

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC		D Employer identification number ** - *** 4017
	Doing business as		E Telephone number 508-757-5631
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	484 MAIN STREET, SUITE 300		G Gross receipts \$ 7,454,907.
	City or town, state or province, country, and ZIP or foreign postal code WORCESTER, MA 01608		
F Name and address of principal officer: TIMOTHY J. GARVIN 484 MAIN STREET, SUITE 300, WORCESTER, MA 0		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.UNITEDWAYCM.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1920** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF CENTRAL MASSACHUSETTS CONNECTS PEOPLE AND RESOURCES TO IMPROVE THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	1924
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,921,553.	Current Year 5,374,235.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	860,793.	97,936.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,672.	39,926.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,802,018.	5,512,097.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,108,143.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,757,732.	1,663,179.
16a Professional fundraising fees (Part IX, column (A), line 11e)		13,399.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 848,944.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,477,728.	1,674,903.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,357,002.	5,689,852.
19 Revenue less expenses. Subtract line 18 from line 12	445,016.	-177,755.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,584,932.	End of Year 10,665,159.
	21 Total liabilities (Part X, line 26)	3,100,481.	2,753,621.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,484,451.	7,911,538.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ TIMOTHY J. GARVIN, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD ANTENUCCI				P00893261
Firm's name ▶ STOWE & DEGON, LLC			Firm's EIN ▶ ** - *** 9904		
Firm's address ▶ 95A TURNPIKE ROAD WESTBOROUGH, MA 01581			Phone no. 508-983-6700		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF CENTRAL MASSACHUSETTS CONNECTS PEOPLE AND RESOURCES TO IMPROVE THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,332,949. including grants of \$ 1,685,136.) (Revenue \$) COMMUNITY IMPACT PROGRAM - THE COMMUNITY IMPACT PROGRAM PLAYS A CRITICAL ROLE IN IMPROVING OUR COMMUNITY. OUR WORK IS ORGANIZED AROUND EDUCATION, FAMILY STABILITY AND HEALTH, WHICH ARE CONSIDERED ESSENTIAL BUILDING BLOCKS FOR A SUCCESSFUL LIFE. BY 2020 UNITED WAY, ASPIRES TO SEE A 10% CHANGE IN THE FOLLOWING FACTORS IN CENTRAL MASSACHUSETTS: 1.INCREASING THE HIGH SCHOOL GRADUATION RATE FOR AT-RISK YOUTH. 2.REDUCING THE CHILD POVERTY RATE. 3.REDUCING THE CHILDHOOD OBESITY RATE.

IN ADDITION, THIS PROGRAM HELPS TO PROVIDING SERVICES TO STABILIZE THOSE WHO ARE UNABLE TO MEET THEIR BASIC NEEDS DUE TO CONDITIONS THAT CREATE VULNERABILITY. UNITED WAY OF CENTRAL MASSACHUSETTS STAFF AND VOLUNTEERS, THROUGH A COMPETITIVE PROCESS, EVALUATE FUNDING PROPOSALS,

4b (Code:) (Expenses \$ 307,637. including grants of \$ 216,538.) (Revenue \$) WOMEN'S INITIATIVE COMMUNITY IMPACT PROGRAM. THE WOMEN'S INITIATIVE FOCUSES ON BUILDING, STRENGTHENING, AND SUPPORTING THE DEVELOPMENT OF CONFIDENT AND SAFE ADOLESCENT GIRLS, AND HAS SUCCESSFULLY BROUGHT ABOUT LASTING CHANGE. THROUGH EDUCATIONAL EVENTS, GRANTS FOR AREA PROGRAMS, FINANCIAL LITERACY EDUCATION, AND SPONSORSHIP OF A COMPREHENSIVE LOCAL NEEDS ASSESSMENT, THE WOMEN'S INITIATIVE OF THE UNITED WAY IS A THRIVING VEHICLE OF CHANGE FOR GIRLS IN CENTRAL MASSACHUSETTS. DURING FY 2018, WOMEN'S INITIATIVE DELIVERED 5 FULL-DAY CONFERENCES FOR 380 MIDDLE-SCHOOL GIRLS, UTILIZING THE TIME AND TALENT OF 109 PROFESSIONAL WOMEN. IN ADDITION, THE WOMEN'S INITIATIVE COMMUNITY IMPACT PROGRAM FUNDED 10 COMMUNITY BASED PROGRAMS AND SPONSORED 4 LOCAL EDUCATIONAL EVENTS.

4c (Code:) (Expenses \$ 836,422. including grants of \$) (Revenue \$) YOUTHCONNECT PROGRAM - YOUTHCONNECT WORCESTER PROVIDES HIGH QUALITY, YEAR ROUND, NEIGHBORHOOD-BASED YOUTH DEVELOPMENT OPPORTUNITIES FOR RECREATION, EDUCATION AND CULTURE TO ISOLATED AND UNDER-SERVED WORCESTER YOUTH AGE 5-24 (FOCUSING ON THE MIDDLE SCHOOL YEARS) WHO RESIDE IN WORCESTER'S MOST AT RISK NEIGHBORHOODS. WE DO THIS THROUGH THE ESTABLISHMENT OF A SEAMLESS, INCLUSIVE YOUTH-SERVING CONSORTIUM, MODELED ON BEST PRACTICE, UTILIZING A COMMON SYSTEM OF MEASURES TO DRIVE EFFICIENT USE OF RESOURCES FOR IMPACT, AND BUILT ON A FRAMEWORK THAT DELIVERS POSITIVE OUTCOMES IN THE AREAS OF HEALTH, EDUCATION, AND FAMILY STABILITY. PARTNERS INCLUDE: BOYS AND GIRLS CLUB OF WORCESTER, FRIENDLY HOUSE, GIRLS INC. OF WORCESTER, YMCA OF CENTRAL MA, Y.O.U. INC., YWCA OF CENTRAL MA, AND WORCESTER YOUTH CENTER.

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JAMES HAYES, UNITED WAY OF CENTRAL MA - 508-757-5631
484 MAIN STREET, SUITE 300, WORCESTER, MA 01608

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS BROWN AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(2) REVEREND CLYDE TALLEY TREASURER	1.00	X		X			0.	0.	0.	
(3) SHEILAH H. DOOLEY CLERK	1.00	X		X			0.	0.	0.	
(4) JOSEPH M. HAMILTON CHAIR OF COMMUNITY IMPACT	1.00	X		X			0.	0.	0.	
(5) KOLA AKINDELE AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) JOSEPH P. CARLSON AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) MATILDE CASTIEL AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JEFFREY CHIN AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) TAREK ELSAWY AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ELIZABETH M. HELENIUS AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MAUREEN BINIENDA AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) STEVEN G. JOSEPH AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(13) RALPH H. LAMBALOT AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) DEBORAH LARSEN AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(15) AIVI NGUYEN, ESQ. CHAIR OF THE BOARD OF DIRE	1.00	X		X			0.	0.	0.	
(16) REPRESENTATIVE JAMES J. O'DAY AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(17) PAUL PROVOST AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY LOU RETELLE AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JOHN C. ROCHE AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(20) JOHN SHEA AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(21) NAOMI SLEEPER AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(22) BRIAN SULLIVAN AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(23) LUIS PEDRAJA AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(24) ALEX ZEQUEIRA AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(25) BRADLEY H. JOHNSON AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
(26) LEAH LAMSON AT-LARGE BOARD MEMBER	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							393,980.	0.	56,039.	
d Total (add lines 1b and 1c)							393,980.	0.	56,039.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) EDWARD H. WHITE AT-LARGE BOARD MEMBER	1.00	X						0.	0.	0.
(28) TIMOTHY J. GARVIN PRESIDENT AND CEO	35.00			X				159,231.	0.	28,086.
(29) JENNIFER DAVIS CAREY EXECUTIVE DIR., WORC. EDUC	35.00			X				118,181.	0.	7,395.
(30) JAMES HAYES CHIEF OPERATING OFFICER	35.00			X				116,568.	0.	20,558.
Total to Part VII, Section A, line 1c								393,980.		56,039.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 4,027,219.						
	b Membership dues	1b						
	c Fundraising events	1c 70,876.						
	d Related organizations	1d						
	e Government grants (contributions)	1e 653,629.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 622,511.						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f						5,374,235.	
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,659.			30,659.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,986,263.						
		b Less: cost or other basis and sales expenses	1,918,986.					
		c Gain or (loss)	67,277.					
	d Net gain or (loss)			67,277.	67,277.			
	8 a Gross income from fundraising events (not including \$ 70,876. of contributions reported on line 1c). See Part IV, line 18	a 17,125.						
		b Less: direct expenses	b 23,824.					
		c Net income or (loss) from fundraising events						-6,699.
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a COST RECOVERY FEE		900099	30,368.	30,368.				
	b MISCELLANEOUS INCOME	900099	16,257.	16,257.				
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d			46,625.					
12 Total revenue. See instructions			5,512,097.	113,902.	0.	23,960.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,351,770.	2,351,770.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	512,297.	190,759.	127,366.	194,172.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	770,866.	326,586.	178,859.	265,421.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	285,962.	98,948.	57,648.	129,366.
10 Payroll taxes	94,054.	37,350.	22,872.	33,832.
11 Fees for services (non-employees):				
a Management				
b Legal	2,274.		2,274.	
c Accounting	21,000.		21,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	29,442.		29,442.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	310,241.	258,245.		51,996.
12 Advertising and promotion	29,280.	6,220.	731.	22,329.
13 Office expenses	55,830.	31,778.	10,028.	14,024.
14 Information technology				
15 Royalties				
16 Occupancy	158,723.	96,986.	20,041.	41,696.
17 Travel	43,872.	27,436.	9,852.	6,584.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	480,794.	427,291.		53,503.
20 Interest				
21 Payments to affiliates	55,026.	18,777.	11,627.	24,622.
22 Depreciation, depletion, and amortization	13,463.	4,801.	2,785.	5,877.
23 Insurance	8,040.		8,040.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>YOUTHCONNECT AGENCY PAR</u>	427,290.	427,290.		
b <u>BANK AND CREDIT CARD FE</u>	24,574.	24,574.		
c <u>EQUIPMENT AND RENTAL</u>	11,756.	4,856.	2,213.	4,687.
d <u>ORGANIZATION DUES</u>	3,298.	766.	1,697.	835.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,689,852.	4,334,433.	506,475.	848,944.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	397,751.	1	324,609.
	2 Savings and temporary cash investments	448,172.	2	58,477.
	3 Pledges and grants receivable, net	1,814,629.	3	1,704,325.
	4 Accounts receivable, net	108,419.	4	54,601.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,653.	9	126,216.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,829,652.		
	b Less: accumulated depreciation	10b 1,815,898.		
	11 Investments - publicly traded securities	6,189,552.	11	6,635,256.
	12 Investments - other securities. See Part IV, line 11	224,656.	12	214,670.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,277,539.	15	1,533,251.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,584,932.	16	10,665,159.	
Liabilities	17 Accounts payable and accrued expenses	182,479.	17	108,023.
	18 Grants payable	2,624,380.	18	2,366,572.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	293,622.	25	279,026.
	26 Total liabilities. Add lines 17 through 25	3,100,481.	26	2,753,621.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,149,021.	27	6,221,831.
	28 Temporarily restricted net assets	830,422.	28	820,141.
	29 Permanently restricted net assets	505,008.	29	869,566.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,484,451.	33	7,911,538.	
34 Total liabilities and net assets/fund balances	10,584,932.	34	10,665,159.	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED WAY OF CENTRAL MASSACHUSETTS, INC** Employer identification number ****-***4017**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5878512.	6017654.	6359168.	5992026.	5374235.	29621595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5878512.	6017654.	6359168.	5992026.	5374235.	29621595.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3342397.
6 Public support. Subtract line 5 from line 4.						26279198.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5878512.	6017654.	6359168.	5992026.	5374235.	29621595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	396,321.	-92,182.	949,053.	860,793.	144,561.	2258546.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31880141.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	82.43 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	82.13 %

16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Lined area for supplemental information.

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	3,980,000.	3,342,397.
Total Excess Contributions to Schedule A, Part II, Line 5		3,342,397.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

UNITED WAY OF CENTRAL MASSACHUSETTS, INC

Employer identification number

-*4017

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC	Employer identification number ** - ***4017
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 170px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>370,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 230px; height: 15px;"></div>	\$ <u>265,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 380px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 220px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 230px; height: 15px;"></div>	\$ <u>245,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 380px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 280px; height: 15px;"></div>	\$ <u>155,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 230px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 230px; height: 15px;"></div>	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 340px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 310px; height: 15px;"></div>	\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC	Employer identification number ** - ***4017
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ <u>221,104.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color: black; width: 400px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>140,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC	Employer identification number ** - ***4017
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC	Employer identification number ** - *** 4017
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC **Employer identification number** ** - *** 4017

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment 94.00 %
- b Permanent endowment 6.00 %
- c Temporarily restricted endowment _____ %

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

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

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		367,137.	367,137.	0.
c Leasehold improvements		774,289.	770,493.	3,796.
d Equipment		483,310.	473,352.	9,958.
e Other		204,916.	204,916.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,754.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATED PLEDGES	279,026.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	279,026.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,689,852.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,689,852.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,689,852.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INCOME GENERATED FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO
 SUBSIDIZE GENERAL ADMINISTRATIVE EXPENSES AND UNITED WAY OF CENTRAL
 MASSACHUSETTS (UWCM) AND THE WOMEN'S INITIATIVE PROGRAM OF THE UWCM.

PART XI LINE 2D

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12:

CHANGE IN VALUE OF A BENEFICIAL INTEREST IN TRUST: \$41,902

FUNDRAISING EVENTS ON SCHEDULE G: \$6,699

TOTAL: \$48,601

PART XI LINE 4

Part XIII Supplemental Information (continued)

UNITED WAY OF CENTRAL MASSACHUSETTS USES A HISTORICAL AVERAGE TO ESTIMATE THE UNCOLLECTIBLE EXPENSE FOR THE CURRENT YEAR CAMPAIGN. THIS ADJUSTMENT REFLECTS THE IMPACT OF ACTUAL COLLECTIONS AS COMPARED TO THE ORIGINAL ESTIMATE.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ACAPPELLA CONTEST (event type)	AUCTION (event type)	NONE (total number)	
Revenue	1	Gross receipts	38,223.	49,778.	88,001.
	2	Less: Contributions	33,750.	37,126.	70,876.
	3	Gross income (line 1 minus line 2)	4,473.	12,652.	17,125.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,118.		4,118.
	7	Food and beverages		4,471.	4,471.
	8	Entertainment		175.	175.
	9	Other direct expenses	14,664.	396.	15,060.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,699.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF CENTRAL MASSACHUSETTS, INC** Employer identification number **** - *** 4017**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
15-40 CONNECTION FOUNDATION 53 OTIS STREET WESTBOROUGH, MA 01581	** - *** 3903	501(C)(3)	25,000.	0.			DONOR DESIGNATED
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	** - *** 0474	501(C)(3)	397.	0.			DONOR DESIGNATED
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	** - *** 0474	501(C)(3)	17,000.	0.			PROGRAM OPERATING
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	** - *** 0474	501(C)(3)	31,050.	0.			PROGRAM OPERATING
AFRICAN COMMUNITY EDUCATION 24 CHATHAM STREET WORCESTER, MA 01609	** - *** 0474	501(C)(3)	100.	0.			AGENCY AWARD
AMER. RED CROSS CENT. MA 2000 CENTURY DRIVE WORCESTER, MA 01606	** - *** 6605	501(C)(3)	2,188.	0.			DONOR DESIGNATED

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

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMER. RED CROSS CENT. MA 2000 CENTURY DRIVE WORCESTER, MA 01606	**-***6605	501(C)(3)	421.	0.			DONOR DESG. 3RD PARTY
AMER. RED CROSS CENT. MA 2000 CENTURY DRIVE WORCESTER, MA 01606	**-***6605	501(C)(3)	45,922.	0.			PROGRAM OPERATING
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET, SUITE 300 WORCESTER, MA 01604	**-***6563	501(C)(3)	375.	0.			DONOR DESIGNATED
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET, SUITE 300 WORCESTER, MA 01604	**-***6563	501(C)(3)	31,050.	0.			PROGRAM OPERATING
ASCENTRIA CARE ALLIANCE 14 EAST WORCESTER STREET, SUITE 300 WORCESTER, MA 01604	**-***6563	501(C)(3)	31,019.	0.			PROGRAM OPERATING
BIG BROTHER BIG SISTERS CM 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	**-***7926	501(C)(3)	10,369.	0.			DONOR DESIGNATED
BIG BROTHER BIG SISTERS CM 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	**-***7926	501(C)(3)	178.	0.			DONOR DESG. 3RD PARTY
BIG BROTHER BIG SISTERS CM 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	**-***7926	501(C)(3)	79,740.	0.			PROGRAM OPERATING
BIG BROTHER BIG SISTERS CM 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	**-***7926	501(C)(3)	3,000.	0.			MINOR CAPITAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHER BIG SISTERS CM 484 MAIN STREET, SUITE 360 WORCESTER, MA 01608	**-***7926	501(C)(3)	100.	0.			AGENCY AWARD
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	17,864.	0.			DONOR DESIGNATED
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	2,306.	0.			DONOR DESG. 3RD PARTY
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	26,500.	0.			PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	9,306.	0.			PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	8,000.	0.			PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	1,509.	0.			MINOR CAPITAL
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	205,304.	0.			PROGRAM OPERATING
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	3,532.	0.			PROGRAM OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WORCESTER 65 BOYS & GIRLS CLUB WAY WORCESTER, MA 01610	**-***5851	501(C)(3)	45,140.	0.			PROGRAM OPERATING
BUILDING FUTURES, INC. 34 GREATBROOK VALLEY AVENUE WORCESTER, MA 01605	**-***8266	501(C)(3)	19,800.	0.			PROGRAM OPERATING
CASA PROJECT, INC 100 GROVE STREET WORCESTER, MA 01605	**-***1865	501(C)(3)	3,808.	0.			DONOR DESIGNATED
CASA PROJECT, INC 100 GROVE STREET WORCESTER, MA 01605	**-***1865	501(C)(3)	47,859.	0.			PROGRAM OPERATING
CASA PROJECT, INC 100 GROVE STREET WORCESTER, MA 01605	**-***1865	501(C)(3)	3,100.	0.			MINOR CAPITAL
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	**-***3979	501(C)(3)	6,535.	0.			DONOR DESIGNATED
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	**-***3979	501(C)(3)	1,261.	0.			DONOR DESG. 3RD PARTY
CATHOLIC CHARITIES OF WORC 10 HAMMOND STREET WORCESTER, MA 01610	**-***3979	501(C)(3)	36,338.	0.			PROGRAM OPERATING
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	**-***1448	501(C)(3)	4,997.	0.			DONOR DESIGNATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	**-***1448	501(C)(3)	88,628.	0.			PROGRAM OPERATING
CENTRAL MASS HOUSING ALLIANCE 6 INSTITUTE RD WORCESTER, MA 01609	**-***1448	501(C)(3)	27,000.	0.			PROGRAM OPERATING
CENTRAL MASS LABOR AGENCY 400 WASHINGTON ST AUBURN, MA 01501	**-***6280	501(C)(3)	11,761.	0.			DONOR DESIGNATED
CENTRAL MASS LABOR AGENCY 400 WASHINGTON ST AUBURN, MA 01501	**-***6280	501(C)(3)	2,350.	0.			PROGRAM SPONSORSHIP
CHILDREN'S FRIEND, INC. 81 HOPE AVENUE WORCESTER, MA 01603	**-***5856	501(C)(3)	4,571.	0.			DONOR DESIGNATED
CHILDREN'S FRIEND, INC. 81 HOPE AVENUE WORCESTER, MA 01603	**-***5856	501(C)(3)	456.	0.			DONOR DESG. 3RD PARTY
CHILDREN'S FRIEND, INC. 81 HOPE AVENUE WORCESTER, MA 01603	**-***5856	501(C)(3)	17,726.	0.			PROGRAM OPERATING
COMMUNITY HEALTHLINK, INC. 72 JAQUES AVENUE WORCESTER, MA 01610	**-***6179	501(C)(3)	2,166.	0.			DONOR DESIGNATED
COMMUNITY HEALTHLINK, INC. 72 JAQUES AVENUE WORCESTER, MA 01610	**-***6179	501(C)(3)	70,920.	0.			PROGRAM OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHLINK, INC. 72 JAQUES AVENUE WORCESTER, MA 01610	**-***6179	501(C)(3)	64,800.	0.			PROGRAM OPERATING
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	**-***6242	501(C)(3)	2,077.	0.			DONOR DESIGNATED
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	**-***6242	501(C)(3)	73,118.	0.			PROGRAM OPERATING
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	**-***5825	501(C)(3)	1,540.	0.			DONOR DESIGNATED
DISMAS HOUSE PO BOX 30125 WORCESTER, MA 01603	**-***5825	501(C)(3)	38,110.	0.			PROGRAM OPERATING
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET, SUITE 100 WORCESTER, MA 01606	**-***5221	501(C)(3)	12,967.	0.			DONOR DESIGNATED
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET, SUITE 100 WORCESTER, MA 01606	**-***5221	501(C)(3)	159.	0.			DONOR DESG. 3RD PARTY
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET, SUITE 100 WORCESTER, MA 01606	**-***5221	501(C)(3)	38,110.	0.			PROGRAM OPERATING
ELDER SERVICES WORCESTER AREA 67 MILLBROOK STREET, SUITE 100 WORCESTER, MA 01606	**-***5221	501(C)(3)	7,977.	0.			PROGRAM OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	**-***5308	501(C)(3)	7,471.	0.			DONOR DESIGNATED
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	**-***5308	501(C)(3)	18,283.	0.			PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	**-***5308	501(C)(3)	62,100.	0.			PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	**-***5308	501(C)(3)	44,996.	0.			PROGRAM OPERATING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	**-***5308	501(C)(3)	115.	0.			PROGRAM AWARD
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	**-***3767	501(C)(3)	3,266.	0.			DONOR DESIGNATED
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	**-***3767	501(C)(3)	542.	0.			DONOR DESG. 3RD PARTY
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	**-***3767	501(C)(3)	54,000.	0.			PROGRAM OPERATING
FAMILY SERVICES OF CENTRAL MASS 31 HARVARD STREET WORCESTER, MA 01609	**-***3767	501(C)(3)	60,000.	0.			PROGRAM OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	9,490.	0.			DONOR DESIGNATED
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	1,827.	0.			DONOR DESG. 3RD PARTY
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	49,631.	0.			PROGRAM OPERATING
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	7,150.	0.			PROGRAM OPERATING
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	2,700.	0.			MINOR CAPITAL
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	64,725.	0.			PROGRAM OPERATING
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	2,028.	0.			PROGRAM OPERATING
FRIENDLY HOUSE, INC. 36 WALL STREET WORCESTER, MA 01604	**-***4239	501(C)(3)	19,040.	0.			PROGRAM OPERATING
GIRL SCOUTS OF CNTRL/WSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	**-***3856	501(C)(3)	685.	0.			DONOR DESIGNATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF CNTRL/WSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	**-***3856	501(C)(3)	450.	0.			DONOR DESG. 3RD PARTY
GIRL SCOUTS OF CNTRL/WSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	**-***3856	501(C)(3)	14,420.	0.			PROGRAM OPERATING
GIRL SCOUTS OF CNTRL/WSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	**-***3856	501(C)(3)	500.	0.			PROGRAM SPONSORSHIP
GIRL SCOUTS OF CNTRL/WSTRN MA 115 CENTURY DRIVE WORCESTER, MA 01606	**-***3856	501(C)(3)	5,000.	0.			MINOR CAPITAL
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	**-***3666	501(C)(3)	9,915.	0.			DONOR DESIGNATED
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	**-***3666	501(C)(3)	800.	0.			DONOR DESG. 3RD PARTY
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	**-***3666	501(C)(3)	8,000.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	**-***3666	501(C)(3)	14,100.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	**-***3666	501(C)(3)	1,500.	0.			PROGRAM SPONSORSHIP

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	1,000.	0.			PROGRAM SPONSORSHIP
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	40,770.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	7,000.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	4,603.	0.			MINOR CAPITAL
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	106,222.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	1,668.	0.			PROGRAM OPERATING
GIRLS INC. OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	** - ***3666	501(C)(3)	8,108.	0.			PROGRAM OPERATING
GUILD OF ST. AGNES 405 GROVE STREET, SUITE 201 WORCESTER, MA 01605	** - ***4267	501(C)(3)	3,916.	0.			DONOR DESIGNATED
GUILD OF ST. AGNES 405 GROVE STREET, SUITE 201 WORCESTER, MA 01605	** - ***4267	501(C)(3)	260.	0.			DONOR DESG. 3RD PARTY

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILD OF ST. AGNES 405 GROVE STREET, SUITE 201 WORCESTER, MA 01605	**-***4267	501(C)(3)	31,269.	0.			PROGRAM OPERATING
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	**-***3679	501(C)(3)	65.	0.			DONOR DESIGNATED
LUK CRISIS CENTER 545 WESTMINSTER STREET FITCHBURG, MA 01420	**-***3679	501(C)(3)	10,000.	0.			PROGRAM OPERATING
MASS. EDUCATIONAL & CAREER OP 484 MAIN STREET #500 WORCESTER, MA 01608	**-***5676	501(C)(3)	1,353.	0.			DONOR DESIGNATED
MASS. EDUCATIONAL & CAREER OP 484 MAIN STREET #500 WORCESTER, MA 01608	**-***5676	501(C)(3)	832.	0.			DONOR DESG. 3RD PARTY
MASS. EDUCATIONAL & CAREER OP 484 MAIN STREET #500 WORCESTER, MA 01608	**-***5676	501(C)(3)	37,260.	0.			PROGRAM OPERATING
MASS. EDUCATIONAL & CAREER OP 484 MAIN STREET #500 WORCESTER, MA 01608	**-***5676	501(C)(3)	35,460.	0.			PROGRAM OPERATING
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	**-***5377	501(C)(3)	5,974.	0.			DONOR DESIGNATED
NATIVITY SCHOOL OF WORCESTER 67 LINCOLN STREET WORCESTER, MA 01605	**-***5377	501(C)(3)	26,550.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	**-***9363	501(C)(3)	1,690.	0.			DONOR DESIGNATED
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	**-***9363	501(C)(3)	27,000.	0.			PROGRAM OPERATING
OAK HILL CDC 74 PROVIDENCE STREET WORCESTER, MA 01604	**-***9363	501(C)(3)	2,500.	0.			MINOR CAPITAL
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	**-***3851	501(C)(3)	3,810.	0.			DONOR DESIGNATED
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	**-***3851	501(C)(3)	30,577.	0.			PROGRAM OPERATING
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	**-***3851	501(C)(3)	200.	0.			AGENCY AWARD
PERNET FAMILY HEALTH 237 MILLBURY STREET WORCESTER, MA 01610	**-***3851	501(C)(3)	3,499.	0.			MINOR CAPITAL
PROJECT NEW HOPE 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	**-***5998	501(C)(3)	5,000.	0.			PROGRAM SPONSORSHIP
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	**-***7815	501(C)(3)	2,149.	0.			DONOR DESIGNATED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	**-***7815	501(C)(3)	35,079.	0.			PROGRAM OPERATING
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	**-***7815	501(C)(3)	13,050.	0.			PROGRAM OPERATING
RAINBOW CHILD DEVELOPMENT CTR 10 EDWARD STREET WORCESTER, MA 01605	**-***7815	501(C)(3)	5,000.	0.			MINOR CAPITAL
RAMP PROGRAM 484 MAIN STREET WORCESTER, MA 01608	**-***4017	501(C)(3)	40,512.	0.			DONOR DESIGNATED
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	**-***4350	501(C)(3)	988.	0.			DONOR DESIGNATED
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	**-***4350	501(C)(3)	49,500.	0.			PROGRAM OPERATING
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	**-***4350	501(C)(3)	100.	0.			AGENCY AWARD
REGIONAL ENVIRONMENTAL COUNCIL PO BOX 255 WORCESTER, MA 01613	**-***4350	501(C)(3)	3,829.	0.			MINOR CAPITAL
RENDER CREATIVE, INC. 9 IRVING STREET WORCESTER, MA 01609	**-***1070	501(C)(3)	5,000.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENDER CREATIVE, INC. 9 IRVING STREET WORCESTER, MA 01609	**-***1070	501(C)(3)	1,100.	0.			AGENCY AWARD
RESTORER OF BROKEN BRIDGES 30 GRAFTON STREET MILLBURY, MA 01527	**-***7634	501(C)(3)	5,500.	0.			PROGRAM OPERATING
SAINT ROSE OF LIMA 244 WEST MAIN STREET NORTHBOROUGH, MA 01532	**-***7865	501(C)(3)	5,000.	0.			DONOR DESIGNATED
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	**-***4992	501(C)(3)	2,234.	0.			DONOR DESIGNATED
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	**-***4992	501(C)(3)	1,430.	0.			DONOR DESG. 3RD PARTY
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	**-***4992	501(C)(3)	16,290.	0.			PROGRAM OPERATING
SEVEN HILLS FOUNDATION 81 HOPE AVENUE WORCESTER, MA 01603	**-***4992	501(C)(3)	5,000.	0.			MINOR CAPITAL
SOUTH MIDDLESEX OPPORTUNITY 7 BISHOP STREET FRAMINGHAM, MA 01702	**-***9659	501(C)(3)	2,400.	0.			DONOR DESIGNATED
SOUTH MIDDLESEX OPPORTUNITY 7 BISHOP STREET FRAMINGHAM, MA 01702	**-***9659	501(C)(3)	88,628.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN SKY, INC. 4 MANN STREET WORCESTER, MA 01602	**-***1581	501(C)(3)	646.	0.			DONOR DESIGNATED
OPEN SKY, INC. 4 MANN STREET WORCESTER, MA 01602	**-***1581	501(C)(3)	39,870.	0.			PROGRAM OPERATING
UMASS MEMORIAL FOUNDATION 119 BELMONT STREET WORCESTER, MA 01605	**-***6179	501(C)(3)	200.	0.			DONOR DESIGNATED
UMASS MEMORIAL FOUNDATION 119 BELMONT STREET WORCESTER, MA 01605	**-***6179	501(C)(3)	75,330.	0.			PROGRAM OPERATING
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	**-***6059	501(C)(3)	3,470.	0.			DONOR DESIGNATED
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	**-***6059	501(C)(3)	5,051.	0.			DONOR DESG. 3RD PARTY
UW OF SOUTHBRIDGE, STURBRIDGE 176 MAIN STREET, SUITE 400 SOUTHBRIDGE, MA 01550	**-***8155	501(C)(3)	3,167.	0.			DONOR DESIGNATED
UW OF SOUTHBRIDGE, STURBRIDGE 176 MAIN STREET, SUITE 400 SOUTHBRIDGE, MA 01550	**-***8155	501(C)(3)	6,288.	0.			DONOR DESG. 3RD PARTY
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	**-***4231	501(C)(3)	4,946.	0.			DONOR DESIGNATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	** - ***4231	501(C)(3)	14,332.	0.			DONOR DESG. 3RD PARTY
UNITED WAY OF TRI-COUNTY 46 PARK STREET FRAMINGHAM, MA 01702	** - ***4231	501(C)(3)	28,689.	0.			PROGRAM OPERATING
UW WEBSTER & DUDLEY 275 MAIN STREET WEBSTER, MA 01570	** - ***0352	501(C)(3)	10,623.	0.			DONOR DESIGNATED
UW WEBSTER & DUDLEY 275 MAIN STREET WEBSTER, MA 01570	** - ***0352	501(C)(3)	5,177.	0.			DONOR DESG. 3RD PARTY
WEBSTER SQUARE DAY CARE, INC. 1048 MAIN STREET WORCESTER, MA 01603	** - ***9880	501(C)(3)	1,430.	0.			DONOR DESIGNATED
WEBSTER SQUARE DAY CARE, INC. 1048 MAIN STREET WORCESTER, MA 01603	** - ***9880	501(C)(3)	33,927.	0.			PROGRAM OPERATING
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	** - ***1457	501(C)(3)	9,663.	0.			DONOR DESIGNATED
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	** - ***1457	501(C)(3)	750.	0.			DONOR DESG. 3RD PARTY
WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	** - ***7429	501(C)(3)	77.	0.			DONOR DESIGNATED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	**-***7429	501(C)(3)	10,000.	0.			PROGRAM OPERATING
WORKING FOR WORCESTER 330 MERRIMAC STREET NEWBURYPORT, MA 01950	**-***7429	501(C)(3)	100.	0.			AGENCY AWARD
WORCESTER STATE FOUNDATION, INC. 486 CHANDLER STREET WORCESTER, MA 01602	**-***8067	501(C)(3)	780.	0.			DONOR DESIGNATED
WORCESTER STATE FOUNDATION, INC. 486 CHANDLER STREET WORCESTER, MA 01602	**-***8067	501(C)(3)	36,000.	0.			PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	**-***5867	501(C)(3)	364.	0.			DONOR DESIGNATED
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	**-***5867	501(C)(3)	5,000.	0.			PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	**-***5867	501(C)(3)	23,325.	0.			PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	**-***5867	501(C)(3)	512.	0.			PROGRAM OPERATING
WORCESTER YOUTH CENTER 326 CHANDLER STREET WORCESTER, MA 01602	**-***5867	501(C)(3)	7,540.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	3,568.	0.			DONOR DESIGNATED
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	52.	0.			DONOR DESG. 3RD PARTY
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	8,000.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	5,000.	0.			MINOR CAPITAL
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	34,800.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	1,787.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 766 MAIN STREET WORCESTER, MA 01610	**-***5885	501(C)(3)	17,442.	0.			PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	4,445.	0.			DONOR DESIGNATED
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	35,100.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	5,400.	0.			PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	4,650.	0.			MINOR CAPITAL
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	6,684.	0.			PROGRAM OPERATING
YOUTH OPPORTUNITIES UPHELD 81 PLANTATION STREET WORCESTER, MA 01604	**-***2665	501(C)(3)	234.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	11,399.	0.			DONOR DESIGNATED
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	406.	0.			DONOR DESG. 3RD PARTY
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	53,000.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	1,000.	0.			PROGRAM SPONSORSHIP
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	52,539.	0.			PROGRAM OPERATING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	17,730.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	59,380.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	31,019.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	7,500.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	5,000.	0.			MINOR CAPITAL
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	26,040.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	897.	0.			PROGRAM OPERATING
YMCA CENTRAL MASS 1 SALEM SQUARE WORCESTER, MA 01608	**-***5873	501(C)(3)	27,765.	0.			PROGRAM OPERATING
CITY OF WORCESTER, DEPARTMENT OF PUBLIC HEALTH - 25 MEADE STREET, ROOM 200 - WORCESTER, MA 01610		501(C)(3)	15,000.	0.			RESEARCH GRANT

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART 1

GRANT MONITORING POLICIES: GRANT AWARDS ARE DETERMINED THROUGH AN OPEN AND COMPETITIVE PROCESS WITH TWO PHASES. THE FIRST PHASE DETERMINES THE ELIGIBILITY OF THE ORGANIZATION TO QUALIFY FOR FUNDING. ORGANIZATIONAL DOCUMENTS INCLUDING PROGRAM DESCRIPTION, BOARD OF DIRECTORS' ROSTER, OPERATING BUDGET, FINANCIAL REVIEW OR AUDIT, 501(C)(3) DETERMINATION LETTER, AND A NON-DISCRIMINATION POLICY ARE REQUIRED. IF ACCEPTED INTO PHASE II, THE APPLICANT ORGANIZATION SUBMITS A DETAILED PROGRAM APPLICATION WITH SPECIFIC OUTCOME MEASUREMENTS TO ENSURE THE FUNDED

Part IV Supplemental Information

PROGRAMS WILL ACHIEVE MAXIMUM COMMUNITY IMPACT IN THE SPECIFIED FOCUS AREA. PROGRAM RECEIVE FUNDING THROUGH RECOMMENDATIONS FROM VOLUNTEER COMMITTEES WITH FINAL APPROVAL BY THE FULL BOARD OF DIRECTORS. THE FUNDED PROGRAMS ARE MONITORED THROUGHOUT THE PROGRAM CYCLE THROUGH REGULAR REPORTING ON PROGRESS TOWARD OUTCOMES AND UNITED WAY COORDINATED SITE VISITS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CENTRAL MASSACHUSETTS, INC

Employer identification number
****-***4017**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

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

Part III Supplemental Information

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

PART 1, LINE 3

THE CHAIR OF BOARD OF DIRECTORS RECOMMENDS CHANGES TO THE PRESIDENT/CEO
SALARY TO THE FULL BOARD OF DIRECTORS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

UNITED WAY OF CENTRAL MASSACHUSETTS, INC

Employer identification number

****-***4017**

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DOUGLAS BROWN

(D) DESCRIPTION OF TRANSACTION: GRANTS/DONOR DESIGNATION

(A) NAME OF PERSON: SHEILAH DOOLEY

(D) DESCRIPTION OF TRANSACTION: GRANTS/DONOR DESIGNATION

(A) NAME OF PERSON: JEFFREY CHIN

(D) DESCRIPTION OF TRANSACTION: GRANTS/DONOR DESIGNATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL MASSACHUSETTS, INC

Employer identification number

** - ***4017

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SELECT THE HIGHEST QUALITY AGENCY PROGRAM TO FUND, AND MONITOR PROGRAM

RESULTS TO ENSURE MAXIMUM COMMUNITY IMPACT. DURING FY 2018, 41 FUNDED

PROGRAMS PROVIDED SERVICES IN ONE OR MORE OF THE THREE BASIC COMPONENTS

FOR A SUCCESSFUL LIFE: EDUCATION, FAMILY STABILITY, AND HEALTH.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE RECEIVED A DRAFT VERSION OF THE FORM 990 AND ALL

SUPPORTING SCHEDULES AT ITS FEBRUARY 15, 2019 MEETING. THE FULL BOARD OF

DIRECTORS RECEIVED A COPY OF THE FINAL VERSION OF THE FORM 990 AND ALL

SUPPORTING SCHEDULES TO REVIEW IN ADVANCE OF ITS FEBRUARY 20, 2019 MEETING.

THE DOCUMENT REVIEW WAS INCLUDED AS AN AGENDA ITEM FOR THAT MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT

LISTING AFFILIATIONS WITH OTHER ORGANIZATIONS THAT COULD POTENTIALLY POSE A

CONFLICT OF INTEREST. BOARD MEMBERS ABSTAIN FROM VOTING ON ISSUES OR

RECOMMENDATIONS RELATED TO THOSE ORGANIZATIONS.

MONITORING AND ENFORCEMENT ARE DONE ON A CASE BY CASE BASIS, USUALLY

RELATING TO VOTES FOR AGENCY FUNDING.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF CENTRAL MASSACHUSETTS, INC	Employer identification number **-***4017
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THE CHAIR OF THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND RECOMMENDS ANY COMPENSATION ADJUSTMENTS TO THE FULL BOARD OF DIRECTORS. COMPENSATION FOR THE CHIEF OPERATING OFFICER IS DETERMINED BY THE CEO. ALL COMPENSATION IS INCLUDED IN THE ORGANIZATION'S BUDGET WHICH IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF CENTRAL MASSACHUSETTS POSTS ITS ANNUAL AUDITED FINANCIAL STATEMENTS AND ITS FORM 990 AND ALL SUPPORTING SCHEDULES ON ITS WEBSITE. THE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC REVIEW AT THE ORGANIZATION'S OFFICE. THE CONFLICT OF INTEREST STATEMENTS ARE NOT MADE AVAILABLE DIRECTLY TO THE PUBLIC, BUT MINUTES FROM ALL BOARD MEETINGS INCLUDING ALL VOTES TAKEN ARE AVAILABLE TO THE PUBLIC AT THE UNITED WAY OF CENTRAL MASSACHUSETTS OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRUSTS	41,902.
FUNDRAISING EVENTS ON SCHEDULE G	6,699.
TOTAL TO FORM 990, PART XI, LINE 9	48,601.