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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

2010

Open to Public Inspection

<u>A</u>	For the	2010 cale	ndar year, or tax year beg		July 1		nd ending	Jun	e 30	, 20 11	
В	Check if	applicable	C Name of organization Unite	ed Way of Ce	ntral Massachu				D Employ	er identification number	
	Address	change	Doing Business As			04-2104017					
	Name ch	-	Number and street (or P O bo	Number and street (or P O box if mail is not delivered to street address) Room/suite							
$\overline{}$	Initial ret	•	484 Main Street		508.757.5631						
$\overline{\Box}$	Terminat		City or town, state or countr	y, and ZIP + 4				00			
$\overline{\Box}$	Amende		Worcester, MA 01608						G Gross re	eceipts \$ 10,392,905	
$\exists$		on pending	F Name and address of princ	cipal officer Ti	mothy J. Garvi			H(a) le this		for affiliates? Yes No	
_	, фриода	on panding						H(b) Are al			
_	Tay-eyer	npt status:	√ 501(c)(3)	501(c) (	) ◀ (insert no.)	4947(a)(1) or	<b>527</b>			list. (see instructions)	
<u>:</u>			w.unitedwaycm.org		, - (			-		number >	
			Corporation Trust	Association	] Other ▶	1 1 1	ear of formati	<del>'</del>	T	of legal domicile MA	
	art I	Summ		7, 2000,0.10.11	1 0 2 10 1		sar or ronnati	OII. 10_0	1 111 01210	or logar dormond	
	1		escribe the organization's	s mission or	most significa	nt activities:					
	l '		ay of Central Massachuse					community.			
Activities & Governance			-,		PP						
nar											
Ver	2	Check th	is box ▶ ☐ if the organizati	on discontinued	rts operations or o	isposed of more	e than 25% o	f its net assets	:	*****	
යි			of voting members of the			-			3	25	
ෂ	1		of independent voting m	-		•			4	23	
ij	5		nber of individuals emplo				-		5	30	
Ž	6		nber of volunteers (estim	•	•	•	; zaj .		6	1847	
¥			elated business revenue		• •				7a	0	
	, a		lated business taxable in						7b		
	-	INGL UITE	ated business taxable in	come nom	01111 930-1, 111	1e 34	<del></del>	Prior Ye		Current Year	
	8	Contribu	tions and grants (Part VII		,819,307	6,736,415					
Revenue	9		service revenue (Part VII	•			• • -		0	0,730,413	
	10	-	ent income (Part VIII, colu				<u> </u>		357,591	493,489	
æ			enue (Part VIII, column (		•		· · ⊢		19,344	624	
	12		enue—add lines 8 throug				12)	7	,196,242	7,230,528	
_			nd similar amounts paid				10 12)		,388,661	4,447,265	
	14		paid to or for members (	•		1–3)	· · ⊢		0	4,447,203	
	15		other compensation, emp			mn (A) lines	- `₁\\	-	,448,699	1,681,962	
Expenses	16a		onal fundraising fees (Par			ingi (A), jii les :	<sup>5-10</sup> ' ⊢		53,111		
퉏	l .					- S 87	71,191 <del> </del>		33,111	54,658	
ă	17		draising expenses (Part				<u> </u>		743,097	842,948	
	18		penses (Part IX, column penses. Add lines 13-17				" <b>⊢</b>		,633,568	7,026,833	
	19		less expenses. Subtract				" '⊢		562,674	203,695	
<u>8</u>		nevenue	less expenses. Subtract				· · ·	ginning of Cur		End of Year	
\$ 2	20	Total acc	sets (Part X, line 16) .			<del></del>		<del>*                                    </del>	,939,367	9,989,651	
Net Assets Fund Balan	21		pilities (Part X, line 26) .				· · · ⊢		,620,644	4,724,246	
¥ 5	22		ts or fund balances. Sub	tract line 21	from line 20		· ·		,318,723	5,265,405	
	art II		ture Block	dact into 21	HOITI MILE 20	<del></del>	• •		,,010,720	0,200,400	
			ry, I declare that I have examin	ed this return is	actudina accompa	nyng scheduler	mateta hae a	ents and to th	ne heet of m	ny knowledge and helief it is	
			lete. Declaration of preparer (ot							iy wid widge and belief, it is	
_				$\mathcal{M}_{\mathcal{L}}$	· · · · · · · · · · · · · · · · · · ·						
Sig	ın	Sign	nature of officer	1 Xux				Dat	e .		
He			Michael	$\sim$ $\sim$ $\sim$	co:.1		Treas		Α	DR.1 9 2012	
		Type	e or print name and title	, 111(A)	1 4,2		reas	uni		1 pre. ( 1 core	
_		<u> </u>	pe preparer's name	Prepar	er's signature		Date		T	_ IPTIN	
Pa									Check self-empl	_J 1f	
	epare	I	name •			<u> </u>		E			
Us	e Onl						<u> </u>		's EIN ▶		
Ma	v the IF		address ► s this return with the pre	parer shown	above? (see i	nstructions)		Pno:	ne no.	· · Yes No	
_			ction Act Notice, see the	-	<del></del>		Cot No.	. 11282Y	<u> </u>	Form <b>990</b> (2010)	
	· upuit		······································				OZI. NO			· ~ ~~ (£010)	

romii 99	0 (2010)	age Z
Part l	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	[F]
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?	) No
2	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?	1 NI
	If "Yes," describe these changes on Schedule O.	JNO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. See	ction
7	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 3,803,781 including grants of \$ 3,461,426 ) (Revenue \$ 0 )	
	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 .	
	By 2020 United Way, aspires to see a 10% change in the following factors in Central Massachusetts:	
	1. Increasing the high school graduation rate for at-risk youth	
	2. Reducing the child poverty rate	
	3. Reducing the childhood obesity rate.	
	In addition, this program helps to providing services to stabilize those who are unable to meet their basic needs due to	
	conditions that create vulnerability. United Way of Central Massachusetts staff and volunteers, through a competitive process, evaluate funding proposals, select the highest quality agency programs to fund, and monitor program results to ensure maximum	
	community impact. During FY 2011, 48 funded programs provided services in one or more of the three basic components for a	<del></del>
	successful life: education, family stability, and health.	
4b	(Code: ) (Expenses \$ 337,421 including grants of \$ 264,902 ) (Revenue \$ 0 )	
	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 2011, Women's Initiative delivered three, full-day conferences for over 225 middle-school girls, utilizing the time and talent of more than 100 professional women. In addition, the Women's Initiative Community Impact Program funded 11	
	community based programs.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	All other programs described in schedule O	
	•••••••••••••••••••••••••••••••••••••••	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 1,486,412 including grants of \$ 720,937 ) (Revenue \$ )	
40	Total program service expenses	

Form 99				Page 3
Part	V 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	√	140
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	7	$\vdash$
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	_	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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,"			
10	Complete Schedule D, Part IV	9	<b>√</b>	
11	endowments? If "Yes," complete Schedule D, Part V	10	<b>✓</b>	
а	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
þ	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	11a 11b	<b>✓</b>	1
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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d	<b>✓</b>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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, Parts I and IV	14a		1
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 United States? If "Yes," complete Schedule F, Parts II and IV	14b		1
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 United States? If "Yes," complete Schedule F, Parts III and IV	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	<del>-</del>
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	<b>▼</b>	
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	Ť	1
20 a		20a		1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	√ ·	No
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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		1
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		<b>✓</b>
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):		ਦਾ <b>*</b>	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
2 <del>9</del> 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		<b>√</b>
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		<b>√</b>
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
Ь	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?	1c	✓	ļ
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	<u> </u>	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	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		1
b	If "Yes," enter the name of the foreign country: ▶	70		<u> </u>
	See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
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		✓
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		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
U	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. <u></u>		-
9	Sponsoring organizations maintaining donor advised funds.	_		
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	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			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>.</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	About and the Control of American Control of A			
С	the organization is licensed to issue qualified nearth plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
. TG	If "Vos " has it filed a Form 720 to report these payments if "Nos " paying an exploration in Schodulo O	146		├-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	-		
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		. 🗸
Secti	on 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 1a 25  Enter the number of voting members included in line 1a, above, who are independent . 1b 25	- 1		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 25  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1		
-	any other officer, director, trustee, or key employee?	2		<u>;</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del>                                     </del>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	з		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	]		
	of the governing body?	7a		<b>/</b>
р	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_		-	_,	
a b	The governing body?	8a 8b	1	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	CD	•	<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11a	✓	<del> </del> -
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	128	<b>V</b>	<del> </del>
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<del>                                     </del>
	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	<b>\</b>	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			٠
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l . <u>-</u>	,	-
а	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	<del>  </del>
b	Other officers or key employees of the organization	15b		<b>✓</b>
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		1
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	1.55		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	)s only	y) ava	ulable
	for public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website Upon request	of inte	rac+ -	volie:
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	n muel	est E	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<b>,</b>	
	organization: ► James Hayes, United Way of Central MA, 484 Main Street, Suite 300, Worcester, MA 01608 508.757.			0

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)	(B)			-	C)			(D)	(E)	<b>(F)</b>
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual troor director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Marcy Reed Chair of the Board of Directors	1	1		1				o	o	C
(2) Nancy Kidd Brown Clerk of the Board of Directors	1	1		1				o	o	O
(3) Michael J. Mulrain Treasurer of the Board of Directors	1	1		1				o	o	0
(4) Maria Addison At-large Board Member	1	1						o	o	C
(5) Frances Anthes At-large Board Member	1	1						o	o	C
(6) Todd Bailey At-large Board Member	1	1						O	o	C
(7) Mark P. Bilotta At-large Board Member	1	1						o	o	C
(8) Melinda Boone, Ed.D. At-large Board Member	1	1						o	o	C
(9) Rev. Lois Bond, Ph.D. At-large Board Member	1	1						o	o	C
(10)Michael F. Buckley At-large Board Member	1	<b>✓</b>						o	o	C
(11)Brian Bullock At-large Board Member	1	1						o	0	C
(12) Jack Calareso, Ph.D. At-large Board Member	1	1						o	o	C
(13) Joseph P. Carlson At-large Board Member	1	1						o	0	C
(14)Willis Chandler At-large Board Member	1	1						o	0	C
(15) James Coghlin, Jr. At-large Board Member	1	1						C	0	C
(16) Jack Dutzar, M.D. At-large Board Member		<b>✓</b>						0	0	(

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emple	oyee	9S, 8	and	High	est	Compensated	Employees (d	contin	ued)		
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (check all tha					ply)	Reportable	Reportable		Esti	mated	
		hours per	95	5	O	<u>~</u>	ΦI	ת	compensation	compensation t	from		ount of	
		week (describe	흑	St#	Officer	Key employee	호호	Former	from the	related organizations	ا	-	ther ensatio	on
		hours for	호류	Ì	=	₽	y a st	욕	organization	(W-2/1099-MIS			m the	<b></b>
		related	₹ 🛱	≅	1	ভূ	Š		(W-2/1099-MISC)			-	nizatıoı	
		organizations in Schedule	Individual trustee or director	Institutional trustee		8	<b>9</b>				-		related lization	
		O)	•	8			Highest compensated employee					organ	Lation	13
(17)Sa	ndra Ellis		<b></b>	<del> </del>	-		_	$\vdash$						
At-lar	je Board Member	1	✓						0		0			U
( <b>18</b> )Jo	seph Freitas	1							0		0	- <u>-</u>		
	e Board Member	·	<b>✓</b>								<u> </u>			
	uce Gaultney	1	,						0		o			0
	ge Board Member		<b>✓</b>	⊢	⊢	_		┝	<del></del>	<del>-</del>	+			
	bel Gonzalez-Webster ge Board Member	1	1						0		0			0
	enn Knowiton		-	┢	$\vdash$	-					+			
3	je Board Member	1 1	1						0		0			0
(22) Ja	mes Leary	1							0		0			0
At-lar	e Board Member	<u>'</u>	1	L					•		<u> </u>	_		
	tsy Lewis	1	١.						٥		0			0
	e Board Member		<b>-</b>	ļ		ļ	ļ							
2	ren Ludington Je Board Member	1	1						0		O			0
	win Shea		<b>                                     </b>	┢		├─	<u>-</u>			_	_			
	e Board Member	1	1					ŀ	0		0			0
	nothy J. Garvin	25							404.050	···-				
Presid	ent and CEO	35			✓	✓	✓		124,853					
(27) Ja	mes L. Hayes	35							81,438					
	resident, Finance and Operations		<u> </u>	<u> </u>	✓	✓		_	01,100					
(28)		-						•						
1b	Sub-total	l	<u> </u>	<u> </u>		<u> </u>			206,291		$\dashv$			
C	Total from continuation sheets to Part			-	•				200,231		$\dashv$		-	
ď	Total (add lines 1b and 1c)	•						<b>•</b>	206,291				_	
2	Total number of individuals (including but							e) w	ho received me	ore than \$100	0,000	ın		
	reportable compensation from the organi	zation >												
_							_						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-		•				,-
4	For any individual listed on line 1a, is the											3		<b>✓</b>
•	organization and related organizations													
	individual											4		
5	Did any person listed on line 1a receive of													<del>                                     </del>
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	such person			5		1
	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization.	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more than	\$100	,000 of		
	· · · · · · · · · · · · · · · · · · ·			_				1						
	(A) Name and business add	ress							(B) Description of s	ervices	(	(C) Compens	ation	
												_		
								L						
								$\vdash$				<u>-</u>		
2	Total number of independent contractor	rs (includir	na hi	rt n	ot I	imit	ed to	L ) th	nose listed ah	ove) who				
_	received more than \$100,000 in compens													i

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			
<u>1</u> 22 pg	1a	Federated campaigns		1a	59,623				<u> </u>			
Contributions, gifts, grants and other similar amounts	b	Membership dues .		1b	0							
g,E	C	Fundraising events .		1c	23,388				1			
jifts ar a	d	Related organizations		1d	O	•						
s, g mila	e	Government grants (con		1e	254,612							
ion r si	f	f All other contributions, gifts, grants,										
the the		and similar amounts not inc	cluded above	1f	6,398,792				l			
do	g	Noncash contributions include	led in lines 1a	-1f: \$	22,500				ł			
<u>වූ ළ</u>	h	Total. Add lines 1a-1	f		▶	6,736,415						
IUE					Business Code							
Ven	2a											
8	b											
ξĊ	С											
38	d											
æ	е											
Program Service Revenue	f	All other program sen							<del></del>			
<u>~</u> _	9	Total. Add lines 2a-2				0						
	3	Investment income				400.000			400.000			
		and other similar amo	•			120,990			120,990			
	4	Income from investment		•		0			0			
	5	Royalties	(i) Rea		(ii) Personal				<u> </u>			
	6a	Gross Rents	(1) 11000		<b>—</b> ·''							
	oa b	Less: rental expenses		18,573					;			
	C	Rental income or (loss)		8,573)					1			
	d	Net rental income or (	11	· ·		(48,573)			(48,573)			
	7a	Gross amount from sales of	(i) Securit		(ii) Other	(10,010)			(10,010)			
		assets other than inventory	3.41	36,303					1			
	b	Less: cost or other basis						:	1			
		and sales expenses .	3,1	13,804	,			:				
	С	Gain or (loss)	3	72,499					,			
	đ	Net gain or (loss) .			▶	372,499	·		372,499			
_									1			
venue	8a	Gross income from fu	ındraising									
		events (not including \$	23,3									
Other Re		of contributions reporte										
ě				· a	<b></b>							
ŏ		Less: direct expenses										
		Net income or (loss) f			events . >				0			
	9a	Gross income from ga See Part IV, line 19 .			0				,			
	_	Less: direct expenses		_					1			
	b	Net income or (loss) f				 0			4			
		Gross sales of in	-	_					<del></del> ,			
		returns and allowance			o							
	ь	Less: cost of goods s		_		:						
	c	Net income or (loss) f										
	Ť	Miscellaneous F			Business Code				-			
	11a	Cost Recovery fees			900099	49,197	49,197					
	ь											
	С											
	d	All other revenue .										
	е	Total. Add lines 11a-				49,197						
	12	Total revenue. See in	nstructions	š	<u></u>	7,230,528	49,197		444,916			

#### 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).

	All other organizations must complete col	umn (A) but are not	requirea to compie	te columns (B), (C), al	na (D).
	not include amounts reported on lines 6b, 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	4,447,265	4,447,265		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	261,426	59,272	142,165	59,989
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	201,120	00,272	142,100	00,000
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,061,770	540,058	138,423	383,289
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	42,592	21,999	4,920	15,673
9	Other employee benefits	228,334	105,833	32,548	89,953
10	Payroll taxes	87,840	38,007	18,971	30,862
11	Fees for services (non-employees):				
8	Management	0 523	0	523	0
b	Legal	19,450	0	19,450	0
c d	Accounting	19,430	0	19,430	
e	Professional fundraising services. See Part IV, line 17	54,658		<del></del>	54,658
f	Investment management fees	35,824	0	35,824	0 34,030
g	Other	225,330	187,522	20,793	17,015
12	Advertising and promotion	52,481	13,244	3,560	35,677
13	Office expenses	100,978	46,062	35,395	19,521
14	Information technology	65,610	10,433	3,951	51,226
15	Royalties	0	0	0	0
16	Occupancy	99,418	39,917	26,439	33,062
17	Travel	38,264	23,152	6,429	8,683
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	114,139	66,408	6,082	41,649
20	Interest	0	0	0	0
21	Payments to affiliates	59,580	19,990	17,908	21,682
22	Depreciation, depletion, and amortization .	20,959	7,277	6,055	7,627
23	Insurance	3,183	0	3,183	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Organization dues	3,745	1,002	2,323	420
b c	Miscellaneous	3,464	173	3,086	205
d e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,026,833	5,627,614	528,028	871,191
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2010)

Par	rt X	Balance Sheet			rms.
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	329,075	1	110,961
		Savings and temporary cash investments	1,296,788	2	1,402,882
	3	Pledges and grants receivable, net	2,392,746	3	2,357,336
	4	Accounts receivable, net	92,926	4	160,908
		Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	5	0
Assets	7	Notes and loans receivable, net	0	7	0
₽		Inventories for sale or use	O	8	0
	9	Prepaid expenses and deferred charges	38,843	9	46,962
1	I0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,775,697			· ·
	b	Less: accumulated depreciation 10b (1,683,299)	108,946	10c	92,398
1		Investments—publicly traded securities	4,082,088	11	4,713,905
1		Investments - other securities. See Part IV, line 11	0	12	0
1		Investments-program-related. See Part IV, line 11	0	13	0
1	14	Intangible assets	0	14	0
1		Other assets. See Part IV, line 11	597,955	15	1,104,299
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,939,367	16	9,989,651
1	17	Accounts payable and accrued expenses	195,995	17	222,151
1	18	Grants payable	4,416,865	18	4,495,047
1	19	Deferred revenue	0	19	0
2	20	Tax-exempt bond liabilities [	0	20	0
စ္က 2	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	7,784	21	7,048
Liabilities	1	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	O	<b>2</b> 2	Õ
2		Secured mortgages and notes payable to unrelated third parties	0		0
		Unsecured notes and loans payable to unrelated third parties	0	_	0
		Other liabilities. Complete Part X of Schedule D	0	25	0
		Total liabilities. Add lines 17 through 25	4,620,644	-	4,724,246
88		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			1
Ĕ 2	27	Unrestricted net assets	3,754,594	27	4,494,237
1 2 Z		Temporarily restricted net assets	371,221	-	459,643
<u>p</u> 2		Permanently restricted net assets	192,908	$\overline{}$	311,525
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			1
ğ 3	30	Capital stock or trust principal, or current funds	0	30	0
8 3		Paid-in or capital surplus, or land, building, or equipment fund	0	-	0
<b>&amp;</b> 3		Retained earnings, endowment, accumulated income, or other funds	0	32	0
<b>≱</b> 3	33	Total net assets or fund balances	4,318,723	33	5,265,405
_		Total liabilities and net assets/fund balances	8,939,367	-	9,989,651

Form 9	90 (2010)		Pa	age <b>12</b>
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)		7,23	80,528
2	Total expenses (must equal Part IX, column (A), line 25)		7,02	26,833
3	Revenue less expenses. Subtract line 2 from line 1		20	3,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		4,31	8,723
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))			
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			. 🗸
			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.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	1	
b	Were the organization's financial statements audited by an independent accountant?	2b	1	
С	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?	2c	/	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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 separate basis, consolidated basis, or both:		:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	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		1
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		

Form **990** (2010)

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

#### **Public Charity Status and Public Support**

2010

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

**Employer identification number** United Way of Central Massachusetts, Inc. 04-2104017 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	•	•							
h Provide the following	owing informa	ation about the support	ed organi	zation(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	(v) Did ye the organ col (i) supp	ization in of your	organizat (i) organi	s the ion in col zed in the S?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)				!					
(C)						_			
(D)									
(E)									
Total	<u> </u>								

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . .

Yes

11g(i)

11g(ii)

11g(iii)

No

Schedule A (Form 990 or 990-EZ) 2010 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

CCCI	on A. I abile Support							
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,672,750	6,784,490	6,828,802	6,795,165	6,736,415	33,817,6	22
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	6,672,750	6,784,490	6,828,802	6,795,165	6,736,415	33,817,6	22
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)						2,252,8	123
6	Public support. Subtract line 5 from line 4.						31,564,7	99
	on B. Total Support							
	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
7	Amounts from line 4	6,672,750	6,784,490	6,828,802	6,795,165	6,736,415	33,817,6	22
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,056	125,198	120,610	357,591	493,478	1,220,9	)33
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 IV.)	28,220	51,103	53,487	500	o	133,3	
11	Total support. Add lines 7 through 10						35,171,8	165
12	Gross receipts from related activities, etc.	•	•			12		0
13	First five years. If the Form 990 is for the	•	-		•			_
	organization, check this box and stop her			· · · · ·	· · · · ·		· · <u> </u>	<u>Ш</u>
	on C. Computation of Public Suppor			4 1 (0)				<del></del>
14	Public support percentage for 2010 (line 6		•			14	89.74	
15 16a	Public support percentage from 2009 Sch 33 <sup>1</sup> /3% support test—2010. If the organiz					15	85.84	<del>%</del>
IVa	box and <b>stop here.</b> The organization qual							
b	331/3% support test—2009. If the organ	=	• • •	-				✓
U	check this box and <b>stop here.</b> The organi				•			
47.	· · · · · · · · · · · · · · · · · · ·	-	•					ш
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd <b>stop here.</b> E as a publicly su	Explain in upported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organizatio	nis box and <b>st</b> on qualifies as a	op here. a publicly	
18	Private foundation. If the organization die							
	instructions				•			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

1 G re 2 G so fu	ar year (or fiscal year beginning in) lifts, grants, contributions, and membership fees	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
re 2 G so fu					, , ,		(i) Total
2 G so fu							
so fu	eceived. (Do not include any "unusual grants.")						
fu	iross receipts from admissions, merchandise old or services performed, or facilities						
	umished in any activity that is related to the irganization's tax-exempt purpose						
	Gross receipts from activities that are not an nrelated trade or business under section 513						
0	ax revenues levied for the organization's benefit and either paid or expended on its behalf						
fu	The value of services or facilities urnished by a governmental unit to the organization without charge						
6 T	otal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 eceived from disqualified persons						
<b>b</b> A	mounts included on lines 2 and 3						
	eceived from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					-	
	Add lines 7a and 7b						
	ine 6.)						
	n B. Total Support	<del></del>		l		L	
	ar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6		<u> </u>				
<b>10a</b> G	Gross income from interest, dividends, payments received on securities loans, rents, oyalties and income from similar sources.						
S	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c A	Add lines 10a and 10b						
а	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
lo	Other income. Do not include gain or oss from the sale of capital assets Explain in Part IV.)						
	Fotal support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for thorganization, check this box and stop he	_			-		on 501(c)(3)
Section	n C. Computation of Public Suppor						
	Public support percentage for 2010 (line 8	, ,,	•	,,			%
	Public support percentage from 2009 Sch			<u> </u>		16	%
	n D. Computation of Investment In					T-1-	
	nvestment income percentage for 2010 (						%
	nvestment income percentage from 2009						%
	331/3% support tests—2010. If the organ						
	I7 is not more than 331/3%, check this box 331/3% support tests—2009. If the organiz	=	_	-		-	_
	ne 18 is not more than 33¹/ه%, check this l						
	Private foundation. If the organization di	-	-	•			

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II - Se	ction B - Line 11 - United Way of Central Massachusetts, Inc. leases an office condominium it owns outright to
other local	I non-profit agencies. The office has been vacant since August 2009.
	······································

#### Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number Name of the organization 04-2104017 United Way of Central Massachusetts, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . . Total acreage restricted by conservation easements . . . . . . . . . 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and q balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X .

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and otl	ner records, che	eck any of the	follow	ring that are a s	significant u	se of its
а	☐ Public exhibition		d 🗌 Lo	oan or exchang	ge pro	grams		
b	☐ Scholarly research		e 🗌 O	ther				
С	☐ Preservation for future generation							
4	Provide a description of the organizat	ion's collections a	nd explain how	they further th	ne orga	anization's exe	npt purpos	e in Part
	XIV.							
5	During the year, did the organization							_
	assets to be sold to raise funds rather		•	<del>-</del> -				□ No
Part	IV Escrow and Custodial Arra			rganization ar	nswer	ed "Yes" to F	orm 990, P	art IV,
	line 9, or reported an amoun			for contribution		-46		<del></del>
1a	included on Form 990, Part X?							
<b>.</b>	If "Yes," explain the arrangement in Pa				• •		<b>⊻</b> Yes	☐ No
b	ii res, explain the arrangement in Fa	art Aiv and comple	ete the following	table.		Τ Δ	mount	
С	Beginning balance				1c	+		7,784
d	Additions during the year				1d			0
e	Distributions during the year				1e	+		736
f	Ending balance				1f	<del>-</del> }		7,048
2a	Did the organization include an amour						✓ Yes	
b	If "Yes," explain the arrangement in Pa		,					_
	t V Endowment Funds. Comple		ation answere	d "Yes" to Fo	rm 99	90, Part IV, line	e 10.	
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance	4,689,553	4,490,48	6,68	3,633			-
b	Contributions	418,617	111,94	0	0			
C	Net investment earnings, gains, and							1
	losses	` 1,205,679	361,49	6 (1,927	7,289)			
d	Grants or scholarships				0		<u> </u>	
е	Other expenditures for facilities and							1
_	programs	(256,469)	(245,56	_	7,552)			
f	Administrative expenses	(37,947)	(28,80		3,310)		-	
g	End of year balance	6,019,433	4,689,55	3 4,49	0,482		<u> </u>	
2	Provide the estimated percentage of t Board designated or quasi-endowmer	-	ce neid as: 5 %					
a b	•	5 %	2 70					
C	Permanent endowment ►  Term endowment ► 0 %							
3a	Are there endowment funds not in the		e organization t	hat are held a	nd adr	ministered for the	ne	
	organization by:	россовом от т	<b>.</b>					es No
	(i) unrelated organizations							7
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	izations listed as re	equired on Sche	edule R?			3b	
4	Describe in Part XIV the intended uses	s of the organization	n's endowmen	t funds.			· · · · · · · · · · · · · · · · · · ·	
Part	VI Land, Buildings, and Equip	ment. See Form	1990, Part X, I	ine 10.				
	Description of investment	(a) Cost or ot (investme		t or other basis (other)		Accumulated preciation	(d) Book v	/alue
1a	Land		0	0				
b	Buildings		0	367,137		362,637		4,500
C	Leasehold improvements		0	774,288		705,364		68,924
d	Equipment		0	429,356	_	414,244		15,112
е	Other	· <u> </u>	0	204,916		201,054		3,862
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colur	nn (B), line 10 <u>(</u> d	c).) .	▶		92,398

Part VII	Investments—Other Securities	<ul> <li>See Form 990, Part X,</li> </ul>	line 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	I derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
`:´ (H)				
(I)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related	J. See Form 990, Part X	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
_(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)	(h) must sound form 000 Port V and (D) line 12 )			<del></del>
Part IX	(b) must equal Form 990, Part X, col. (B) line 13 ) ► Other Assets. See Form 990, Part X	nt V line 15	<u>l</u>	
raitix	<u> </u>	a) Description		(b) Book value
(1) Benefic	ial in trust - United Way of Central Massa	<u> </u>	Greater Worcester	852,293
<del>-                                    </del>	inity Foundation.			
<del></del>	ial in trust - Women's Initiative Fund in H	onor of Lois B. Green held	at the Greater Worcester	252,006
	inity Foundation.			· · · · · · · · · · · · · · · · · · ·
(5)				
(6)	-			
(7) ·				
(8)				
(9)				
(10)	(1) 15 000 D 1V	. (D) II		
	mm (b) must equal Form 990, Part X, co		<u> </u>	1,104,299
Part X	Other Liabilities. See Form 990, (a) Description of liability	(b) Amount	T	
	Income taxes	(b) Panount	-	
(2)			┨	
(3)			┨	
(4)			-	
(5)			7	
(6)			1	
(7)		-	1	
(8)			] .	-
(9)				
(10)				_
(11)			_	- I
	(b) must equal Form 990, Part X, col. (B) line 25)			·
2. FIN 48 (A	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial stater	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part					<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	7,230,528
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	7,026,833
3	Excess or (deficit) for the year. Subtract line 2 from line 1		· · · · ·	3	203,695
4	Net unrealized gains (losses) on investments		· · · · · · ⊢	4	632,788
5	Donated services and use of facilities	-	<b>-</b>	5	22,500
6	Investment expenses			7	0
7	Prior period adjustments		· · · · · · · · · · · · · · · · · · ·	8	110,198
8 9	Other (Describe in Part XIV.)			9	765,486
10	Excess or (deficit) for the year per audited financial statements. Combine			10	969,181
Part					
1	Total revenue, gains, and other support per audited financial statements		<del></del>	1	7,177,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			Ė	1,111,122
-а	Net unrealized gains on investments	2a	632,788		
b	Donated services and use of facilities	2b	0	₹	
c	Recoveries of prior year grants	2c	0	1	
d	Other (Describe in Part XIV.)	2d	(635,619)	ĺ	
e	Add lines 2a through 2d			2e	(2,831)
3	Subtract line 2e from line 1			3	7,174,559
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,296		
b	Other (Describe in Part XIV.)	4b	22,500		
С	Add lines <b>4a</b> and <b>4b</b>			40	72,796
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XIII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r R	eturn
1	Total expenses and losses per audited financial statements			1	6,230,708
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0	]	
С	Other losses	2c	0	ļ	
d	Other (Describe in Part XIV.)	2d	0	ļ	
е	Add lines 2a through 2d			2e	<del></del>
3	Subtract line 2e from line 1			3	6,230,708
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ľ	ľ
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,296	4	
b	Other (Describe in Part XIV.)	4b	745,817	ļ.,	_
_	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	<u> </u>	5	7,026,821
	XIV Supplemental Information	0. D.	A III. I 4 4 4 - 15		37 ( 45 105
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,				
	, line 4, Part X, line 2, Part XI, line 6, Part XII, lines 20 and 40, and Part XIII, Iditional information.	111162	Zu anu 4b. Also com	piet	e this part to provide
-	t IV - United Way of Central Massachusetts served as a fiscal agent for the Dia	botos	Coalition of Massachu	cotte	-
1. Pd	t iv - Onlied way of Central Massachusetts served as a listal agent for the Dia	Detes		5eu:	<b>5</b> ,
The to	tal liability as of June 30, 2010 was \$7,048.				
	cal lability as of Julie 30, 2010 was \$7,040.				
2. Pa	t V - Endowment Funds - Line 4:				
The ir	come generated from the organization's endowment funds are used to subside	ize ge	neral administrative ex	pens	ses and United Way of
Centr	al Massachusetts and the Women's Initiative Program of the United Way of Cer	ntral M	lassachusetts.		

Schedule D (Form 990) 2010	Page <b>5</b>
Part XIV Supplemental Information (continued)	
2. Don't VII line 2d Other. Amounto included on line 1 but not on Form 000. Don't VIII. line 12.	
3. Part XII line 2d Other - Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
Designated donations - (\$691,159)	
Professional fund raising fees charged by other organizations - (\$54,658)	
Change in value of a beneficial interest in trust - \$110,198	
Total = (\$635,619)	
4. Part XII line 4 - Amounts included on Form 990, Part IX, line 25, but not on line 1: - 4b Other -	
Donated newspaper advertising - \$22,500	
<del></del>	
5. Part XII line 4 - Amounts included on Form 990, Part IX, line 25, but not on line 1: - 4b Other -	
Designated donations - \$691,159	
Designated dentations 400 1,100	
Professional fund raising fees charged by other organizations - \$54,658	
Total = \$745,817	
10(a) = \$743,017	

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

United	l Way of Central Massachusetts, I	inc.				04-2	104017			
Part	Fundraising Activities Form 990-EZ filers are	· ·	-		vered "Yes" to F	orm 990, Part IV, lii	ne 17.			
1	Indicate whether the organizat			<u>-</u>	owing activities. C	heck all that apply.				
а	e ☑ Mail solicitations e ☑ Solicitation of non-government grants									
b										
C	✓ Phone solicitations				fundraising events	•				
ď	✓ In-person solicitations		9 .		arranan ig ovorno	•				
2a	Did the organization have a w	ritten or oral agree	ment with	anv individ	dual (including off	icers, directors, trusto	ees			
	or key employees listed in Fori						✓ Yes 🗌 No			
b	If "Yes," list the ten highest pa compensated at least \$5,000 to	id individuals or e	ntities (fun			_				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
-			Yes	No			· · · · · · · · · · · · · · · · · · ·			
1.0-	nited Ways of New England			<del> </del>	1					
. 01	illed ways of New Eligiand	Workplace cmp	✓		337,320	25,299	312,021			
2 AE	BCD, Inc.	COMECC/CFC		-	147,506	19,828	127,678			
3			<b>-</b>	<del>  -                                   </del>	147,500	13,020	127,070			
4										
5							<del></del> .			
6										
7										
8										
9										
10										
Total		<u> </u>								
3	List all states in which the org	anization is regist	ered or lic	ensed to s	olicit contribution	s or has been notifie	d it is exempt from			
	registration or licensing.	garnization to region	.0.00 0	,01100d to 0		o or riad boor riotino	o it is exempt nom			
IVIASSA	chusetts		· · · · · · · · · · · · · · · · · · ·							
				·						
				<del>-</del>						
							•••••			

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		J	(a) Event #1 Promotional (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable	19,500			19,500
	3	contributions	19,500			19,500
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
uses	6	Rent/facility costs	3,731			3,731
Direct Expenses	7	Food and beverages	5,691			5,691
Direc	8	Entertainment				
	9	Other direct expenses .	7,251			7,251
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9	ine line 3, column (d), a organization answe	nd line 10		( 16,673 ) 2,827 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Re	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				-
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	│ │	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u></u> <b>&gt;</b>	
9	a Is			in each of these states		Yes No
10		ere any of the organization's g		d, suspended or termina	ated during the tax year	? . ☐ Yes ☐ No

Schedu	le G (Form 990 or 990-EZ) 2010	Page <b>3</b>
11 12	Does the organization operate gaming activities with nonmembers?	
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	<u>%</u>
b	An outside facility	%
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?	□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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	
		☐ No
ь	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	Supplemental Information. Complete this part to 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 complete to part to provide any additional information (see instructions).	hıs
Part 1	- 2b column iii - United Ways of New England runs regional workplace fund raising campaigns for regional companies. They co	ollect
	istribute contributions net of their fund raising fees. ABCD, Inc. (Action for Boston Community Development, Inc.) administers	
Comn	nonwealth of Massachusetts Employee Charitable Campaign (COMECC) and the regional Combined Federal Campaign (CFC).	
ABCE	), Inc. collects and distributes contributions from these campaigns net of their fund raising fees.	

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part II

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

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

2010

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 04-2104017 ▶ Attach to Form 990. United Way of Central Massachusetts, Inc.

✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance

**%** □

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AIDS Project Worcester 85							
Green Street Worcester, MA 01604	04-2970467	501(c)(3)	1324.10				Donor Desg, ard Pty
(2) AIDS Project Worcester 85							
Green Street Worcester, MA 01604	04-2970467	501(c)(3)	4779.01				Donor Designated
(3) American Red Cross Central MA							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	4680.00	į			Donor Desg, 3rd Pty
(4) American Red Cross Central MA							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	280320.00				Program Operating
(5) American Red Cross Central MA							
2000 Century Dr. Worcester, MA	53-0196605	501(c)(3)	10779.56				Donor Designated
(6) Bancroft School 110 Shore Dr.					•		
Worcester, MA 01605	04-2103861	501(c)(3)	6500.00				Donor Designated
(7) Big Brothers Big Sisters Cntrl					-		1
MA/Metro West Worcester, MA	04-2317926	501(c)(3)	466.50				Donor Desg, 3rd Pty
(8) Big Brothers Big Sisters Cntrl							
MA/Metro West Worcester, MA	04-2317926	501(c)(3)	86700.00				Program Operating
(9) Big Brothers Big Sisters Cntrl							
MA/Metro West Worcester, MA	04-2317926	501(c)(3)	11729.61				Donor Designated
(10) Boy Scouts - Mohegan Council, I					-		
19 Harvard St. Worcester., MA 01609	04-2105867	501(c)(3)	1964.04				Donor Desg, 3rd Pty
(11) Boy Scouts - Mohegan Council, I							
19 Harvard St. Worcester., MA 01609	04-2105867	501(c)(3)	23521.68				Donor Designated
(12) left blank intentionally							
	201/0/(0)/00/00	sucitoringpy toomison	ancit				28

Enter total number of section 501(c)(3) and government organizations. Enter total number of other organizations

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

Schedule I (Fc	Schedule I (Form 990) (2010)					Page
Part III	Grants and Other Assistance to Individual Part III can be duplicated if additional space		nited States. Com	plete if the organiz	ation answered "Yes" to	s in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. is needed.
	(a) Type of grant or assistance		(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
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Part IV	Supplemental Information. Complete this	_	vide the information	oart to provide the information required in Part I, line 2,	line 2, and any other add	and any other additional information.
1. 375 age	1. 375 agencies received donor designations totaling \$691,159 for this fiscal year.	11,159 for this fiscal	year.			
2. Of the 3	2. Of the 375 agencies, 214 received 3rd party paid donor designations totaling \$164,704 for this fiscal year.	r designations totalir	ng \$164,704 for this fi	scal year.		
3. Donor D	3. Donor Designation Policy: Organizations receiving donor designated contributions undergo a screening process prior to the distribution of funds. Screening	nor designated conf	tributions undergo a	screening process pric	r to the distribution of funds	Screening
includes	includes verification of current status as an IRS Code Section		nprofit organization a	501(c)(3) nonprofit organization and verification of Patriot Act compliance.	ot Act compliance.	
4. Grant M	4. Grant Monitoring Policies. Grant awards are determined throu	ed through an open	and competitive proce	ess with two phases.	gh an open and competitive process with two phases. The first phase determines the eligibility of	eligibility of
the organiz	the organization to qualify for funding. Organizational document	cuments including	program description,	Board of Directors' ros	s including program description, Board of Directors' roster, operating budget, financial review or	ial review or
audit, 501(c	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	ition policy are requi	ired. If accepted into	Phase II, the applicant	organization submits a detai	led program
application	application with specific outcome measurements to ensure the f	re the funded progra	ams will achieve maxi	mum community impa	unded programs will achieve maximum community impact in the specified focus area.	. Programs
receive fun	receive funding through recommendations from volunteer committees with final approval by the full Board of Directors. The funded programs are monitored	r committees with fi	nal approval by the fu	Il Board of Directors.	The funded programs are mo	nitored
throughoul	throughout the program cycle through regular reporting on progress toward outcomes and United Way coordinated site visits.	on progress toward	outcomes and United	Way coordinated site	visits.	
(continued	(continued on Schedule O.)					

Department of the Treasury Internal Revenue Service

Name of the organization

United Way of Central Massachusetts, Inc.

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

2104017

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

(h) Purpose of grant or assistance (f) Method of valuation (book, FMV, appraisal,

(g) Description of non-cash assistance

(c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable assistance

925.00

501(c)(3)

04-2105851

Boys & Girls Club of Worcester, Inc

65 Tainter Street Worc., MA 01610

(a) Name and address of organization

(b) EIN

4397.69

501(c)(3)

04-2105851

25000.00

501(c)(3)

04-2105851

Boys & Girls Club of Worcester, Inc.

65 Tainter Street Worc., MA 01610

Boys & Girls Club of Worcester, Inc

65 Tainter Street Worc., MA 01610

The CASA Project 100 Grove Street

Worcester, MA 01605

Boys & Girls Club of Worcester, Inc.

65 Tainter Street Worc, MA 01610

501(c)(3)

04-2105851

501(c)(3)

04-2711865

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04-2711865

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598.00

3121.00

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501(c)(3)

04-2711865

The CASA Project 100 Grove Street

Worcester, MA 01605

The CASA Project 100 Grove Street

Worcester, MA 01605

501(c)(3)

04-2711865

501(c)(3)

04-2103979

Catholic Charitles Worcester County

10 Hammond Street Worcester, MA

The CASA Project 100 Grove Street

Worcester, MA 01605

501(c)(3)

04-2103979

Catholic Charities Worcester County 10 Hammond Street Worcester, MA

Catholic Charities Worcester County

10 Hammond Street Worcester, MA

3918.14

4847.70

1000.00

48526.00

501(c)(3)

04-2103979

24630.96

501(c)(3)

04-2103979

Catholic Charities Worcester County

10 Hammond Street Worcester, MA

Central MA Housing Alliance, Inc. Bellevue Street Worcester, MA

501(c)(3)

04-2791448

501(c)(3)

04-2791448

501(c)(3)

04-2791448

Central MA Housing Alliance, Inc.

Bellevue Street Worcester, MA

Central MA Housing Alliance, Inc.

Bellevue Street Worcester, MA

7113.00

187139.00

Donor Desg, 3rd Pty

Program Operating Minor Capital

**Donor Designated** 

Donor Desg, 3rd Pty Minor Capital

Program Operating

**Donor Designated** 

Donor Desg, 3rd Pty

Minor Capital

Program Operating

**Donor Designated** 

Program Operating

Minor Capital

**Donor Designated** 

5247.30

Cat No 51026W

Schedule I-1 (Form 990) 2009

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

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public Inspection Employer identification number

2104017

United Way of Central Massachusetts, Inc.	etts, Inc.					04	2104017
Part I Continuation of Grants and Other Assistance	ts and Other A		to Governments and Organizations in the United States (Schedule I	ganizations in the	United States (Sch	ledule 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
Change, Inc. 37 Knollwood Dr. Shrewsbury, MA 01545	22-2905331	501(c)(3)	5725.00				Donor Designated
Children's Friend, Inc. 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	2191.60				Donor Desg,3rd Pty
Children's Friend, Inc. 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	2000.00				Minor Capital
Children's Frlend, Inc. 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	00.00759				Program Operating
Children's Friend, Inc. 21 Cedar Street Worcester, MA 01609	04-2105856	501(c)(3)	7570.39				Donor Designated
Clark University 950 Main Street Worcester, MA 01610	04-2111203	501(c)(3)	58.50				Donor Desg,3rd Pty
Clark University 950 Main Street Worcester, MA 01610	04-2111203	501(c)(3)	14500.00				Program Operating
Clark University 950 Main Street Worcester, MA 01610	04-2111203	501(c)(3)	3088.00				Donor Designated
Colleges of Worcester Consortlum 484 Main St #500 Worcester, MA 0161	23-7055676	501(c)(3)	37800.00				Program Operating
Community Healthlink, Inc 72 Jaques Avenue Worcester, MA 01610	04-2626179	501(c)(3)	152.00				Donor Desg,3rd Pty
Community Healthlink, Inc. 72 Jaques Avenue Worcester, MA 01610	04-2626179	501(c)(3)	339648.00				Program Operating
Community Healthlink, Inc 72 Jaques Avenue Worcester, MA 01610	04-2626179	501(c)(3)	6123.91				Donor Designated
Community Legal Aid 405 Main St Worcester, MA 01608	04-2446242	501(c)(3)	5394.00				Minor Capital
Community Legal Aid 405 Main St Worcester, MA 01608	04-2446242	501(c)(3)	91620.00				Program Operating
Community Legal Aid 405 Main St Worcester, MA 01608	04-2446242	501(c)(3)	1964.82				Donor Designated

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

Cat No 51026W

Schedule (-1 (Form 990) 2009

Duparment of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

04

United Way of Central Massachusetts, Inc.	setts, Inc.					. 40	2104017
Part I Continuation of Grants and Other Assistance	ts and Other A	I — I	o Governments and Organizations in the	ganizations in the	United States (Schedule	nedule 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
Edward M. Kennedy Comm Health Ct 2000 Century Dr Worcester, MA 0160	04-2513817	501(c)(3)	15000.00				Program Operating
Edward M. Kennedy Comm Health Ct 2000 Century Dr Worcester, MA 0160	04-2513817	501(c)(3)	3955.49				Donor Designated
Elder Services of Worcester Alea, Inc 411 Chandler St. Worc, MA 01602	04-2545221	501(c)(3)	1858.72				Donor Desg,3rd Pty
Elder Services of Worcester Area, Inc 411 Chandler St. Worc, MA 01602	04-2545221	501(c)(3)	60936.00				Program Operating
Elder Services of Worcester Area, Inc 411 Chandler St. Worc, MA 01602	04-2545221	501(c)(3)	7156.75				Donor Designated
Elm Park Ctr for Early Childhood Ed. 284 Highland St, Worc., MA 01602	04-2500932	501(c)(3)	780.00				Donor Desg, 3rd Pty
Elm Park Ctr for Early Childhood Ed. 284 Highland St, Worc, MA 01602	04-2500932	501(c)(3)	20160.00				Program Operating
Family Health Center of Worc , Inc. 26 Queen Street Worc., MA 01610	04-2485308	501(c)(3)	115114.00				Program Operating
Family Health Center of Worc , Inc 26 Queen Street Worc , MA 01610	04-2485308	501(c)(3)	5241.76				Donor Designated
Family Services of Central MA 31 Harvard Street Worcester, MA 01609	04-2103767	501(c)(3)	103920.00				Program Operating
Family Services of Central MA 31 Harvard Street Worcester, MA 01609	04-2103767	501(c)(3)	4045.23				Donor Designated
Friendly House, Inc. 36 Wall Street Worcester, MA 01604	04-2104239	501(c)(3)	585.00				Donor Desg, 3rd Pty
Friendly House, Inc. 36 Wall Street Worcester, MA 01604	04-2104239	501(c)(3)	5000.00			,	Minor Capital
Friendly House, Inc. 36 Wall Street Worcester, MA 01604	04-2104239	501(c)(3)	65768.00				Program Operating
Friendly House, Inc. 36 Wall Street Worcester, MA 01604	04-2104239	501(c)(3)	15000.00				Program Operating
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51026W

Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

2104017

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overnments and Organizations in the United States (Schedule I (Form 990), Part II	(4) Amount of each great (a) Amount of and each (f) Method of valuation
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overnm	owy (p)

United Way of Central Massachusetts, Inc.	etts, Inc.					. 40	2104017
Part   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990)	s and Other A	ssistance to Go	overnments and Or	ganizations in the	United States (Sch	nedule 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 Harvard Street Worcester, MA 01609	04-2103767	501(c)(3)	16643.70				Donor Designated
Girl Scouts Cnt & West MA 81 Gold Star Blvd Worcester, MA 01606	04-2103856	501(c)(3)	19.50				Donor Desg, 3rd Pty
Gul Scouts Cnt & West MA 81 Gold Star Blvd Worcester, MA 01606	04-2103856	501(c)(3)	4983.88				Donor Designated
Girls Incorporated of Worcester 125 Providence Street Worcester, MA 016	04-2123666	501(c)(3)	128.00				Donor Desg, 3rd Pty
Girls Incorporated of Worcester 125 Providence Street Worcester, MA 01f	04-2123666	501(c)(3)	5152.00				Minor Capital
Girls Incorporated of Worcester 125 Providence Street Worcester, MA 016	04-2123666	501(c)(3)	42900.00				Program Operating
Girls Incorporated of Worcester 125 Providence Street Worcester, MA 016	04-2123666	501(c)(3)	30000.00				Program Operating
Girls incorporated of Worcester 125 Providence Street Worcester, MA 016	04-2123666	501(c)(3)	12266.70				Donor Designated
Gulld Of St Agnes 133 Granite Street Worcester, MA 01604	04-2104267	501(c)(3)	208.00				Donor Desg, 3rd Pty
Guild Of St Agnes 133 Granite Street Worcester, MA 01604	04-2104267	501(c)(3)	30000.00				Program Operating
Gulid Of St. Agnes 133 Granite Street Worcester, MA 01604	04-2104267	501(c)(3)	4998.47				Donor Designated
Jewish Family Service of Worcester 646 Salisbury Street Worc , MA 01609	04-2104350	501(c)(3)	485.00				Donor Desg, 3rd Pty
Jewish Family Service of Worcester 646 Salisbury Street Worc., MA 01609	04-2104350	501(c)(3)	00.00999				Program Operating
Jewish Family Service of Worcester 646 Salisbury Street Worc., MA 01609	04-2104350	501(c)(3)	3710.30				Donor Designated
LUK Crisis Conter 545 Westminster St Fitchburg, MA 01420	04-2483679	501(c)(3)	15356.00				Program Operating

Schedule I-1 (Form 990) 2009

Cat No 51026W

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public Inspection

Donor Desg, 3rd Pty Program Operating Donor Desg, 3rd Pty Donor Desg, 3rd Pty Program Operating Donor Desg, 3rd Pty Program Operating Program Operating Program Operating **Donor Designated Donor Designated Donor Designated Donor Designated Donor Designated Donor Designated** (h) Purpose of grant or assistance Employer identification number 2104017 Part II. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990)) (g) Description of non-cash assistance 9 (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable 156.00 949.00 2231.00 30000.00 2717.63 417.00 40700.00 312.00 55114.00 4361.87 63000.00 9880.00 8179.00 2291.00 19500.00 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 04-2106689 03-0385377 04-2734584 04-2507815 04-2507815 04-2507815 04-6364350 04-6364350 04-2103596 04-2103596 03-0385377 04-2734584 04-2453851 04-2103596 04-2453851 (b) EIN United Way of Central Massachusetts 10 Edward Street Worcester, MA 016 10 Edward Street Worcester, MA 0161 237 Millbury Street Worcester, MA 0 10 Edward Street Worcester, MA 016/ Regional Environmental Council, Inc Regional Environmental Council, Inc 237 Millbury Street Worcester, MA 0 335 Chandler Street Mary Queen of the Rosary Parish 60 67 Lincoln St. Worcester, MA 01605 Rainbow Child Development Center Rainbow Child Development Center Rainbow Child Development Center 67 Lincoln St Worcester, MA 01605 Pathways for Change 585 Main St (a) Name and address of organization Pernet Family Health Service, Inc. PO Box 255 Worcester, MA 01613 M.S.P.C.C. 335 Chandler Street PO Box 255 Worcester, MA 01613 Pathways for Change 585 Main St Pernet Family Health Service, Inc. M.S.P.C.C. 335 Chandler Street Waple St Spencer, MA 01562 Nativity School of Worcester Nativity School of Worcester or government Worcester, MA 01602 Worcester, MA 01602 Worcester, MA 01602 Worcester MA 01608 Worcester MA 01608 Name of the organization Part I

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

Cat No 51026W

Schedule I-1 (Form 990) 2009

Department of the Treasury

Name of the organization INGINAL Revenue Service

United Way of Central Massachusetts, Inc.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part III or Part III.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

2104017

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

Donor Desg, 3rd Pty **Donor Designated** Minor Capital

Donor Desg, 3rd Pty

Donor Desg, 3rd Pty

(h) Purpose of grant or assistance

(g) Description of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable assistance

(P) EIN

5018.00

501(c)(3)

04-2627411

Ronald McDonald House Charitles

(a) Name and address of organization or government

501(c)(3)

04-3095047

St. Francis Episcopal Church 70 Highland St Holden, MA 01520 229 Kent St Boston, MA 02196

501(c)(3)

04-2178893

378 Main St Shrewsbury, MA 01545

St. John's High School

501(c)(3)

04-2701581

4 Mann Street Worcester, MA 01602

The Bridge of Central MA, Inc.

The Bridge of Central MA, Inc.

7000.50

5050.00

104.00

5000.00

501(c)(3)

04-2701581

4 Mann Street Worcester, MA 01602

501(c)(3)

04-2701581

4 Mann Street Worcester, MA 01602

The Bridge of Central MA, Inc.

The Community Builders, Inc.

The Community Builders, Inc.

95 Berkeley St Boston, MA

The Community Builders, Inc

95 Berkeley St Boston, MA

501(c)(3)

04-2324773

501(c)(3)

04-2324773

501(c)(3)

04-2324773

501(c)(3)

04-2626179

Coalition 26 Queen Street Worc, MA I

UMass Mem. Hithcare/HOPE

95 Berkeley St Boston, MA

501(c)(3)

04-2626179

Coalition 26 Queen Street Worc, MA

UMass Mem Hithcare/HOPE

702.00

20025.00

20000.00

**Donor Designated** 

Program Operating Program Operating **Donor Designated** 

Program Operating

**Donor Designated** 

401.00

1442.90

501(c)(3)

04-2308155

Charlton 50 Elm St. Southbridge, MA

UW - Southbridge, Sturbridge and

501(c)(3)

04-2308155

Charlton 50 Elm St Southbridge, MA

UW - Southbridge, Sturbridge and

United Way of Tri-County 46 Park St

Framingham, MA 01702

5326.00

78754.00

19.50

Donor Desg, 3rd Pty

**Donor Designated** 

Donor Desg, 3rd Pty

**Donor Designated** 

Schedule I-1 (Form 990) 2009

5431.50

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711.10

501(c)(3)

04-2104231

501(c)(3)

04-2104231

United Way of Tri-County 46 Park St.

Framingham, MA 01702

No 51026W

Department of the Treasury Internal Revenue Service

Name of the organization

Jnited Way of Central Massachusetts, Inc.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

2104017 Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(h) Purpose of grant or assistance

(f) Method of valuation (book, FMV, appraisal, other)

assistance

(c) IRC section if (d) Amount of cash grant (e) Amount of non-cash

applicable

(P) EIN

(a) Name and address of organization

or government

Valley Residence for Improvement

176 Tacoma St Worcester, MA

42601.00

501(c)(3)

04-2702167

Donor Desg, 3rd Pty Program Operating **Donor Designated** Minor Capital (g) Description of non-cash assistance

Donor Desg, 3rd Pty **Donor Designated** 

78.00

2533.00

520.00

37500.00

501(c)(3)

04-2449880

Inc 1048 Main Street Worcester, MA

Webster Square Day Care Center,

501(c)(3)

04-2449880

Inc. 1048 Main Street Worcester, MA

Webster Square Day Care Center,

501(c)(3)

04-2382160

Council 484 Main Street, Worc., MA (

Worcester Community Action

39000.00

501(c)(3)

04-2382160

Council 484 Main Street, Worc., MA

Worcester Community Action

501(c)(3)

04-2382160

Council 484 Main Street, Worc., MA

Worcester Community Action

4987.17

36585.00

501(c)(3)

04-2484586

Care Srv 160 Tacoma St. Worc., MA

Worcester Comprehensive Child

501(c)(3)

04-2484586

Care Srv 160 Tacoma St. Worc., MA

Worcester Comprehensive Child

Left blank intentionally

2223 34

736.50

7183.97

4700.00

501(c)(3)

04-3098024

501(c)(3)

04-3098024

69 Grove St Worcester, MA 01605

Veterans Inc

69 Glove St Worcester, MA 01605

Veterans Inc

3386.80

501(c)(3)

04-3098024

501(c)(3)

04-2947495

VNA Care Network , Inc. 120 Thomas

Street Worcester, MA 01608

69 Grove St Worcester, MA 01605

Veterans Inc

VNA Care Network, Inc. 120 Thomas

Street Worcester, MA 01608

501(c)(3)

04-2947495

501(c)(3)

04-2449880

Inc. 1048 Main Street Worcester, MA

Webster Square Day Care Center,

150.00

Donor Desg, 3rd Pty

Program Operating

**Donor Designated** 

Program Operating

Donor Desg, 3rd Pty

**Donor Designated** 

Program Operating

**Donor Designated** 

Schedule I-1 (Form 990) 2009

Cat No. 51026W

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

Department of the Treasury

Name of the organization

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Open to Public Inspection

Employer identification number

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Donor Desg, 3rd Pty Program Operating Program Operating Program Operating Donor Desg, 3rd Pty Donor Desg, 3rd Pty Program Operating Program Operating Program Operating **Donor Designated Donor Designated** Donor Designated **Donor Designated** (h) Purpose of grant or assistance Minor Capital 2104017 Part II.) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable 103.00 840.00 7895.00 35207.00 5260.00 7126.83 45000.00 27627.63 31200.00 24890.00 3000.00 1548.50 717642.00 22500.00 501(c)(3) 04-2105885 04-2105885 04-2105885 23-7112665 23-7112665 56-2522670 23-7112665 23-7112665 04-3071457 04-3071457 22-3248067 22-3248067 22-3248067 23-7112665 (b) EIN United Way of Central Massachusetts, Inc. 486 Chandler St Worcester, MA 0160: 766 Main Street Worcester, MA 01610 766 Main Street Worcester, MA 01610 766 Main Street Worcester, MA 01610 Youth Opportunities Upheld, Inc. 81 Plantation Street Worcester, MA 0160 486 Chandler St Worcester, MA 0160; 486 Chandler St Worcester, MA 0160; Plantation Street Worcester, MA 0160 Youth Opportunities Upheld, Inc. 81 (a) Name and address of organization Left blank intentionally Worcester County Food Bank 474 **Boston Turnpike Shrewsbury MA** Worcester County Food Bank 474 **Boston Turnplke Shrewsbury MA** Ste 224, 210 Park Ave., Worc. MA Worcester State Foundation, Inc. YMCA of Central Massachusetts YMCA of Central Massachusetts Worcester State Foundation, Inc. Worcester State Foundation, Inc YMCA of Central Massachusetts Worcester Education Dev Fndn or government

Schedule I-1 (Form 990) 2009

Cat No 51026W

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

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection 2009

Program Operating Program Operating Donor Desg, 3rd Pty **Program Operating** Program Operating Donor Desg, 3rd Pty Program Operating **Donor Designated Donor Designated** (h) Purpose of grant or assistance PN Operating Minor Capital Employer identification number IIGA Grant **IIGA Grant** 2104017 **IIGA Grant IIGA Grant** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if (d) Amount of cash grant applicable applicable 172.00 169.00 178248.00 70656.00 11274.39 2000.00 1430.00 4000.00 7373.00 2000.00 1000.00 9500.00 20625.00 1068.60 501(c)(3) 22-2599363 04-2105873 04-2105873 04-2105873 04-2123666 23-7112665 22-2599363 22-2599363 04-2105873 04-2105873 04-2105873 04-2317926 04-2921465 22-2599363 (b) EIN Jnited Way of Central Massachusetts, Inc. Providence Street Worcester, MA 016 Plantation Street Worcester, MA 0160 Girls Incorporated of Worcester 125 Salem Square Worcester, MA 01608 Salem Square Worcester, MA 01608 Salem Square Worcester, MA 01608 Youth Opportunities Upheld, Inc 81 74 Providence St., Worc., MA 01604 Salem Square Worcester, MA 01608 Salem Square Worcester, MA 01608 Salem Square Worcester, MA 01608 74 Providence St., Worc., MA 01604 74 Providence St., Worc, MA 01604 74 Providence St., Worc., MA 01604 (a) Name and address of organization or government 875 Main St , Worcester, MA 01610 YWCA of Central Massachusetts 1 Central MA Housing Alliance, Inc. YWCA of Central Massachusetts MA/Metro West Worcester, MA Big Brothers Big Sisters Cntrl

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

Cat No 51026W

20625.00

501(c)(3)

04-2791448

Bellevue Street Worcester, MA

Oak HIII CDC

Oak HIII CDC

Main South CDC

Oak Hill CDC

Oak HIII CDC

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

Open to Public Inspection

**Program Operating** Program Spnsrshp Program Spnsrshp Program Spnsrshp **General Operating Donor Designated** (h) Purpose of grant or assistance Minor Capital Employer identification number **CSF Grant** 2104017 **CSF** Grant **CSF** Grant **CSF Grant** Part II. 990). (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 9 (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable assistance 315.22 1500.00 5000.00 5000.00 14538.00 3000.00 5000.00 2500.00 100000.00 55000.00 1500.00 501(c)(3) 04-2133874 04-2123666 22-3106477 22-2599363 53-0196605 04-2133874 04-2105868 04-2105873 04-2791448 04-3071457 04-2382160 (P) United Way of Central Massachusetts, Inc. Providence Street Worcester, MA 016 Council 484 Main Street, Worc., MA ( Girls Incorporated of Worcester 125 Salem Square Worcester, MA 01608 Central MA Housing Alliance, Inc. 74 Providence St., Worc., MA 01604 Ecotarium 222 Harrington Way Edward Sreet Child Services 34 Cedar St., Worcester, MA 01609 178 Tremont St., Boston, MA 02111 34 Cedar St., Worcester, MA 01609 (a) Name and address of organization YWCA of Central Massachusetts 1 **Worcester County Food Bank 474** Boston Turnpike Shrewsbury MA 2000 Century Dr. Worcester, MA American Red Cross Central MA Bellevue Street Worcester, MA Worcester Community Action **Edward Sreet Child Services** Worcester, MA 01604 Name of the organization ABCD, Inc. Oak HIII CDC

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

Cat No. 51026W

Schedule I-1 (Form 990) 2009

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

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Central Massachusetts, Inc.

▶ Attach to Form 990.

Employer identification number 04-2104017

Part	Questions Regarding Compensation		_	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			, ¥
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	}		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	[ ]		
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	<u> </u>		
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	·		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			}
4	During the year, did any person listed in 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 from the organization or a related organization?  Participate in, or receive payment from, a supplemental nongualified retirement plan?	4a		<b>√</b>
b C	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		1
C	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	40		<b>V</b>
	The feet and the feet the percent and provide the applicable amounts for each term in fact in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		✓
ь	Any related organization?	5b		<b>✓</b>
•	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		1
	Any related organization?	6b		7
-	If "Yes" to line 6a or 6b, describe in Part III.	-		<b>'</b>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			<b> </b>
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			_
	in Part III	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

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

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MIS	or 1099-MISC compensation				i i
(A) Name	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Timothy J. Garyin	8	129,094	0	0	0	21,878	150,972	134,623
1	(ii)							
James L. Haves	(3)	566'88	0	0	0	22,058	110,453	98,403
2	€							
	€							
3	( <u>ii</u> )							
	(5)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	<b>(E)</b>							
	8							
c)	€							
	8							
6	(ii)							
	(0)						4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
7	€							
	(0)							
8	€							
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6	<u>(ii</u>							
	] (0)						1	
10	<u>(ii)</u>							
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13	Ξ							
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14	<u>(ii)</u>							
	(6)							
15	€							
	8							
16	€							

Schedule J (Form 990) 2010

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

Department of the Treasury Internal Revenue Service

(9) (10)

### **Transactions With Interested Persons**

► 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. ▶ See separate instructions. OMB No 1545-0047

Name of the organization **Employer identification number** 04-2104017 United Way of Central Massachusetts, Inc. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1)(2)(3)(4)(5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (c) Original (d) Balance due (e) In default? (g) Written (a) Name of interested person and purpose the organization? by board or agreement? principal amount committee? Yes No Yes Yes No То From No (1)(3)(4)(5) (6)(7)(8)(9) (10)Total Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1)(2)(3)(4)(5)(6)(7)(8)

	· · · · · · · · · · · · · · · · ·	n answered "Yes" on Form 990			1	
	(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
<u>(1)</u>	Frances Anthes	Board Member		Grants/Donor Designations		✓
(2)	Karen Ludington	Board Member	78,462	Grants/Donor Designations		<b>✓</b>
(3)			<del></del>			
(4)						
(5)		<del></del>			<del>-  </del>	<del>                                     </del>
(6)						-
(7)	<del></del>		<del></del>			
(8)			<u> </u>			<del>                                     </del>
(9) (10)						
Par	V Supplemental Information					L
			····			
					<del>-</del>	

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

### Supplemental Information to Form 990 or 990-EZ

201

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

United Way of Central Massachusetts, Inc.

Employer identification number 04-2104017

Part III Question 2 - The United Way of Central Massachusetts received one of the 21 federal Promise Neighborhoods planning grants.
Together with Clark University, Worcester Education Collaborative, Worcester Public Schools and Main South CDC, United Way of
Central Massachusetts will use the more than \$456,000 to create an action plan for the children of the Main South based on the successful
"Harlem Children's Zone"a model that combines education and wrap-around human services so all children can succeed, in turn
creating a new vibrancy for the neighborhood. Total investment this fiscal year = \$243,504, including \$19,500 in community grants.
Part III, 4d - Other Programs -
Community Services Program
Volunteer Center - The United Way of Central Massachusetts supports a Volunteer Center internal to its operations. Since 1967, the
Volunteer Center has been the primary portal for community members to engage in volunteerism. The Center is an affiliate member
of the Hands on Network and offers an array of services that build the capacity for effective volunteering. The Center recruits volunteers for
organizations, provides training opportunities, information and referral, placement services, recognition activities and participates in
strategic initiatives that mobilize volunteers to meet local needs. The Center also manages Volunteer Solutions an online database of
opportunities in central Massachusetts The following list represents unique volunteer opportunities offered by the Center:
Earned Income Tax Credit (EITC) Initiative - Through the EITC Initiative, UWCM is addressing Financial Stability by helping taxpayers
claim federal rebates. We are part of the Worcester EITC Coalition, which is working to create awareness about the EITC and engage
volunteers to help prepare taxes for free. The Coalition recruits volunteers to serve at VITA sites and helps people claim eligible tax credits.
We are also working to build awareness about financial issues such as predatory lending practices, pay day loans, and predatory tax
preparation services that further hinder an individual's ability to save and build assets.
Calendar Program - A part of the Hands On Network model of volunteer engagement, a calendar program offers volunteers a monthly menu
of "done in a day" projects that meet their interest and fit their schedule. The model also uses volunteers who are specially trained to lead
other volunteers in service. A calendar program focuses on team-oriented volunteering on a flexible basis.
Day of Caring - The Volunteer Center at United Way of Central Massachusetts coordinates many events to promote volunteerism and
leadership. In September 2010, we hosted our Annual Day of Caring, the largest one-day volunteer drive in the entire region, where
over 1,300 people took to the streets of central Massachusetts to volunteer at dozens of locations for the day.
Youth Venture Program - The Youth Venture Program (using the proven methods of Ashoka's Youth Venture) assembles teams of

` Schedule O (Form 990 or 990-EZ) (2010)	Page <b>2</b>
Name of the organization United Way of Central Massachusetts, Inc.	Employer identification number 04-2104017
youth throughout Worcester who work to create goals and devise an action plan that results in the bette	erment of their community.
Youth Venture's motto is "Dream It, Do It, Grow It," offering young people the chance to create something	ng good all on their own and
execute plans to sustain their vision. Total investment in the Community Services program = \$126,097.	
Mass 2-1-1 - United Way of Central Massachusetts collaborates with other United Way's across the state	e, to fund the Mass 2-1-1 referral
service to help with non-life threatening needs. 2-1-1 is an easy to remember telephone number that co	nnects callers to information about
health and human services available in their community. It serves as a resource for finding governmen	at benefits and services, non-profit
organizations, support groups, volunteer opportunities, donation programs, and other local resources.	Total investment = \$49,049.
AFL-CIO Labor Community Services Program - The AFL-CIO Labor Community Services Program coord	linates many programs to benefit
members of organized labor, their families and the community at large. Members of organized labor par	rticipate in United Way's Day of
Caring, organize the Handicapped Ramp Program, NALC food drive, the Holiday Toy Drive and other sp	ecial projects. One of the most
important roles of the Labor Community Services Program is to design and provide training sessions for	or union members, their families
and other community partners. Volunteers from NALC Branch 12 delivered 348,816 pounds of food to o	organizations serving the hungry in
Central Massachusetts. Total investment = \$105,072.	
Fiscal Sponsorships - The United Way of Central Massachusetts is serving as fiscal sponsor for the Inventor	esting in Girls Alliance (IIGA) and
for the Worcester Education Collaborative (WEC). The IIGA provides research, education, advocacy, an	d programs to address the needs
of middle-school girls in the Worcester area. The WEC is an independent advocacy organization working	ng to ensure that students in the
Worcester Public Schools are given the opportunity to succeed at the highest possible level and to acq	uire the skills and knowledge to
master the challenges of the 21st century. The WEC is committed to supporting, facilitating, and deve	loping a wide variety of partnerships
among families, schools, organizations, and businesses that will both enhance the quality of public edu	ication in Worcester and the quality
of our common life. The IIGA had income of \$85,396 and expenses of \$73,390 (including \$10,278 in con	nmunity grants) included in
United Way of Central Massachusetts' financial statements for this fiscal year. The WEC had income of	\$194,225 and expenses
of \$198,141 included in United Way of Central Massachusetts' financial statements for this fiscal year.	

### 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization United Way of Central Massachusetts, Inc. 04-2104017 Part VI - Section A - Line 9 Marcy Reed, National Grid, 40 Sylvan Road, Waltham, MA 02451 Nancy Kidd Brown, Unum, 18 Chestnut Street, Worcester, MA 01608 Michael J Mulrain, Polar Beverages, 1001 Southbridge Street, Worcester, MA 01610 Maria Addison, Quinsigamond Community College, 670 West Boylston Street, Worcester, MA 01606-2092 Frances Anthes, Family Health Center of Worcester, 26 Queen Street, Worcester, MA 01610 Todd M. Bailey, Fallon Community Health Plan, 10 Chestnut Street, Worcester, MA 01608 Mark P. Bilotta, Colleges of Worcester Consortium Inc. 484 Main Street, Suite 500, Worcester, MA 01608 Melinda J. Boone, Ed.D. 20 Irving Street, Worcester, MA 01609 Reverend Louis G. Bond, Ph.D. 30 Cherry Lane, South Grafton, MA 01560 Michael F. Buckley, The Hanover Insurance Group 440 Lincoln Street, E10 Worcester, MA 01653 Brian J. Bullock, Bullock and Associates, 17A Holt Road, Holden, MA 01520 Jack P. Calareso, Ph.D., Anna Maria College, 50 Sunset Lane Paxton, MA 01612 Joseph P. Carlson, United Steel Workers of America - District 4 100 Medway Road, Ste. 403, Milford, MA 01751 Willis Chandler, UMASS Memorial Health Care, One Biotech Park, 265 Plantation Street, Worcester, MA 01605 James W. Coghlin, Jr. Coghlin Companies, Inc. 17 Briden Street, Worcester, MA 01605 Jack M. Dutzar, M.D. Fallon Clinic, Inc. 100 Front Street, Worcester, MA 01608 Sandra Ellis, Massachusetts Nurses Association, 12 County Road, Worcester, MA 01604 Joseph D. Freitas, The Hanover Insurance Group, Inc., 440 Lincoln Street, E10, Worcester, MA 01653 Bruce Gaultney, Worcester Telegram & Gazette, 20 Franklin Street, P.O Box 15012, Worcester, MA 01615 Isabel Gonzalez-Webster, Office of the Mayor, City of Worcester, Worcester City Hall, Room 305, 455 Main Street, Worcester, MA 01608 Glenn R. Knowlton, Saint-Gobain Abrasives, 1 New Bond Street, Worcester, MA 01615 James Leary, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655 Patsy C. Lewis, 72 Beaconsfield Road, Worcester, MA 01602 Karen Ludington, Children's Friend, Inc., 21 Cedar Street, Worcester, MA 01609

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

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization United Way of Central Massachusetts, Inc.	Employer identification number 04-2104017
Part VI - Section B - Line 11b: The Finance Committee received a draft version of the Form 990 a	nd all supporting schedules at its
January 30, 2011 meeting. The full Board of Directors received a copy of the final version of the	Form 990 and all supporting schedules
to review in advance of its February 15, 2011 meeting. The document review was included as an	
to review in advance of its rebutaly 13, 2011 meeting. The document review was included as an	agenua item for that meeting.
Part VI - Section B - Line 12c - The Board of Directors annually sign a conflict of interest stateme	nt listing affiliations with other
organizations that could potentially pose a conflict of interest. Board members abstain from voti	ng on issues or recommendations related
to those organizations.	
······································	
Part VI - Section B - Line 15b - The Executive Committee conducts an annual performance review	of the CEO and recommends any
compensation adjustments to the full Board of Directors. Compensation for the Vice President of	of Finance and Operations
is determined by the CEO. All compensation is included in the organization's budget which is re	viewed by the Finance Committee
and approved by the full Board of Directors.	
Part VI - Section C - Line 19 - United Way of Central Massachusetts posts its annual audited finar	ncial statements and its Form 990 and all
supporting schedules on its web site. The documents are also available for public review at the	organization's office. The conflict
of interest statements are not made available directly to the public, but minutes from all board m	eetings including all votes taken are
available to the public at the United Way of Central Massachusetts office.	
Continuation of Schedule I - Part IV - Donor Designations - Organizations receiving donor design	nations have been screened to verify
501(c)(3) status and Patriot Act compliance.	
Minor Capital Grants - Minor capital grants were also awarded by a competitive process based of	on need. Receipts of final
purchases are required as documentation. The grants are approved by the full Board of Director	'S.

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

### Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

United Way of Central Massachusetts, Inc.	04-2104017
Continuation of Schedule I - Part IV - Donor Designations	
Schedule I Codes and Definitions (column h):	
CSF Grant - Community Support Fund (CSF) grants are made to agencies providing basic needs (food	l, fuel assistance, etc.)
Donor Designated - An unrestricted grant made to an agency at the direction of the donor(s) in suppo	rt of its general operating costs.
Donor Desg, 3rd Pty - An unrestricted grant made to an agency, at the direction of the donor(s), collection	ted and paid directly to the agency
by a 3rd party, in support of its general operating costs.	
General Operating - An unrestricted grant made to an agency in support of its general operating cos	ts.
IIGA Grant - A restricted grant made to fund an agency program from the Investing in Girls Alliance.	
Minor Capital - Grants awarded for purchases of minor capital items.	
PN Operating - A grant made by the United Way of Central Massachusetts to a partner organization w	orking on the Promise
Neighborhoods project.	
Program Operating - A restricted grant made to an agency in support of the costs associated with a s	pecific program that it operates.
Program Spnsrshp - Sponsorship of an agency event.	
·····	
Overhead Calculation:	
The standard formula for calculating the Overhead ratio among United Ways is as follows:	
Core Form, Part IX, line 25, Column C (M&G Exp.) + Column D (Fund raising Exp.) divided	d by
Core Form, Part VIII, Line 12, Column A (Total Revenue)	
For United Way of Central Massachusetts this calculation is as follows: (528,028 + 871,191) / 7,230,52	8 = 19.30%
This percentage represents an increase of .07%. The actual administrative and fund raising expenses	s decreased by \$14,857 from the
previous fiscal year.	

### **Sub-Certification of Financial Statements**

### **CERTIFICATIONS**

I hereby certify that:

- 1. I have read the audited financial statements and related IRS Form 990 of the United Way of Central Massachusetts for the year ended June 30, 2011.
- 2. I have disclosed to our organization's auditors all relevant controls and procedures established to assure the accuracy and integrity of information provided by my team;
- 3. I have reported to the Audit Committee any known or observed deficiencies in internal controls or fraud involving management;
- 4. Based on my knowledge, the portions of the financial statements that are based on information originating from my team do not contain any untrue statement of a material fact or omit to state a material fact necessary to ensure that the statements made, in light of the circumstances under which such statements were made, are not misleading;
- 5. Based on my knowledge, the financial statements and other financial information included in this report that pertain to information originating from my team, fairly present, in all material respects, the financial condition, results of operations and cash flows of the United Way of Central Massachusetts as of and for the period ended June 30, 2011.

Timothy J. Garvin

President and Chief Executive Officer

Date\_

James L. Hayes

Vice President, Finance and Operations

Date 5/7/2012

### **CEO/CFO Financial Statement Certification**

### **CERTIFICATIONS**

I hereby certify that:

- 1. I have read the audited financial statements and related IRS Form 990 of the United Way of Central Massachusetts for the year ended June 30, 2011.
- 2. Based on my knowledge, these financial statements do not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading.
- 3. Based on my knowledge, the financial statements and other financial information included in this report, fairly present, in all material respects, the financial condition, results of operations and cash flows of the United Way of Central Massachusetts as of and for the period ended June 30, 2011.

Timothy J. Garvin

President and Chief Executive Officer

Date May T

James L. Hayes

Vice President, Finance and Operations

Date 5/7/2012

# United Way of Central Massachusetts, Inc.

Financial Statements and Supplementary Information as of and for the Years Ended June 30, 2011 and 2010 and Independent Auditors' Report

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### INDEPENDENT AUDITORS' REPORT

To the Board of Directors of United Way of Central Massachusetts, Inc. Worcester, Massachusetts

We have audited the accompanying statements of financial position of the United Way of Central Massachusetts, Inc. (the Organization; a non-profit organization) as of June 30, 2011 and 2010 and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the United Way of Central Massachusetts, Inc. as of June 30, 2011 and 2010, and the results of its operations, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Store : Deson LLC

September 26, 2011

## STATEMENTS OF FINANCIAL POSITION JUNE 30, 2011 AND 2010

		2011		2010
ASSETS				
Cash and cash equivalents	\$	1,513,843	\$	1,625,863
Pledges receivable, net		2,357,336		2,392,746
Accounts receivable and other assets		207,870		131,769
Investments		4,713,905		4,082,088
Beneficial interest in trust (Note 15)		1,104,299		597,955
Property and equipment, net		92,398		108,946
Total Assets	\$	9,989,651	\$	8,939,367
LIABILITIES AND NET ASSETS				
Accounts payable	\$	76,848	\$	14,137
Accrued expenses		145,303		181,858
Community impact grants payable (Note 14)		3,933,037		3,802,849
Women's initiative grants payable		252,902		185,447
Designations payable		316,156		436,353
Total Liabilities	<del></del>	4,724,246		4,620,644
Net Assets:				
Unrestricted		4,494,237		3,754,594
Temporarily restricted		459,643		371,221
Permanently restricted	<del></del>	311,525	<u></u>	192,908
Total Net Assets		5,265,405		4,318,723
Total Liabilities and Net Assets	\$	9,989,651	\$	8,939,367

STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2011

	U	nrestricted		emporarily Restricted	Permanently Restricted		Total
Support and Revenue:							
Campaign Revenue	\$	5,433,491	\$	596,633	\$ -	\$	6,030,124
Less.							
Designations		(691,159)	)	-	-		(691,159)
Administrative fees		(54,658)	)	-	-		(54,658)
Allowance for uncollectible pledges		(119,576)	)	-	-		(119,576)
Net assets released from restrictions		571,081	_	(571,081)			<del>-</del>
Net Campaign Revenue		5,139,179		25,552	-		5,164,731
Investment income (net of expenses)		70,683		-	-		70,683
Gain on sale of investments		372,499		-	-		372,499
Unrealized gain on investments		632,788		-	-		632,788
Change in beneficial interest in trust (Note 15)		87,507		22,691	-		110,198
Donor designation fees		49,197		-	-		49,197
Grant and sponsorship income (Note 17)		48,340		658,910	118,617		825,867
Rental loss (net of expense)		(48,573)		-	-		(48,573)
Net assets released from restrictions		618,731		(618,731)	-		
Total Support and Revenue		6,970,351		88,422	118,617		7,177,390
Expenses:							
Community Impact Grants (Note 14)		3,170,927					3,170,927
Women's Initiative Grants (Note 14)		264,902		-			264,902
Other Grants/Sponsorships		309,999		-			309,999
Program Services:							
Community Services		126,097		-	-		126,097
Mass 211		49,049		_	_		49,049
Labor Community Services		105,072		-	-		105,072
Community Impact		342,355		_	-		342,355
Women's Initiative Community Impact		72,519		-	-		72,519
Main South Promise Neighborhood Partnership		224,004		-	-		224,004
Other Programs		271,531			-		271,531
Total Program Services		1,190,627		-		-	1,190,627
Supporting Services		1,294,253		-	_		1,294,253
Total Expenses		6,230,708		-		_	6,230,708
Increase in Net Assets		739,643		88,422	118,617		946,682
Net Assets - beginning		3,754,594		371,221	192,908		4,318,723
Net Assets - ending	S	4,494,237	\$	459,643	\$ 311,525	\$	5,265,405

STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2010

	Uı	nrestricted	emporarily estricted	Permanently Restricted		Total
Support and Revenue:						
Campaign Revenue	\$	5,781,306	\$ 449,720	\$ -	\$	6,231,026
Less.						
Designations		(830,137)	•	-		(830,137)
Administrative fees		(53,111)	-	-		(53,111)
Allowance for uncollectible pledges		(144,606)	-	-		(144,606)
Net assets released from restrictions		433,907	 (433,907)			-
Net Campaign Revenue		5,187,359	15,813	-		5,203,172
Investment income (net of expenses)		67,913	-	-		67,913
Gain on sale of investments		251,508	-	-		251,508
Unrealized loss on investments		(2,483)	-	-		(2,483)
Change in beneficial interest in trust (Note 15)		60,239	(1,242)	-		58,997
Donor designation fees		68,160	-	-		68,160
Grant and sponsorship income (Note 17)		204,975	370,862	132,908		708,745
Rental loss (net of expense)		(48,816)	-	-		(48,816)
Net assets released from restrictions		230,125	 (230,125)			
Total Support and Revenue		6,018,980	 155,308	132,908		6,307,196
Expenses:						
Community Impact Grants (Note 14)		3,075,248	 <u>-</u>			3,075,248
Women's Initiative Grants (Note 14)		197,447	-	-		197,447
Other Grants/Sponsorships		160,779	 _			160,779
Program Services:						
Community services		113,405	_	-		113,405
Mass 211		49,385	-	-		49,385
Building Brighter Futures		18,478	-	-		18,478
Labor Community Services		104,898	-	-		104,898
Community Impact		307,496	-	-		307,496
Women's Institute Community Impact		90,523	-	-		90,523
Worcester Youth Capacity Project		164,144	-	-		164,144
Other programs		137,266	<del>-</del>			137,266
Total Program Services		985,595	 <u> </u>			985,595
Supporting Services		1,293,081	 _			1,293,081
Total Expenses		5,712,150	 		_	5,712,150
ncrease in Net Assets		306,830	 155,308	132,908		595,046
Net Assets - beginning		3,447,764	215,913	60,000		3,723,677
		3,754,594	 371,221	\$ 192,908	_	4,318,723

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2011

				PROGRA	PROGRAM SERVICES	ø							
	:		- Approximately		Women's	Main South	į						
	Community		Community Community Community	Community	Community	Neighborhood	Programs	Program	Admin			Total	
	Services	Mass 211	Services	Impact	Impact	Partnership	(Note 17)	Services	& Finance	Marketing	Marketing Fundraising	Services	Total
Salaries and related expenses,											1		
Salaries	\$ 60,858		\$ 59,724	\$ 198,896	\$ 36,496	\$ 115,311	\$ 119,374	S 590,659	\$ 255,190	\$ 108,871	\$ 324,539	\$ 688,600	\$ 1,279,259
Payroll taxes	4,366	•	4,335	13,430	2,469	8,565	4,842	38,007	18,971	7,459			87.840
Health and other things benefits	14,704	1	14,740	53,196	9,587	30,638	13,638	136,503	62,865	28,350	87,144	178,359	314,862
Total salaries and related expenses	79,928		78,799	265,522	48,552	154,514	137,854	765,169	337,026	144,680	435,086	916,792	196'189'1
Other expenses:													
Professional fees and contract services	7,376	49,049	241	8,666	216	40,564	91,843	197,955	44,717	1,281	096'99	112,958	310.913
Internal program grants and sponsorships	Ī	•	•	•		•	10,278	10,278	٠	•	•		10,278
Directors and Officers Insurance	•	٠	٠	•	•	•	•	•	3,183	•	٠	3,183	3,183
Supplies	1,306	•	14,738	988	136	8,975	1,313	27,354	5,022	298	1,731	7,351	34,705
Telephone	1,056	•	869	5,130	780	•	•	7,835	5,213	2,158	4,408	11,779	19,614
Postage	1,641	•	324	191	88	28	197	3,037	2,473	171	3,593	6,242	9,279
Occupancy	5,318	•	4,376	26,295	3,928	•	•	39,917	26,439	10,865	22,197	105,88	99,418
Promotion and publicity	4,424	•	617	1,414	204	1,449	5,136	13,244	3,560	1,358	34,319	39,237	52,481
Programs and events	17,038	•	•	3,039	15,235	1,394	20,651	57,357	•	15,185	24,258	39,443	96.800
Travel and professional development	2,025	•	497	8,904	218	17.080	3,479	32,203	15,049	2,423	8,466	25,938	58,141
Organization dues and subscriptions	250	٠	٠	•	120	•	632	1,002	2,323	336	88	2,743	3,745
Equipment rental and maintenance	151	•	617	5,914	554	•	•	7,836	8,204	1,534	5,323	15,061	22,897
Miscellaneous	125			48				173	548	19	186	753	926
Total other expenses	41,310	49,049	22,279	61,063	21,471	69,490	133,529	161,868	116,731	35,928	171,530	324,189	722,380
Total expenses before depreclation and maritanal and state dure	121 238	40.040	920	363 706	£50,0°E	200			8	į		,	;
	067(17)	ָ ה ה	101,078	C9C'076	570,0/	\$00°\$77	271,283	1,163,360	453,757	180,608	606,616	1,240,981	2,404,341
Depreciation	1,228		1,009	3,985	204	•	148	1,277	6,055	2,508	5,119	13,682	20,959
National and state dues	3,631		2,985	11,785	1,589			19,990	17,908	7,416	14,266	39,590	59,580
Total expenses	\$ 126,097	\$ 49,049	\$ 105,072	\$ 342,355	\$ 72,519	\$ 224,004	\$ 271,531	\$ 1,190,627	\$ 477,720	\$ 190,532	\$ 626,001	\$ 1,294,253	\$ 2,484,880
See notes to financial statements.													

UNITED WAY OF CENTRAL MASSACHUSETTS, INC.

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2010

				PROC	PROGRAM SERVICES	/ICES								
			Building Brighter	Labor		Women's Initiative	Worcester Youth	Other	Total				Total	
	Community		Futures	Community	Community Community Community	Community	Capacity	Programs	Program	Admin.			Support	
Salaries and related expenses:	Services	Mass 211	Mass 211 with Youth	Services	Impact	Impact	Project	(Note 17)	Services	& Finance	Marketing	Marketing Fundraising	Services	Total
Salanes	166'09 \$		\$ 13,195	\$ 53,328	\$ 194,792	\$ 42,739	\$ 11,681	\$ 29,681	\$ 406,407	771,672 \$	\$ 104,861	5 315.777	\$ 699.815	\$ 1.306.222
Payroll taxes	4,396	į	915	4,009	13,867	2,841	765	168	27,561	19,995	7,127	22,431	49.553	77,114
Health and other fringe benefits	12,900		3,450	13,859	48,431	11,030	2,130	2,970	94,770	67,559	24,388	78,646	170,593	265,363
Total salancs and related expenses	78,287		17,560	71,196	257,090	56,610	14,576	33,419	528,738	366,731	136,376	416,854	196'616	1,448,699
Other expenses:														
Professional fees and contract services	8	49,049	•	8	2,798	75	58,477	35,264	145,834	53,656	176	7,944	61,776	207,610
internal program grants and sponsorships	•	•	•	•	•	•	85,050	40,000	125,050	•	1	•	•	125,050
Directors and Officers Insurance	•	•	•	•	•	•	٠	•	•	3,103	•	•	3,103	3,103
Supplies	3,510	•	•	21,497	1,368	531	213	9,382	36,501	8,203	6,443	35,653	50,299	86,800
Telephone	931	•	•	836	3,073	775	•	•	5,615	4,169	1,819	5,169	11,157	16,772
Postage	1,850	336	1	366	631	245	203	78	3,709	2,372	159	3,859	6,390	10,099
Occupancy	5,472	•	•	4,909	18,053	4,551		٠	32,985	24,561	10,688	30,377	929'59	119'86
Promotion and publicity	2,705	•	62	388	1,542	382	1,450	2,614	9,143	2,337	1,366	41,474	45,177	54,320
Programs and events	13,799	•	•	•	•	22,240	1,331	12,108	49,478	•	17,334	20,131	37,465	86,943
Travel and professional development	837	•	826	878	2,111	704	2,844	2,810	11,040	10,141	1,579	4,210	15,930	26,970
Organization dues and subscriptions	288	•	٠	•	137	•	•	1,591	2,016	2,380	182	450	3,012	5,028
Equipment rental and maintenance	717	•	•	643	4,564	296	•	•	6,520	7,862	1,400	6,168	15,430	21,950
Miscellancous		1	,							1,493	31	32	1,556	1,556
Total other expenses	30,199	49,385	918	29,598	34.277	30,099	149,568	103,847	427,891	120,277	41,177	155,467	316,921	744,812
Total expenses before depreciation														
and national and state dues	108,486	49,385	18,478	100,794	291,367	86,709	164,144	137,266	956,629	487,008	177,553	572,321	1,236,882	2,193,511
Depreciation	1,517		7	1,051	4,905	984			8,457	6,731	2,181	6,522	15,434	23,891
National and state dues	3,402			3,053	11,224	2,830			20,509	15,231	6,646	18,888	40,765	61,274
Total expenses	\$ 113,405	\$ 49,385	\$ 18,478	\$ 104,898	\$ 307,496	\$ 90,523	\$ 164,144	\$ 137,266	\$ 985,595	\$ 508,970	\$ 186,380	\$ 597,731	\$ 1,293,081	\$ 2,278,676
See notes to financial statements														

### STATEMENTS OF CASH FLOWS YEARS ENDED JUNE 30, 2011 AND 2010

		2011	•	2010
CASH FLOWS FROM OPERATING ACTIVITIES:				
Increase in net assets	\$	946,682	\$	595,046
Adjustments to reconcile change in net assets to net cash				
used in operating activities:				
Depreciation		20,959		23,891
Allowance for uncollectible pledges		33,050		(70,563)
Realized and unrealized net gain on investments		(1,005,287)		(249,025)
Changes in operating assets and liabilities:				
Pledges receivable		2,360		(185,757)
Accounts receivable and other assets		(76,101)		(7,908)
Accounts payable		62,711		3
Accrued expenses		(36,555)		(11,553)
Community impact grants payable		130,188		48,006
Women's initiative grants payable		67,455		5,091
Designations payable	_	(120,197)	_	95,670
Net cash provided by operating activities	_	25,265		242,901
CASH FLOWS FROM INVESTING ACTIVITIES:				
Acquisition of property and equipment		(4,411)		(3,645)
Acquisition of investments		(3,396,289)		(2,634,024)
Proceeds from sale of investments		3,769,759		2,818,909
Change in beneficial interest trust		(506,344)		(148,099)
Net cash (used in) provided by investing activities	_	(137,285)		33,141
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS		(112,020)		276,042
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	_	1,625,863	_	1,349,821
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>s</u>	1,513,843	<u>\$</u>	1,625,863

### NOTES TO FINANCIAL STATEMENTS YEARS ENDED JUNE 30, 2011 AND 2010

### 1. ORGANIZATION

United Way of Central Massachusetts (the "Organization") is a not-for-profit organization striving for excellence in meeting the human service needs of the community through the development and effective distribution of resources.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation** - The Organization reports information regarding its financial position and activities according to three classes of net assets; unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Cash and Cash Equivalents - The Organization considers all highly liquid debt instruments purchased with maturities of three months or less to be cash equivalents. The Organization places its cash and cash equivalents with various financial institutions. At times such investments may be in excess of Federal Deposit Insurance Corporation (FDIC) insurance limits. However, the Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash and cash equivalents as the funds are held in accredited financial institutions.

Investments - Investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the Statement of Activities.

**Property and Equipment** - Property and equipment are stated at cost or, if donated, at the approximate fair market value at the date of donation. The Organization follows the practice of capitalizing all expenditures for property and equipment in excess of \$1,000. Depreciation is provided on a straight-line basis over the following estimated useful lives:

	<u>YEARS</u>
Building and improvements	15 – 25
Equipment	3 – 5
Furniture and fixtures	10

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Time restricted contributions are reported as temporarily restricted support and reclassified to unrestricted net assets upon expiration of the time restriction.

Donors may designate their gifts to specific United Way affiliated and non-affiliated agencies. Non-affiliated agencies are required to provide the Organization with documentation of their tax-exempt status. Donor designations to specific agencies are not included in net campaign revenues and support or allocations to participating agencies in the accompanying Statements of Activities.

A substantial number of volunteers and corporations have donated significant time and services for which no amounts have been reflected in the financial statements. The Organization reflects only amounts for services that create or enhance non-financial assets, or that require specialized skills and are provided by individuals possessing those skills. No such services were donated during 2011 and 2010.

**Designations** - Agency-specific designations as specified by the donor are recorded upon receipt of the contribution and are reflected as an expense in the Statement of Activities and, until distributed to the agency, as a liability in the Statement of Financial Position.

**Donated Assets** - Donated marketable securities and other non-cash donations are recorded as contributions at their estimated fair value at the date of the donation.

Advertising - Advertising costs are charged to operations as incurred. These costs were approximately \$4,700 and \$5,200 in 2011 and 2010, respectively.

Income Tax Status - The Organization is exempt from Federal income taxes as an organization (not a private foundation) formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code. The Organization is also exempt from state income taxes. Donors may deduct contributions made to the Organization within the Internal Revenue Code requirements.

Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, reported activity, or cash flows. The Organizations is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2007.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on management's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results. The Organization's most significant estimate is the allowance for uncollectible pledges.

Subsequent Events - The Organization has evaluated all subsequent events through September 26, 2011 the date the financial statements were available to be issued.

### 3. PLEDGES RECEIVABLE

Pledges receivable consists of the following at June 30:

	2011	2010
Campaign 2010	\$ 2,331,278	\$ •
Campaign 2009	26,058	2,330,918
Campaign 2008	 	 61,828
	\$ 2,357,336	\$ 2,392,746

Pledges receivable are shown net of an allowance for uncollectible pledges of \$493,818 and \$526,868 in 2011 and 2010, respectively.

### 4. INVESTMENTS

Investments are stated at fair value and consist principally of equity and debt securities. Fair values and unrealized appreciation at June 30, are summarized as follows:

2011

		Cost		Fair Value	-	Inrealized opreciation
Equity	\$	2,186,011	\$	2,971,193	\$	785,182
Debt		1,674,644		1,742,712		68,068
	\$	3,860,655	\$	4,713,905	\$	853,250
				2010		
					ι	Inrealized
	•	Cost		air Value	_A <sub>J</sub>	opreciation
Equity	\$	2,139,013	\$	2,248,675	\$	109,662
Debt		1,760,356		1,833,413		73,057
	<u>\$</u>	3,899,369	<u>\$</u>	4,082,088	\$	182,719
	<u>-</u>	_ ; ;_ ;_		,,	-	,,

### 4. INVESTMENTS (CONTINUED)

The Organization recorded net gains of \$372,499 and \$251,508 from the sale of investments during 2011 and 2010, respectively. The Organization incurred investment custodial and advisory fees of \$50,307 and \$38,258 during 2011 and 2010, respectively.

### 5. PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	2011	2010
Building and Improvements	\$ 1,141,425	\$ 1,141,425
Equipment	429,356	424,945
Furniture and Fixtures	204,916	204,916
	1,775,697	1,771,286
Accumulated Depreciation	(1,683,299)	(1,662,340)
	\$ 92,398	\$ 108,946

Depreciation expense was \$20,959 and \$23,891 in 2011 and 2010, respectively.

### 6. LINE OF CREDIT

On October 31, 2001, the Organization entered into an unsecured line of credit agreement with an available borrowing limit of \$1,000,000. The line of credit bears interest at the British Bankers Association LIBOR Rate ("BBA LIBOR") plus 3.75% (3.94% at June 30, 2011). The line of credit expires in January 2012. There were no outstanding borrowings as of June 30, 2011 and 2010.

### 7. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets at June 30 are restricted for the following purposes:

		2011	2010
Future campaign revenue	\$	20,400	\$ 20,000
Small capital grant awards		53,680	56,431
Ramp program		64,496	34,841
Investing in Girls (Note 17)		49,482	37,476
Facebook grant		-	2,000
Main South Promise Neighborhood Partnership		32,750	-
Worcester Education Collaborative (Note 17)		171,805	175,722
Appreciation (depreciation) on WI Fund		21,449	(1,242)
Women's Initiative		44,241	45,993
Other		1,340	 <u> </u>
	<u>\$</u>	459,643	\$ 371,221

### 8. PERMANENTLY RESTRICTED NET ASSETS

Permanently net assets were restricted for the following purposes as of June 30:

	2011		2010
UWCM endowment fund Women's Initiative endowment fund	\$ 60,000 251,525	<b>\$</b>	60,000 132,908
	\$ 311,525	\$_	192,908

The income on both of the endowment funds may be expendable to support activities of the Organization.

### 9. NET ASSETS RELEASED FROM RESTRICTIONS

Temporarily restricted net assets were released for the following purposes:

		2011		2010
Future campaign revenue	\$	20,000	\$	20,000
Women's Initiative		457,880		395,819
Small capital grant awards		57,751		57,379
Programs and events		113,618		78,568
Investing in Girls		73,390		84,395
Worcester Education Collaborative		198,142		27,871
Main South Promise Neighborhood Partnership		269,031		
	<u>\$</u>	1,189,812	<u>\$</u>	664,032

### 10. GROSS CAMPAIGN REVENUE

Gross campaign revenue by campaign year (October 1 – September 30) consists of the following:

		mpaign 2011	C	ampaign 2010	C	ampaign 2009
June 30, 2011	\$	20,400	\$	5,886,448	\$	123,276
June 30, 2010		-		20,000	\$	6,114,268
June 30, 2009	<del></del>		_			20,000
	\$	20,400	\$	5,906,448	\$	6,257,544

### 11. RENTAL INCOME

The Organization owns office condominium space. Gross rental payments received were \$0 and \$500 during 2011 and 2010, respectively. Rental income is shown net of condominium fees and other rental expenses of \$48,573 and \$49,316 during 2011 and 2010, respectively.

The carrying value of the property held for lease was as follows:

	2011	2010
Building and Improvements	\$ 191,095	\$ 191,095
Less: Accumulated Depreciation	 (185,338)	 (179,129)
	\$ 5,757	\$ 11,966

### 12. LEASE COMMITMENTS

The Organization leases office equipment under operating lease agreements. The office equipment leases expire at various times through February 2012. Total expense under the office equipment leases amounted to \$9,325 and \$9,327 in 2011 and 2010, respectively. The total future minimum lease payments for 2012 amount to \$1,200.

### 13. EMPLOYEE BENEFIT PLAN

The Organization maintains a contributory retirement plan covering all eligible employees. Each year the Organization at its discretion may make an employer contribution to the plan. The employer's contribution is determined annually, by the Board of Directors. The employer's contribution charged to expense was approximately \$30,649 and \$28,260 in 2011 and 2010, respectively.

In addition, incorporated into the plan are the provisions of Section 401(k) of the Internal Revenue Code, which allows employees to contribute to their accounts on a pretax basis. The Organization may make a discretionary match contribution up to a maximum of 2% of employees' annual compensation. The match contribution for 2011 and 2010 was approximately \$20,432 and \$18,017, respectively.

### 14. COMMUNITY IMPACT AND WOMEN'S INITIATIVE

Community Impact grants of unrestricted funds to selected programs are determined annually by the Board of Directors based on recommendations from the Community Impact Committee. Women's Initiative grants and sponsorships are also determined by the Board of Directors based on recommendations from the Women's Initiative Community Investment Committee. Grants are payable on a monthly basis during subsequent fiscal years. Sponsorships are paid based on the timing of the sponsored events.

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, Not-for-Profit Entities, the Organization recognizes the full amount of the committed grant as an expense in the year in which the commitment is made.

### 15. GREATER WORCESTER COMMUNITY FOUNDATION FUNDS

The following funds, except as discussed, are considered assets of the Greater Worcester Community Foundation ("GWCF") and therefore are not included in the financial statements of the United Way of Central Massachusetts, Inc. The information is included for disclosure purposes only.

### United Way of Central Massachusetts Fund

In August of 1987 the Organization established the United Way of Central Massachusetts Fund ("the Fund") at GWCF. The purpose of the Fund is to provide additional financial support for participating agencies of the Organization and to underwrite administrative costs of the Organization. The Fund consists of an amount contributed by the Organization, having a market value of \$852,293 and \$487,257 as of June 30, 2011 and 2010, respectively. In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-605, Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others, the Organization's initial contribution to the Fund is reflected as an asset ("Beneficial interest in trust") and is included in unrestricted net assets on the Statement of Financial Position. Changes in market value of the Fund are recorded as an unrestricted change in beneficial interest in trust on the statement of activities.

In addition to the original contribution by the Organization other significant contributions have since been received. The Organization and participating agencies are designated beneficiaries of these contributions, however variance power and ultimate control resides with GWCF board of directors. Accordingly, the market values of the contributions are reported as assets of GWCF. The market value of the assets included in the Fund and controlled by GWCF is equal to \$2,512,146 at June 30, 2011 and \$2,228,419 at June 30, 2010.

### Women's Initiative Fund in Honor of Lois B. Green

On October 30, 2009, the Organization established the Women's Initiative Fund (the "WI Fund") in Honor of Lois B. Green at GWCF. The WI Fund shall be used for support of the charitable or educational purposes of the Women's Initiative of the UWCM and its affiliated agencies. The WI Fund shall be maintained by GWCF as a permanent endowment. The WI Fund consists of an amount contributed by the Organization, having a market value of \$252,006 and \$110,698 as of June 30, 2011 and 2010, respectively. In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-605, Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others, the market value of the Organization's initial contribution to the WI Fund is reflected as an asset ("Beneficial interest in trust") and is included in permanently restricted net assets on the Statement of Financial Position. Changes in the market value of the WI Fund are recorded as a temporarily restricted change in beneficial interest in trust on the statement of activities. As of June 30, 2011 and 2010, the Organization has permanently restricted cash and pledges receivable of \$7,784 and \$20,968 that will be contributed to the WI Fund at GWCF.

### 15. GREATER WORCESTER COMMUNITY FOUNDATION FUNDS (CONTINUED)

### The Arthur J. Remillard, Jr. Fund

The Arthur J. Remillard, Jr. Fund (the "AJR Fund") is a donor-designated fund established at GWCF to provide financial support to the Organization. A three-person advisory board, consisting of the chief executive officer, a current or past president of the Board of Directors of United Way of Central Massachusetts, Inc. and a current or past president of the Board of Directors of GWCF, determines the annual pledge to the Organization. As of and for the years ended June 30, 2011 and 2010, the AJR Fund had a fair market value of \$584,710 and \$523,594, respectively.

### 16. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Input prices quoted in an active market for identical financial assets or liabilities.
- Level 2: Inputs other than prices quoted in Level 1, such as prices quoted for similar financial assets and liabilities in active markets, prices for identical assets and liabilities in markets that are not active or other inputs that are observable or can be corroborated by observable market data.
- Level 3: Input prices quoted that are significant to the fair value of the financial assets or liabilities which are not observable nor supported by an active market.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2011 and 2010.

Mutual funds: valued at the net asset value of shares held by the Organization at year end.

Equity securities: valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent, the use of different methodologies or assumptions could result in a different fair value measurement at the reporting date.

### 16. FAIR VALUE MEASUREMENTS (CONTINUED)

The following items are measured at fair value on a recurring basis at June 30:

		Level 1		Level 2		Level 3		<u>Total</u>
Mutual funds:								
Short-term bond	<u>\$_</u>	1,742,712	\$	-	\$		\$	1,742,712
Total mutual funds		1,742,712		-		-		1,742,712
Equity securities:								
Consumer discretionary		505,833		-		-		505,833
Consumer staples		257,647		-		-		257,647
Energy		461,954		-		-		461,954
Financials		52,980		-		-		52,980
Health care		182,362		-		-		182,362
Industrials		637,277		-		-		637,277
Information technology		690,337		-		-		690,337
Materials		119,233		-		-		119,233
Telecommunication services		63,570						63,570
Total equity securities		2,971,193		-		-		2,971,193
Beneficial interest in trust		-		-	. <u></u> -	1,104,299		1,104,299
	<u>\$</u>	4,713,905	\$	-	\$	1,104,299	\$	5,818,204
	2010							
		Level 1		Level 2	Level 3			<b>Total</b>
Mutual funds:								
Short-term bond	\$	1,833,413	\$	-	\$	-	\$	1,833,413
Total mutual funds		1,833,413		-		_		1,833,413
Equity securities:		•						.,,
Consumer discretionary		194,235		-		-		194,235
Consumer staples		239,167		-		-		239,167
Energy		190,125		-		-		190,125
Health care		341,633		-		-		341,633
Industrials		351,616		_		*		351,616
Information technology		758,399		-		-		758,399
Materials		124,720		-		-		124,720
Telecommunication services		48,780		-				48,780
Total equity securities		2,248,675		-		•		2,248,675
Beneficial interest in trust				_	•	597,955		597,955
	\$	4,082,088	\$	_	\$	597,955	\$	4,680,043

### 16. FAIR VALUE MEASUREMENTS (CONTINUED)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended June 30:

	Beneficial interest in trusts						
	2011			2010			
Balance, beginning of year	\$	597,955	\$	449,856			
Earnings and investment gains/lossses, net of							
investment fees		113,255		62,305			
Gifts received		418,617		111,940			
Grants authorized		(22,472)		(22,838)			
Administrative fees		(3,056)		(3,308)			
Balance, end of year	\$	1,104,299	\$	597,955			

### 17. FISCAL SPONSOR

The Organization serves as the fiscal sponsor for the Worcester Education Collaborative and the Investing in Girls Alliance. The Organization maintains legal and fiduciary responsibility for the employees and activities of these programs. Total revenue and expense during 2011 and 2010 for these programs was \$279,621 and \$271,531 respectively. A total of \$221,287 is included as temporarily restricted net assets for these programs as of June 30, 2011.

### 18. CONTINGENCIES

The Organization owns and occupies condominium space in a building in Worcester, Massachusetts. The Organization is the largest owner of the condominium space, owning fifteen percent. Due to the age of the building, the Organization may be subject to special assessments to maintain and repair the building. As of June 30, 2011, the Organization is unable to estimate the extent of or dollar amount of future special assessments. The special assessments, when they occur, may have a material impact on the Organization's financial statements.

The Organization may become involved in litigation or other claims in the ordinary course of business. Management is not aware of any claims that will have a material adverse effect on the financial condition of the Organization.

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