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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF GREATER FALL RIVER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
80 NORTH MAIN STREET PO BOX 2550

City or town, state or country, and ZIP + 4
FALL RIVER, MA 02722

D Employer identification number
04-2104026

E Telephone number
(508) 678-8361

G Gross receipts $ 2,166,033

F Name and address of principal officer
GERARD HAJDER
80 NORTH MAIN STREET PO BOX 2550
FALL RIVER, MA 02722

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ UWGFR ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1957

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PURPOSE OF THIS ORGANIZATION SHALL BE TO RAISE FUNDS, TO SOLICIT, RECEIVE AND HOLD MONEY AND OTHER PROPERTY, BOTH REAL AND PERSONAL, ACQUIRED BY GIFT, CONTRIBUTIONS, BEQUEST, DEVISE OR OTHERWISE, TO SELL AND CONVEY REAL PROPERTY SO ACQUIRED, TO DISBURSE AND DISTRIBUTE THE SAID FUNDS FOR THE FINANCIAL SUPPORT, IN WHOLE OR IN PART, OF LOCAL PROGRAMS CONDUCTED BY SOCIAL AGENCIES FOR CHARITABLE, HEALTH, WELFARE, RECREATIONAL AND ALLIED PURPOSES IN THE GREATER FALL RIVER AREA, TO PROVIDE THE PLANS, FACILITIES, MANPOWER AND COMMUNITY LEADERSHIP FOR AN ANNUAL UNIFIED FUND RAISING CAMPAIGN, TO EFFECTIVELY PLAN AND EXECUTE A BALANCED PROGRAM OF SOCIAL SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of employees (Part V, line 2a)	**5**	8
6	Total number of volunteers (estimate if necessary)	**6**	96
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,773,290	1,843,882
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,197	121,370
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-262
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,802,487	1,964,990
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,125,906	1,016,788
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	376,890	363,663
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,104		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	150,382	162,429
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,653,178	1,542,880
19	Revenue less expenses Subtract line 18 from line 12	149,309	422,110
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	4,842,442	5,844,666
21	Total liabilities (Part X, line 26)	254,525	285,336
22	Net assets or fund balances Subtract line 21 from line 20	4,587,917	5,559,330

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

****** | 2010-04-13
Signature of officer | Date

GERARD HAJDER treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Melissa B Kenyon	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Meyer Regan & Wilner LLP PO Box 831 Fall River, MA 027220831			EIN ▶ Phone no ▶ (508) 679-6451

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE PURPOSE OF THIS ORGANIZATION SHALL BE TO RAISE FUNDS, TO SOLICIT, RECEIVE AND HOLD MONEY AND OTHER PROPERTY, BOTH REAL AND PERSONAL, ACQUIRED BY GIFT, CONTRIBUTIONS, BEQUEST, DEVISE OR OTHERWISE, TO SELL AND CONVEY REAL PROPERTY SO ACQUIRED, TO DISBURSE AND DISTRIBUTE THE SAID FUNDS FOR THE FINANCIAL SUPPORT, IN WHOLE OR IN PART, OF LOCAL PROGRAMS CONDUCTED BY SOCIAL SERVICE AGENCIES FOR CHARITABLE, HEALTH, WELFARE, RECREATIONAL AND ALLIED PURPOSES IN THE GREATER FALL RIVER AREA, TO PROVIDE THE PLANS, FACILITIES, MANPOWER AND COMMUNITY LEADERSHIP FOR AN ANNUAL UNIFIED FUND RAISING CAMPAIGN, TO EFFECTIVELY PLAN AND EXECUTE A BALANCED PROGRAM OF SOCIAL SERVICES

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,015,500 including grants of $ 1,015,500) (Revenue $)

DISTRIBUTED 65 8% OF PRIOR YEAR NET CAMPAIGN TO MANY HEALTH AND HUMAN SERVICE AGENCIES WHICH ASSIST A WIDE VARIETY OF PEOPLE IN GREATER FALL RIVER THE PRIMARY FUNDING IS ALLOCATED TO 18 AGENCIES AND PROGRAMS FOLLOWING A COMPREHENSIVE PROGRAM AND FINANCIAL REVIEW PROCESS SECONDARY FUNDING IS PROVIDED TO A GROUP OF 13 AGENCIES AND PROGRAMS, AS DESIGNATED TO THE AGENCIES BY OUR DONORS ADDITIONALLY, FUNDING IS PROVIDED, THROUGH A COMPETITIVE GRANT PROCESS, FOR SPECIAL PROJECTS OR PROGRAMS THAT BENEFIT THE COMMUNITY

4b (Code) (Expenses $ 81,672 including grants of $ 1,288) (Revenue $)

INFOLINE PROVIDES AN INFORMATION AND REFERRAL SERVICE THROUGH DIRECT CALLS TO OUR OFFICE (APPROXIMATELY 133 SUCH CALLS IN 2009), OR THROUGH A REFERRAL TO THE STATE-WIDE I & R SERVICE - MASS 211 ADDITIONALLY, WE PROVIDED ABOUT 8,200 BROCHURES AND DIRECTORIES TO THE COMMUNITY AS ADDITIONAL I & R, AND AS PART OF THE EDUCATIONAL PROCESS FOR THE COMMUNITY, BRINGING AWARENESS OF THE AVAILABILITY OF SOCIAL AND HEALTH AND HUMAN SERVICES FOR THOSE IN NEED WE ALSO HAVE A VERY ACTIVE "TRAVELERS AID" PROGRAM THAT PROVIDES BUS VOUCHERS (59 IN 2009) FOR INDIVIDUALS AND FAMILIES WHO ARE STRANDED IN OUR COMMUNITY, WHO WISH TO RETURN HOME

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,097,172

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 30		
b	Enter the number of voting members that are independent . .	1b 30		
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

PATRICIA BERNIER FIN DIRECTOR
80 NO MAIN ST PO BOX 2550
FALL RIVER, MA 02722
(508) 678-8361

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☑ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
NICHOLAS M CHRIST DIRECTOR	10	X						0	0	0
JOHN H CLIFFORD DIRECTOR	10	X						0	0	0
REBECCA COLLINS SECRETARY	20	X		X				0	0	0
THOMAS J COLLINS JR DIRECTOR	10	X						0	0	0
RAYMOND DIONNE DIRECTOR	90	X						0	0	0
JACKIE EINSTEIN DIRECTOR	40	X						0	0	0
THOMAS F LYONS DIRECTOR	10	X						0	0	0
STEPHEN C WILLIAMS dIRECTOR	40	X						0	0	0
BRIAN E MURPHY dIRECTOR	10	X						0	0	0
REV DR ROBERT P LAWRENC DIRECTOR	10	X						0	0	0
SANDRA FITZSIMMONS dIRECTOR	30	X						0	0	0
WANDA I GONZALEZ DIRECTOR	20	X						0	0	0
GERARD R HAJDER TREASURER	40	X		X				0	0	0
EDWARD A HJERPE III dIRECTOR	30	X						0	0	0
MICHELLE PELLETIER dIRECTOR	20	X						0	0	0
DR NICHOLAS A FISCHER DIRECTOR	10	X						0	0	0
REV RICHARD GENDREAU DIRECTOR	10	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	(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			
GEORGE OLIVEIRA DIRECTOR	20	X						0	0	0
ATTY JENNIFER THEROUX DIRECTOR	20	X						0	0	0
JO ANN BENTLEY DIRECTOR	10	X						0	0	0
RICHARD BEAULIEU DIRECTOR	10	X						0	0	0
DAVID DEJESUS DIRECTOR	10	X						0	0	0
MARITA DURKIN GRAY ESQ DIRECTOR	10	X						0	0	0
CHARLES FELLOWS IV DIRECTOR	10	X						0	0	0
LISA HERMENAU DIRECTOR	20	X						0	0	0
JAMES WALLACE BOARD CHAIRMAN	1 30	X		X				0	0	0
MICHAEL MCDONALD DIRECTOR	1 30	X						0	0	0
JASON RUA DIRECTOR	20	X						0	0	0
LISA LUNDY-KUSINITZ DIRECTOR	30	X						0	0	0
EVA CABRAL DIRECTOR	20	X						0	0	0
MARY-LOU MANCINI BOARD CHAIRMAN	20	X		X				0	0	0
DR JOHN SBREGA VICE PRESIDENT	10	X		X				0	0	0
ROBERT W MICHAUD TREASURER	20	X		X				0	0	0
STANLEY KOPPELMAN VICE PRESIDENT	10			X				0	0	0
CAROL VALCOURT VICE PRESIDENT	10			X				0	0	0
WILLIAM CARROLL SECRETARY	50			X				0	0	0
BARRY BIBEAU ASSISTANT SECRETARY	20			X				0	0	0
JAMES H KAY ASSISTANT TREASURER	40			X				0	0	0
1b Total . . . . . ▶								0	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 160,493				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,683,389				
	g	Noncash contributions included in lines 1a-1f $ 1,100				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,843,882			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	113,491			113,491
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 206,435				
	b	Less cost or other basis and sales expenses: 198,556				
	c	Gain or (loss): 7,879				
	d	Net gain or (loss) . . . . . ▶	7,879			7,879
Other Revenue	8a	Gross income from fundraising events (not including $ 2,225 of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b 2,487				
	c	Net income or (loss) from fundraising events . . ▶	-262	-262		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	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				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,964,990	-262	0	121,370

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,015,500	1,015,500		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,288	1,288		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	269,136	49,472	107,447	112,217
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,772	5,855	9,278	14,639
9 Other employee benefits	42,682	8,911	13,411	20,360
10 Payroll taxes	22,073	4,013	8,498	9,562
11 Fees for services (non-employees)				
a Management	7,477		7,477	
b Legal	12,074		12,074	
c Accounting	11,000		11,000	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	15,600		15,600	
g Other				
12 Advertising and promotion	3,464	2,344	322	798
13 Office expenses	31,222	2,710	11,401	17,111
14 Information technology	6,375	811	2,207	3,357
15 Royalties				
16 Occupancy	40,703	3,165	14,874	22,664
17 Travel	1,944	233	617	1,094
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,598	-105	1,773	930
20 Interest				
21 Payments to affiliates	17,480	2,183	5,403	9,894
22 Depreciation, depletion, and amortization	5,758			5,758
23 Insurance	2,878	592	978	1,308
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a AWARDS & GIFTS TO CONTR	2,343	91	694	1,558
b MISCELLANEOUS	817	109	262	446
c DUES	696		288	408
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,542,880	1,097,172	223,604	222,104
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		250	1	100
	2	Savings and temporary cash investments		908,673	2	927,423
	3	Pledges and grants receivable, net		918,398	3	1,036,045
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 67,878			
	b	Less accumulated depreciation	10b 61,331	6,164	10c	6,547
	11	Investments—publicly traded securities		2,265,057	11	2,507,326
	12	Investments—other securities See Part IV, line 11		290,234	12	458,400
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		453,666	15	908,825
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,842,442	16	5,844,666
Liabilities	17	Accounts payable and accrued expenses		17,514	17	10,793
	18	Grants payable		42,110	18	43,095
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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 Complete Part X of Schedule D		194,901	25	231,448
	26	**Total liabilities.** Add lines 17 through 25		254,525	26	285,336
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,042,364	27	1,541,013
	28	Temporarily restricted net assets		937,867	28	1,032,808
	29	Permanently restricted net assets		2,607,686	29	2,985,509
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		4,587,917	33	5,559,330
	34	Total liabilities and net assets/fund balances		4,842,442	34	5,844,666

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER FALL RIVER INC

Employer identification number
04-2104026

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,777,447	1,570,963	1,688,353	1,773,290	1,843,882	8,653,935
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	1,777,447	1,570,963	1,688,353	1,773,290	1,843,882	8,653,935
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)						467,290
6 **Public Support.** Subtract line 5 from line 4						8,186,645

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,777,447	118,458	1,688,353	1,773,290	1,843,882	8,653,935
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,854	118,458	112,371	128,917	113,491	539,091
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					-262	-262
11 **Total support** (Add lines 7 through 10)						9,192,764

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 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	89 060 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	91 170 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income fundraising events

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER FALL RIVER INC

Employer identification number
04-2104026

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,555,291	3,319,808			
b Contributions	0	315,000			
c Investment earnings or losses	573,715	896,324			
d Grants or scholarships					
e Other expenditures for facilities and programs	163,280	182,386			
f Administrative expenses	0	807			
g End of year balance	2,965,726	2,555,291			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 26 300 % %
- b Permanent endowment ▶ 73 700 % %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		67,878	61,331	6,547
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,547

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
MONEY MARKET FUNDS	52,819	F
MUTUAL FUNDS	405,581	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	458,400	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
C S V LIFE INSURANCE	11,027
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUSTS	233,932
BENEFICIAL INTEREST IN PERPETUAL TRUST	661,721
SECURITY DEPOSIT	2,145
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	908,825

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DESIGNATIONS PAYABLE	208,417
ANNUITY PAYMENT LIABILITY	23,031
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	231,448

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,964,990
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,542,880
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	422,110
4	Net unrealized gains (losses) on investments	4	560,847
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,544
9	Total adjustments (net) Add lines 4 - 8	9	549,303
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	971,413

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,325,790
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	560,847		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	560,847
3	Subtract line **2e** from line **1**			3	1,764,943
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 XIV)	4b	200,047		
c	Add lines **4a** and **4b**			4c	200,047
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,964,990

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,354,377
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,354,377
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 XIV)	4b	188,503		
c	Add lines **4a** and **4b**			4c	188,503
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,542,880

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE UNITED WAY'S ENDOWMENT FUNDS ARE HANDLED IN TWO WAYS A PORTION OF THE ENDOWMENT FUNDS ARE RESTRICTED BY THE DONORS TO BE USED FOR SPECIFIC SERVICES IN THE COMMUNITY A PERCENTAGE OF THESE FUNDS (AS ANNUALLY DETERMINED BY THE BOARD OF DIRECTORS) ARE MADE AVAILABLE TO THE COMMUNITY THROUGH OUR COMMUNITY IMPACT GRANTS PROGRAM THE AMOUNT AVAILABLE FOR USE WAS $39,946 IN 2009 A GREATER PORTION OF THE ENDOWMENT FUND ($123,141) IS USED TO OFFSET OPERATING EXPENSES OF THE UNITED WAY, THEREBY ALLOWING MORE DONOR DOLLARS TO BE USED FOR FUNDING SERVICES AND PROGRAMS THESE FUNDS ARE ALSO MADE AVAILABLE BY A PERCENTAGE OF THE ENDOWMENT FUNDS (AS ANNUALLY DETERMINED BY THE BOARD OF DIRECTORS)
Part XI, Line 8 - Other Adjustments		TIMING DIFFERENCE - FASB 136 FOR DESIGNATIONS
Part XII, Line 4b - Other Adjustments		AMOUNT DESIGNATED BY DONORS 198917 MEETING EXPENSE 1130
Part XIII, Line 4b - Other Adjustments		AMOUNT DESIGNATED BY DONORS 187373 MEETING EXPENSE 1130

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER FALL RIVER INC

Employer identification number
04-2104026

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 37

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 PROCEDURES ARE IN PLACE TO MONITOR GRANTS AND ALLOCATIONS, BUT IN DIFFERENT WAYS THE UNITED WAY UNDERTAKES A COMPREHENSIVE REVIEW PROCESS OF ITS MEMBER AGENCIES, PRIOR TO APPROVAL AND DISTRIBUTION OF FUNDS DETAILED FINANCIAL REPORTS SUPPORTING PRIOR YEAR ALLOCATIONS ARE REVIEWED IN THIS PROCESS, SUPPORTED BY RECEIPT OF AUDITED FINANCIAL STATEMENTS (OR A LEVEL OF INDEPENDENTLY PREPARED FINANCIAL STATEMENTS DEPENDING ON THE LEVEL OF FUNDING PROVIDED TO THE AGENCY) WITH THE EXCEPTION OF A SMALL AMOUNT OF GRANTS TO LOCAL FOOD PANTRIES AND SOUP KITCHENS (WHICH REQUIRE NO SUPPORTING FINANCIAL REPORTS, AND ARE NOT AFFILIATED WITH UNITED WAY), ALL GRANT RECIPIENTS UNDER OUR COMMUNITY IMPACT PROGRAM ARE REQUIRED TO SUBMIT QUARTERLY REPORTS, TO BE REVIEWED BY STAFF AND/OR VOLUNTEERS PRIOR TO THE DISBURSEMENT OF QUARTERLY CHECKS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2104026
Name: UNITED WAY OF GREATER FALL RIVER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN RED CROSS995 ROCKDALE AVENUE NEW BEDFORD, MA 02740	53-0196605	501(C)(3)	38,000				DISASTER SUPPORT
ASSOC FOR RETARDED CITIZENSPO BOX 1943 FALL RIVER, MA 02722	04-2278687	501(C)(3)	67,218				GENERAL SUPPORT
BIG FRIENDS LITTLE FRIENDS229 FLINT STREET FALL RIVER, MA 02723	04-2104058	501(C)(3)	61,800				MENTORING
COMMUNITY DEVELOPMENT & RECREATION72 BANK STREET FALL RIVER, MA 02720	04-2491918	501(C)(3)	19,200				RECREATION
DIABETES ASSOC OF GREATER FALL RIVER101 ROCK STREET FALL RIVER, MA 02722	04-2665107	501(C)(3)	74,658				DIABETES/HEALTH
FALL RIVER YMCA199 NO MAIN STREET FALL RIVER, MA 02720	04-2104749	501(C)(3)	11,400				RECREATION
FAMILY SERVICE ASSOCIATION151 ROCK STREET FALL RIVER, MA 02720	04-2104058	501(C)(3)	58,600				MENTAL HEALTH
KING PHILIPS COMMUNITY HOUSE334 TUTTLE STREET FALL RIVER, MA 02724	04-2313397	501(C)(3)	26,166				CHILD CARE
NINTH STREET DAY NURSERY533 HIGHLAND AVENUE FALL RIVER, MA 02720	04-2223500	501(C)(3)	20,166				CHILD CARE
PEOPLE INC1040 EASTERN AVENUE FALL RIVER, MA 02723	04-2447216	501(C)(3)	64,745				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SERJOBS FOR PROGRESS 164 BEDFORD STREET FALL RIVER, MA 02720	04-2664574	501(C)(3)	48,144				JOB SUPPORT
southeast regional network 100 NORTH FRONT STREET NEW BEDFORD, MA 02740	04-2718347	501(C)(3)	7,400				SHELTER SERVICES
STANLEY STREET TREATMENT CENTER386 STANLEY STREET FALL RIVER, MA 02720	04-2604426	501(C)(3)	54,493				HEALTH CLINIC
STEPPINGSTONE INC466 MAIN STREET FALL RIVER, MA 02720	04-2505146	501(C)(3)	32,505				SUBSTANCE ABUSE
THE SAMARITANSPO BOX 9642 FALL RIVER, MA 02720	22-2474826	501(C)(3)	31,986				GENERAL SUPPORT
THOMAS CHEW BOYS & GIRLS CLUBPO BOX 5155 FALL RIVER, MA 02722	04-2103923	501(C)(3)	91,817				RECREATION
UNITED PARTNERSHIPS 1040 EASTERN AVENUE FALL RIVER, MA 02723	04-2447216	501(C)(3)	65,603				EDUCATION/YOUTH
WORD INC951 SLADE STREET FALL RIVER, MA 02724	04-2679578	501(C)(3)	33,891				CHILD CARE
COMMUNITY DEVELOPMENT & RECREATION72 BANK STREET FALL RIVER, MA 02720	04-2491918	501(C)(3)	7,000				FITNESS CHALLENGE
FAMILY SERVICE ASSOCIATION151 ROCK STREET FALL RIVER, MA 02720	04-2104058	501(C)(3)	12,352				NUTRITION EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
KATIE BROWN EDUCATIONAL PROGRAM 139 SOUTH MAIN STREET FALL RIVER, MA 02721	45-0480658	501(C)(3)	8,000				YOUTH VIOLENCE
NARRAGANSETT BOY SCOUTSPO BOX 14777 EAST PROVIDENCE, RI 02944	05-0308384	501(C)(3)	5,000				YOUTH PROGRAMS
PEOPLE INC900 RIGGENBACH RD FALL RIVER, MA 02720	04-2447216	501(C)(3)	5,000				LIFESTYLE EDUCATION
SERJOBS FOR PROGRESS 164 BEDFORD STREET FALL RIVER, MA 02720	04-2664574	501(C)(3)	17,000				ELDER PROGRAM
STANLEY STREET TREATMENT CENTER386 STANLEY STREET FALL RIVER, MA 02720	04-2604426	501(C)(3)	6,000				FAMILY SUPPORT
THOMAS CHEW BOYS & GIRLS CLUBPO BOX 5155 FALL RIVER, MA 02722	04-2103923	501(C)(3)	13,000				AFTER SCHOOL PROGRAM
GFR COMMUNITY FOOD PANTRY78 BRAMBLE WAY TIVERTON, RI 02878	22-3128989	501(C)(3)	6,550				FOOD GRANT
VETERANS ASSOCIATION OF BRISTOL COUNTY1181 NORTH MAIN STREET FALL RIVER, MA 02722	04-2977737	501(C)(3)	5,100				DIRECT DESIGNATIONS
A WISH COME TRUE1010 WARWICK AVE WARWICK, RI 02888	05-0398808	501(C)(3)	13,510				DIRECT DESIGNATIONS
HOSPICE OUTREACH502 BEDFORD ST FALL RIVER, MA 02720	04-2105745	501(C)(3)	9,531				DIRECT DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
fall river community soup kitchen44 IRISH STREET FALL RIVER,MA 02720	04-2790780	501(C)(3)	6,500				FOOD ASSISTANCE
partnership for a healthier communityONE GOVERNMENT CENTER FALL RIVER,MA 02722	04-3409125	501(C)(3)	7,000				LIFESTYLE ASSISTANCE
smiles literacy programPO BOX 1712 NEW BEDFORD,MA 02741	20-5177577	501(C)(3)	6,000				MENTORING PROGRAM
word inc951 SLADE STREET fALL RIVER,MA 02724	04-2679578	501(C)(3)	5,938				CHILD CARE SERVICESCHILD CARE SERVICES
united way of rhode island40 VALLEY STREET PROVIDENCE,RI 02909	05-0276059	501(C)(3)	6,134				DIRECT DESIGNATIONS
healthfirst family102 COUNTY STREET FALL RIVER,MA 02723	04-2503444	501(C)(3)	5,117				HEALTHCARE SERVICES
big brothers new bedford800 purchase street neW BEDFORD,MA 02740	04-2104754	501(C)(3)	5,000				DIRECT DESIGNATIONS

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER FALL RIVER INC

Employer identification number
04-2104026

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE PROCEDURE FOR THE REVIEW OF THE FORM 990 BY THE GOVERNING BODY IS TO FIRST HAVE THE 990 REVIEWED BY THE FINANCE COMMITTEE (10 MEMBERS OF THE BOARD SERVING AS A FINANCE AND ADVISORY SUB-COMMITTEE) AND THEN HAVE THEM PRESENT IT TO THE FULL BOARD FOR APPROVAL BEFORE FILING
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY, CONSIDERED FOR ANY CHANGES OR AMENDMENTS, AND THEN IS DISTRIBUTED TO ALL STAFF AND DIRECTORS FOR THEIR REVIEW THE CHIEF OPERATING OFFICER IS RESPONSIBLE FOR THE DAY-TO-DAY MONITORING OF CONFLICTS WHERE THE CHIEF PROFESSIONAL OFFICER IS CONCERNED, RELATIVE TO CONFLICTS, THE CHIEF VOLUNTEER OFFICER IS RESPONSIBLE FOR MONITORING HIS/HER ACTIONS ALL BOARD MEMBERS AND STAFF SIGN OFF ON THIS POLICY, EACH YEAR, DISCLOSING ANY POTENTIAL CONFLICTS, AND ACKNOWLEDGING THAT THEY HAVE REVIEWED THE POLICY
Form 990, Part VI, Section B, line 15		A POLICY HAS BEEN ESTABLISHED WHEREBY THE CHIEF PROFESSIONAL OFFICER WILL BE REVIEWED (AND COMPENSATION CONSIDERED - ALTHOUGH NO INCREASE IN SALARY WAS CONSIDERED THIS YEAR) BY A COMPENSATION COMMITTEE, AS A SUB COMMITTEE OF THE BOARD OF DIRECTORS, CONSISTING OF THE CHAIR OF THE BOARD, THE FINANCE COMMITTEE CHAIR AND THE PERSONNEL COMMITTEE CHAIR ALL AVAILABLE COMPARABLE COMPENSATION DATA - BOTH LOCAL AND REGIONAL - IS UTILIZED IN THE EVALUATION ANY COMPENSATION, INCLUDING SALARY AND BENEFITS ARE APPROVED BY THE FULL BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ALL OTHER POLICIES AVAILABLE TO THE PUBLIC IN THE UNITED WAY OFFICE DURING REGULAR BUSINESS HOURS IN ADDITION, THE ORGANIZATION'S BALANCE SHEET IS INCLUDED IN THE ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED IN THE COMMUNITY PLANS ARE IN PLACE TO PUBLISH THE FINANCIAL STATEMENTS AND THE FORM 990 ON OUR WEBSITE
FORM 990, PART XI, LINE 2C	COMMITTEE OVERSEEING AUDIT AND AUDITOR SELECTION	THE AUDIT COMMITTEE PROVIDES OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDIT FIRM THE MEMBERS OF THIS COMMITTEE, MOST OF WHOM HAVE FINANCIAL BACKGROUNDS, CONSIST OF THE CHAIR OF THE BOARD, CHAIR OF THE FINANCE COMMITTEE AND THE TREASURER THE AUDIT COMMITTEE MEETS INDEPENDENTLY WITH THE CPA FIRM PRIOR TO THE AUDIT BEING PRESENTED TO THE BOARD OF DIRECTORS THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR