Impact UW of North Central Massachusetts 649 John Fitch Highway nity Impact

IN/A

Community Impact

0 N/A

Fitchburg, MA 01420							
UW of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)	35,459	0	N/A	N/A	Communit

84,234

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

501(c)(3)

UW of Tri-County

Framingham, MA 01702

46 Park Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 01-0276862 501(c)(3) 35.787 0 N/A IN/A UW of York County Community Impact Po Box 727 Kennebunk, ME 04043

							1
Valley CDC 30 Market Street	22-2906466	501(c)(3)	23,250	0	N/A	N/A	Community Impact
Northhampton, MA 01060							

Barre, VT 05641

N/A 501(c)(3) 9,865 0 N/A Vermont Foodbank 22-3021942 Community Impact 33 Parker Road

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash l(book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Victory Programs 04-2575322 501(c)(3) 71.128 0 N/A Community Impact 965 Massachusetts Avenue Roxbury, MA 02118 unity Impact

IN/A

Community Impact

0 N/A

TONDAL / / THE SELECT							
V ietnamese American	04-3289039	501(c)(3)	101,955	0	N/A	N/A	Communi
Initiative for Development							
42 Charles Street Suite E							
Dorchester MA 02122	1					1	

28,142

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

501(c)(3)

DOICHESTEL, MA UZIZZ

VNA Care Network - Danvers

199 Rosewood Drive Ste 180 Danvers, MA 01923

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 56-0532138 501(c)(3) 5,000 0 N/A IN/A Wake Forest University Community Impact Office of University Advancement Box 7227 Winston Salem, NC 27109 N/A Watch Inc 22-2918528 501(c)(3) 16,320 0 N/A Community Impact 24 Crescent Street Suite 201

9,300

N/A

Community Impact

0 N/A

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

501(c)(3)

Waltham, MA 02453

128 Union Street New Bedford, MA 02740

League

Waterfront Historic Area

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Wellspring House Inc 04-2735048 501(c)(3) 15,269 0 N/A Community Impact 302 Essex Avenue Gloucester, MA 01930 ity Impact

Community Impact

0 N/A

West End House and Girls Club	04-2105825	501(c)(3)	52,048	0	N/A	N/A	Community
V anessa Lewis							
105 Allston St							
Allston, MA 02134							

5,274

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

501(c)(3)

04-2104783

West Suburban YMCA

276 Church Street Newton, MA 02458

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-3099272 501(c)(3) 10,050 0 N/A Weymouth Food Pantry Community Impact 1189 Commercial Street East Weymouth, MA 02189 Impact

Impact

Wild Animals Worldwide 1100 Larkspur Landing _Larkspur,CA 94939	20-8774272	501(c)(3)	5,023	0	N/A	N/A	Community I
Workforce Housing Coalition of the Greater Seacoast 61 Locust Street	26-1664901	501(c)(3)	18,863	0	N/A	N/A	Community I

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

Suite 302A Dover, NH 03820

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 25,000 IN/A Workforce Solutions Group 04-2261109 0 IN / A Community Impact 40 Court Street 11th FI act

Community Impact

0 N/A

	Boston, MA 02108							
Topeka.KS 66675	PO Box 758517	20-2370934	501(c)(3)	32,721	0	N/A	N/A	Community Impac

25,284

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

501(c)(3)

X-Cel Inc

7 Glenvale Terr 2 Jamaica Plain, MA 02130

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) Year Up Inc 04-3534407 501(c)(3) 44.845 N/A 0 lN / A Community Impact 45 Milk Street 9th Floor Boston, MA 02110 N/A 501(c)(3) 11.721 0 N/A Community Impact YMCA of Attleboro 04-2255819 63 North Main Street

441,622

N/A

Community Impact

0 N/A

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

501(c)(3)

Attleboro, MA 02703

YMCA of Greater Boston

316 Huntington Avenue Boston, MA 02115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 116.089 IN/A YMCA of Metro North 04-2105883 0 IN / A Community Impact 20 Neptune Blvd Lvnn.MA 01902 N/A 501(c)(3) 104.262 0 N/A Community Impact YMCA of the North Shore 04-2104913 245 Cabot Street Beverly, MA 01915

68.573

N/A

Community Impact

0 N/A

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

501(c)(3)

YouthBuild Boston

27 Centre Street
Roxbury, MA 02119

04-3080098

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(c)(3) 27,306 0 N/A IN/A Youthbuild Lawrence 04-3177142 Community Impact 355 Haverhill Street unity Impact

N/A

Community Impact

0 N/A

Lawrence, MA 01840112/							
YWCA Malden	04-2125009	501(c)(3)	96,957	0	N/A	N/A	Communi
54 Washington Street							
Malden, MA 02148							

79,600

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

501(c)(3)

YWCA of Boston

140 Clarendon St Suite 403 Boston, MA 02116

04-2103548

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (q) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance YWCA of Greater Lowell 04-2105876 501(c)(3) 27,529 0 N/A N/A Community Impact

Community Impact

Katherine A Kobos 97 Central Street - Suite 302 Lowell, MA 01852			·				
YWCA of Greater of Lawrence	04-2130847	501(c)(3)	56,763	0	N/A	N/A	Community

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

38 Lawrence Street Lawrence, MA 01841

Schedule J

(Form 990)

Department of the

Treasury

**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.

DLN: 93493046025197 OMB No 1545-0047

2015

Open to Public Inspection

Interr	al Rev	venue Service						
		f the organization /AY OF MASSACHUSETTS BAY INC			Employer identificati	on nur	nber	
ONI	I ED V	WAT OF MASSACHOSETTS BAT INC			04-2382233			
Pa	rt I	Questions Regarding Compensation						
							Yes	No
1a		eck the appropiate box(es) if the organization provi D, Part VII, Section A, line 1a Complete Part III t						
		First-class or charter travel	Г	Housing allowance or residence fo	r personal use			
		Travel for companions		Payments for business use of pers	sonal residence			
		Tax idemnification and gross-up payments	Г	Health or social club dues or initia	ition fees			
	Г	Discretionary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)			
b		ny of the boxes in line 1a are checked, did the orga nbursement or provision of all of the expenses des				1b		
2		the organization require substantiation prior to rei			•			
	dire	ectors, trustees, officers, including the CEO/Execu	tive Di	rector, regarding the items checked	d in line 1a?	2		
3	org	icate which, if any, of the following the filing organiz anization's CEO/Executive Director Check all tha d by a related organization to establish compensat	t apply tion of	Do not check any boxes for metho the CEO/Executive Director, but ex	ods			
	~	Compensation committee		Written employment contract			!	ļ
	✓	Independent compensation consultant		Compensation survey or study				ļ
	<b>✓</b>	Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee		ļ	ļ
4		ing the year, did any person listed on Form 990, Parelated organization	art VII	, Section A , line 1a with respect to	the filing organization			
а	Rec	eive a severance payment or change-of-control pa	ayment	?		4a		Νo
b	Par	ticipate in, or receive payment from, a supplement	al nonc	qualified retirement plan?		4b		Νo
c	Par	ticipate in, or receive payment from, an equity-bas	ed con	npensation arrangement?		4c		Νo
	If"	Yes" to any of lines 4a-c, list the persons and prov	ide the	e applicable amounts for each item	ın Part III			
	01	F01/a)/3) F01/a)/4) and F01/a)/30) arganization		et complete lines E 0				
5	For	y <b>501(c)(3), 501(c)(4), and 501(c)(29) organizati</b> c persons listed on Form 990, Part VII, Section A, I opensation contingent on the revenues of		· · · · · · · · · · · · · · · · · · ·	any			
а	The	organization?				5a		No
b	Any	related organization?				5b		Νo
	If"	Yes," on line 5a or 5b, describe in Part III						
6		persons listed on Form 990, Part VII, Section A, Inpensation contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The	organization?				6a		No
b	Any	related organization?				6b		
	If"	Yes," on line 6a or 6b, describe in Part III						
7		persons listed on Form 990, Part VII, Section A, I ments not described in lines 5 and 6? If "Yes," de			on-fixed	7	Yes	
8	sub	re any amounts reported on Form 990, Part VII, pa ject to the initial contract exception described in F art III		·		8		No
9		Yes" on line 8, did the organization also follow the tion 53 4958-6(c)?	rebutta	able presumption procedure describ	ed in Regulations	9		

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

For each individual whose compensation must be reported on Schedule 1, 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

nstructions, on row (ii) Do no <b>Note.</b> The sum of columns (B)					Part VII, Section A, Iir	ne 1a, applicable colui	mn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) (iii)  Bonus & incentive Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 MICHAEL DURKIN PRESIDENT AND CEO AND	(i)	340,000	48,500	10,045	34,000	19,947	452,492	0
ASSISTANT SECRETARY	(ii)	0	0	0	0	0	0	0
2 PATRICIA LATIMORE CFO AND ASSISTANT	(i)	196,100	21,000	1,122	17,368	19,740	255,330	0
TREASURER	(ii)	0	0	0	0	0	0	0
3 JEFFERY HAYWARD	(i)	223,077	23,500	862	14,795	19,586	281,820	0
CHIEF OF EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0
4 JOHN FEUDO CHIEF DEVELOPMENT	(i)	183,655	0	699	11,019	12,905	208,278	0
OFFICER	(ii)	0	0	0	0	0	0	0
5 KARLEY AUSIELLO SENIOR VICE-PRESIDENT -	(i)	158,424	16,520	125	17,494	19,385	211,948	0
COMMUNITY IMPACT	(ii)	0	0	0	0	0	0	0
6 MARK LAMOTHE SENIOR VICE-PRESIDENT-	(i)	158,077	17,050	524	8,419	19,245	203,315	0
MARKETING	(ii)	0	0	0	0	0	0	0
7 MARIA TRINGALE VICE-PRESIDENT-MAJOR	(i)	176,874	0	346	10,612	19,340	207,172	0
GIFTS	(ii)	0	0	0	0	0	0	0
8 IMRAN ALRAI	(i)	170,914	0	143	10,255	19,308	200,620	0
VICE-PRESIDENT- INFORMATION TECHNOLOGY	(ii)	0	0	0	0	0	0	0
9 JANE TEWKSBURY EXECUTIVE DIRECTOR-	(i)	149,712	0	738	8,983	19,219	178,652	0
THRIVE IN FIVE	(ii)	0	0	0	0	0	0	0

Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Schedule J. Part I LINE 3 UWMB'S BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION. AS RECOMMENDED BY UWMB'S COMPENSATION COMMITTEE

performance goals recommended by the CEO and approved by the Board Achievement of performance goals yield a percentage of salary bonus award

Page 3

Schedule J (Form 990) 2015

determined annually by the Compensation Committee

Schedule J (Form 990) 2015

payments

**Software ID:** 15000238 **Software Version:** 2015v3.0

**EIN:** 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1MICHAEL DURKIN PRESIDENT AND CEO AND ASSISTANT SECRETARY	(1)	340,000	48,500	10,045	34,000	19,947	452,492	
(		0	0	0	0	- 0	- 0	(
1PATRICIA LATIMORE CFO AND ASSISTANT	(1)	196,100	21,000	1,122	17,368	19,740	255,330	
TREASURER	(11)	0	o	0	0	-0	o	•
<b>2</b> JEFFERY HAYWARD	(1)	223,077	23,500	862	14,795	19,586	281,820	1
CHIEF OF EXTERNAL AFFAIRS	(11)	0	0	0	0	- 0		(
3JOHN FEUDO CHIEF DEVELOPMENT	(1)	183,655	0	699	11,019	12,905	208,278	
OFFICER	(11)	0	o	0	О	-0	o	•
<b>4</b> KARLEY AUSIELLO SENIOR VICE-PRESIDENT -	(1)	158,424	16,520	125	17,494	19,385	211,948	1
COMMUNITY IMPACT	(11)	0	0	0	0	-		(
5MARK LAMOTHE SENIOR VICE-PRESIDENT-	(1)	158,077	17,050	524	8,419	19,245	203,315	
MARKETING	(11)	0	0	0	0	- - 0	- -	
6MARIA TRINGALE VICE-PRESIDENT-MAJOR	(1)	176,874	0	346	10,612	19,340	207,172	
GIFTS	(11)	0	0	0	0			(
7IMRAN ALRAI VICE-PRESIDENT-	(1)	170,914	0	143	10,255	19,308	200,620	
INFORMATION TECHNOLOGY	(11)	0	0	0	0			(
8JANE TEWKSBURY EXECUTIVE DIRECTOR-	(1)	149,712	0	738	8,983	19,219	178,652	(
THRIVE IN FIVE	(11)	0	0	0	0	-		(

Schedule L

(Form 990 or 990-EZ)

## **Transactions with Interested Persons**

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493046025197 OMB No 1545-0047

> 2015 Open to Public Inspection

Department of the www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization UNITED WAY OF MASSACHUSETTS BAY INC Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

**Employer identification number** 04-2382233

	Excess Belieffe Transactions		2) organizations only		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 25a or 25b, or Fo	orm 990-EZ, Part V, lin	e 40b	
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of	(d) Co	rected?
		organization	transaction	Yes	No
3	4958	ation managers or disqualified persons during the y	• •		
Par	Loans to and/or From Inter	ested 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	Purpose of	(d) Loan t or from th organizatio	e	(e)Original principal amount	<b>(f)</b> Balance due				(h) (i)Wr Approved agreer by board or committee?			
			To	From			Yes	No	Yes	No	Yes	No	
Total	anto ou Assist	<b>▶</b> \$						•					

# 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) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance

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Schedule L (Form 990 or 990-EZ) 2015

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	Complete if the	organization	answered	"Yes" on	Form	990,	Part IV,	line	28a	, 28b,	, or 28	3c.
(a) N	Name of interested	person	(b) Rela	tionship		(c) A n	nount of		(d) [	Descri	ption c	of tra

ACCOUNT

,	between interested person and the organization	transaction		organız reven	zatıon's
				Yes	No
BLUE CROSS BLUE SHIELD OF (1) MASSACHUSETTS	KEY EMPLOYEE OF BCBS IS ALSO A DIRECTOR		HEALTH AND DENTAL BENEFITS FOR UWMB EMPLOYEES		No
Part V Supplemental Informa	<b>nation</b> tion for responses to questions	on Schedule L (see	instructions)	•	
Return Reference		Explai	nation		

Schedule L, Part IV PART IV

SEVERAL OTHER BOARD DIRECTORS ARE KEY EMPLOYEES OF ENTITIES THAT PROVIDE

IGOODS/SERVICES TO UWMB IN THE NORMAL COURSE OF BUSINESS BUT FEES PAID FOR THOSE SERVICES ARE BELOW THE DOLLAR TRESHOLD FOR REPORTING IN SCHEDULE L. IN. ADDITION, THOSE INDIVIDUALS ARE NOT INVOLVED WITH THE MANAGEMENT OF EACH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

DLN: 93493046025197 OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233 Part I Types of Property (b) (d) (a) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g 1 Art—Works of art . . **2** Art—Historical treasures **3** Art—Fractional interests 5,000 Market value Books and publications Х 88,774 Market value Clothing and household Х goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . Χ 59 652,156 Market value 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ ( 10.000 NONE Х 1 Software ) 26 Other ▶ (\_ **27** Other ▶ ( **28** Other ▶ (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . 30a Νo b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo b If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

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Schedule M (Form 990) (2015)

reporting method for number of Contributions Other - Software, Number of Contributions contributions

## **SCHEDULE 0** (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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233

Return	Explanation
Reference	
Part III, Line 1 PART III 1 PART III 6 CU OR GROWN SIGNET THE STEEL STOCK STOC	ITRODUCTION FOR OVER 70 YEARS, WWMB HAS BROUGHT THE COMMUNITY TOGETHER TO HELP IMPROVE PEOPLES LIVES ND STRENGTHEN THE COMMUNITIES IT SERVES WE BELIEVE THAT FAMILIES ARE SOCIETY'S GREATEST ASSET AND THAT Y BRINGING THE COMMUNITY TOGETHER TO HELP EACH FAMILY REACH THEIR FULL POTENTIAL WE LAY THE FOUNDATION OR A STRONG, STABLE REGION AND ROBUST ECONOMY THAT BENEFITS EVERYONE OUR FOUNDING BELIEF-THAT OGETHER WE CAN DO MORE THAN WE EVER COULD ALONE STILL DEFINES OUR MISSION, BUT TODING BELIEF-THAT OGETHER WE CAN DO MORE THAN WE EVER COULD ALONE STILL DEFINES OUR MISSION, BUT TODING Y THAT BELIEF HAS TRETCHED BEYOND FUNDRAISING AND CREATED A POWERFUL AND GROWING MOVEMENT TO GIVE, ADVOCATE OR OLUNTEER OUR RALLY ING CRY, TO "LIVE UNITED" HAS MOBILIZED THE COMMUNITIES WE SERVE TO ADVANCE THE OLUNTOR OF THE GREATEST POSSIBLE IMPACT ON OUR COMMUNITY AND THE ISSUES THAT WE CARE ABOUT LUMB LEVERAGES AND TALENTS OF A REGIONAL NETWORK OF MORE THAN 160 PARTINER AGENCIES TO FOCUS ON SHARED OAKS, USING PROVEN STRATEGIES ACROSS OUR THREE IMPACT A REAS, THESE AGENCIES TO FOCUS ON SHARED OAKS, USING PROVEN STRATEGIES A CROSS OUR THREE IMPACT A REAS, THESE AGENCIES TO FOCUS ON SHARED OAKS, USING PROVEN STRATEGIES A CROSS OUR THREE IMPACT A REAS, THESE AGENCIES TO FOCUS ON SHARED OAKS, USING PROVEN STRATEGIES A CROSS OUR THREE IMPACT A REAS, THESE AGENCIES TO FOCUS ON SHARED OAKS, USING PROVEN STRATEGIES A CROSS OUR THREE IMPACT A REAS, THESE AGENCIES TO FOCUS ON SHARED OAKS, OUR SHARED AND THE REACH OF ANY SINGLE REGARDIZED OF THE HUNDREDS OF UMAN SERVICE AGENCIES, OR GRANIZATION NO THERE FOR GRANIZATION HAS THE SOUTH AND THE REACH OF ANY SINGLE REGARDIZATED VOLUNTEERS AROUND A COMMON VISION OF CREATING MAXIMUM IMPACT AND ACHEVING LONG-LASTING RESULTS ORGANIZATIONAL OVERVIEW WIND ENCOMPASSES OVER 130 CITIES AND TOWNS WITH HET ASSETS OF MORE THAN 560 MILLION AS A MORE MINDRED KIND AND CHIRCK TOWNS AND FINANCE AND COMMON THE RESOURCES ON A CHIEVING REATER AGENCIES ON A CHIEVING REATER AGENCIES ON A CHIEVING REATER AGENCIES ON A CHIEV

Return Reference	Explanation
Form 990, Part III, Line	(Expenses \$ 12,490,124 including grants of \$ 12,490,124)(Revenue \$ 0) DONORS TO THE CAMPAIGN MAY
4d Description of	DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES SUCH AMOUNTS ARE NOT INCLUDED
other program	AS ALLOCATIONS TO AGENCIES AND ARE RECORDED AS A DEDUCTION FROM DONOR CONTRIBUTIONS IN THE
services	AUDITED FINANCIAL STATEMENT OF ACTIVITIES ALL DONOR DESIGNATIONS ARE VERIFIED FOR 501(C)(3)
	ELIGIBILITY AND COMPLIANCE WITH THE USA PATRIOT ACT

Return Reference	Explanation
Form 990, Part III, Line 4d	(Expenses \$ 2,294,242 including grants of \$ 0)(Revenue \$ 170,743) PROGRAM ADMINISTRATION
Description of other program	INCLUDES UWMB'S INTERNAL RESOURCE ALLOCATION TO SUPPORT CHILDREN, YOUTH AND FAMILY
services	PROGRAMS

Return Reference	Explanation	
Form 990, Part VI, Line 11b Review of	UWMB'S AUDIT COMMITTEE REVIEWS THE ANNUAL FORM 990 IN ADDITION, A DRAFT OF THE FORM	
form 990 by governing body	990 IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	UWMB'S CODE OF ETHICS IS INTENDED TO GUIDE AND ADVANCE THE ETHICAL CONDUCT OF BOTH VOLUNTEERS AND STAFF IN CARRY ING OUT THEIR UWMB'S RESPONSIBILITIES AS PART OF THE CODE OF ETHICS, ALL VOLUNTEERS AND STAFF MUST AVOID ANY CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, WHICH COULD TARNISH THE REPUTATION OF UWMB OR UNDERMINE THE PUBLIC'S TRUST IN UWMB STAFF AND VOLUNTEERS TO ENSURE THAT THE BEST INTERESTS OF UWMB ARE SERVED ALL VOLUNTEERS AND STAFF UPON FIRST BEING ELECTED, APPOINTED, HIRED OR ASSIGNED, DISCLOSES IN WRITING, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY POTENTIAL BUSINESS OR AGENCY CONFLICTS OF INTERESTS THAT INVOLVE THE INDIVIDUAL, HIS OR HER IMMEDIATE RELATIVES, OR ANY ENTITY WITH WHICH HE OR SHE IS ASSOCIATED IN A SIGNIFICANT LEADERSHIP OR OWNERSHIP CAPACITY THEREAFTER, THESE DISCLOSURES ARE UPDATED ANNUALY, OR SOONER IF CHANGED CIRCUMSTANCES IN A PARTICULAR CASE MAY WARRANT THE TERMS OF ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY MANAGEMENT AND REPORTED TO UWMB'S AUDIT COMMITTEE ON AN ANNUAL BASIS THE COMMITTEE DEVELOPS RECOMMENDATIONS AS TO WHETHER, ALL FACTORS CONSIDERED, A POTENTIAL CONFLICT IS FAIR AND REASONABLE AND IN THE BEST INTEREST OF UWMB AND PROVIDES THESE RECOMMENDATIONS TO UWMB'S BOARD FOR APPROVAL

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Each year, the Compensation Committee, which is comprised of Board and non-Board members, review s compensation, benchmarks and performance metrics for the top five positions in the leadership of the organization including the President and Chief Executive Officer Every three years, the Compensation Committee also completes a review of the external compensation market by engaging an executive compensation consultant to review the compensation and benefits package and set benchmarks for each position. The last comprehensive compensation review by an external compensation consultant was completed in 2012. All compensation changes are review ed and approved each year by the Board of Directors following review and approvals by the Compensation Committee and the Executive Committee of the Board. This year the final Board approval was completed in October 2014 and documented in the meeting minutes. The Chairperson of the Compensation Committee who is also a member of the Board of Directors creates and maintains the documentation of the deliberations of the Committee meetings and decisions regarding the compensation decisions

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE PART VI, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Line 19	UWMB, UPON REQUEST, WILL PROVIDE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
Required documents available	AUDITED FINANCIAL STATEMENTS UWMB'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR
to the public	PUBLIC INSPECTION AT THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other	Misc revenue - Total Revenue 503053, Related or Exempt Function Revenue 503053, Unrelated
Miscellaneous Revenue	Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Net Assets acquired in North Shore United Way merger - 2264669,