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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termin-ated
☐ Amended return
☐ Applica-tion pending

C Name of organization
GRANITE UNITED WAY
Doing Business As

D Employer identification number
02-6006033

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
22 CONCORD STREET, FLOOR 2

E Telephone number
(603)625-6939

City, town, or post office, state, and ZIP code
MANCHESTER, NH 03101

G Gross receipts $ 7,620,656.

F Name and address of principal officer. CATHLEEN SCHMIDT
22 CONCORD STREET, MANCHESTER, NH 03101

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

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

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

J Website: ▶ WWW.GRANITEUW.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1927

M State of legal domicile: NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. OUR FOCUS		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	2604
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,774,522.	6,628,050.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,132.	82,857.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	264,426.	175,322.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,150,080.	6,886,229.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,323,233.	3,535,527.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,339,626.	1,692,958.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 588,689.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,746,050.	2,446,535.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,408,909.	7,675,020.
	19 Revenue less expenses. Subtract line 18 from line 12	-258,829.	-788,791.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,132,194.	9,469,439.
	21 Total liabilities (Part X, line 26)	4,876,642.	5,212,006.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,255,552.	4,257,433.

RECEIVED 2013 AUG 19 OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 8-13-13

▶ PATRICK M. TUFTS, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Kelli Boyle	Preparer's signature: Kelli Boyle	Date: AUG 12 2013	Check ☐ if self-employed	PTIN: P01402985
Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A.			Firm's EIN ▶ 02-0327524	
Firm's address ▶ 70 COMMERCIAL STREET, SUITE 401 CONCORD, NH 03301			Phone no. 603-224-5357	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED SEP 10 2013

G16 9

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

GRANITE UNITED WAY ENGAGES 20,000 DONORS, THOUSANDS OF VOLUNTEERS, AND HUNDREDS OF LOCAL DECISION MAKING VOLUNTEERS TO RAISE AND INVEST CRITICAL DOLLARS FOR OUR COMMUNITIES. WE ARE LEADING CHANGE AS IT RELATES TO CREATING MORE EFFICIENT AND COLLABORATIVE NOT FOR PROFITS

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 5,799,628. including grants of $ 3,535,527.) (Revenue $ 6,502,927.)

GRANITE UNITED WAY UTILIZES A VOLUNTEER-DRIVEN PROCESS TO INVEST RESOURCES IN INITIATIVES AND PROGRAMS WHICH MAKE A DIFFERENCE IN THOUSANDS OF LIVES THROUGHOUT NH AND VT. BY TAPPING THE COMMUNITY'S EXPERTISE AND RESOURCES, WE EFFICIENTLY AND EFFECTIVELY REACH PEOPLE IN IMMEDIATE NEED AND SOLVE PROBLEMS FOR THE LONG TERM. WE TARGET ISSUES AT THE HEART OF A HEALTHY COMMUNITY AND OUR EFFORTS ARE FOCUSED ON THREE BROAD AREAS OF IMPACT: EDUCATION AND LIFELONG LEARNING, PHYSICAL AND MENTAL HEALTH, AND WELLNESS AND ECONOMIC STABILITY.

4b (Code _____) (Expenses $ 106,203. including grants of $ _____) (Revenue $ _____)

GRANITE UNITED WAY IS THE MANAGING MEMBER OF THE NH 2-1-1 PARTNERSHIP TO PROMOTE THE HEALTH AND WELL BEING OF ALL NEW HAMPSHIRE RESIDENTS BY SUPPORTING A COMPREHENSIVE STATEWIDE INFORMATION AND REFERRAL (I&R) SYSTEM THAT REMOVES BARRIERS TO ACCESS HEALTH AND HUMAN SERVICES. THIS STATEWIDE I&R SERVICE IS ACCESSIBLE BY PHONE BY DIALING 2-1-1, ANY TIME, ANY DAY, AND THROUGH A SEARCHABLE DATABASE (WWW.211NH.ORG) ON THE WEB GUARANTEEING UNIVERSAL ACCESSIBILITY.

4c (Code _____) (Expenses $ 96,614. including grants of $ _____) (Revenue $ 43,256.)

GRANITE UNITED WAY IS THE FISCAL AGENT FOR THE CAPITAL REGION COMMUNITY PREVENTION COALITION AND CONCORD SUBSTANCE ABUSE COALITION. BOTH COALITIONS WORK TO PREVENT SUBSTANCE ABUSE AMONG YOUTH AND YOUNG ADULTS BY BRINGING TOGETHER INDIVIDUALS AND ORGANIZATIONS FROM A VARIETY OF SECTORS OF THE COMMUNITY TO CREATE A COMPREHENSIVE, DATA-DRIVEN, EVIDENCE-BASED ACTION PLAN TO ADDRESS THESE ISSUES. KEY STRATEGIES IMPLEMENTED BY THE COALITIONS INCLUDE BUILDING CAPACITY, DISSEMINATING INFORMATION, PROVIDING EDUCATION AND SUPPORT, OFFERING ALTERNATIVES, AND ENCOURAGING POSITIVE, HEALTHY COMMUNITY NORMS, LAWS AND POLICIES REGARDING ALCOHOL, TOBACCO AND OTHER DRUGS. RESEARCH HAS SHOWN THE EFFECTIVENESS OF COMMUNITY COALITIONS IN CREATING CHANGE AND CONTRIBUTING TO SIGNIFICANT REDUCTIONS IN DRUG AND ALCOHOL USE AMONG

4d Other program services (Describe in Schedule O.)

(Expenses $ 235,231. including grants of $ _____) (Revenue $ 239,588.)

4e **Total program service expenses** ▶ 6,237,676.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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*	15		X
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*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V 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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country. ▶				
	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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
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			X
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			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

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

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

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

CINDY READ - 603-625-6939

22 CONCORD ST, FLOOR 2, MANCHESTER, NH 03101

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES SCAMMON DIRECTOR	1.00	X						0.	0.	0.
(2) JEFFERY SAVAGE DIRECTOR	1.00	X						0.	0.	0.
(3) GARY SHIRK DIRECTOR	1.00	X						0.	0.	0.
(4) MARTHA VAN OOT DIRECTOR	1.00	X						0.	0.	0.
(5) DEAN J.CHRISTON DIRECTOR	1.00	X						0.	0.	0.
(6) RODNEY TENNEY DIRECTOR	1.00	X						0.	0.	0.
(7) WILLIAM D. BEDOR SECRETARY	2.00	X		X				0.	0.	0.
(8) BETH ROBERTS VICE CHAIR	2.00	X		X				0.	0.	0.
(9) CATHLEEN SCHMIDT IMMEDIATE PAST CHAIRPERSON	1.00	X						0.	0.	0.
(10) STEVEN PARIS, MD DIRECTOR	1.00	X						0.	0.	0.
(11) JEREMY VEILLEUX TREASURER	2.00	X		X				0.	0.	0.
(12) ALEXANDER J. WALKER, JR. CHAIRPERSON	2.00	X		X				0.	0.	0.
(13) DAVID CASSIDY, JR. DIRECTOR	1.00	X						0.	0.	0.
(14) STEPHEN HACKLEY DIRECTOR	1.00	X						0.	0.	0.
(15) SEAN OWEN DIRECTOR	1.00	X						0.	0.	0.
(16) WILLIAM SHERRY DIRECTOR	1.00	X						0.	0.	0.
(17) EVAN SMITH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANNU NOBIS DIRECTOR	1.00	X						0.	0.	0.
(19) SCOTT ARONSON DIRECTOR	1.00	X						0.	0.	0.
(20) MARK PRIMEAU DIRECTOR	1.00	X						0.	0.	0.
(21) RONALD REED DIRECTOR	1.00	X						0.	0.	0.
(22) CURT UEHLEIN DIRECTOR	1.00	X						0.	0.	0.
(23) GUY LOPEZ DIRECTOR	1.00	X						0.	0.	0.
(24) MARYANN MCCORMACK DIRECTOR	1.00	X						0.	0.	0.
(25) JOHN MERCIER DIRECTOR	1.00	X						0.	0.	0.
(26) HEIDI NADEAU DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								193,204.	0.	21,717.
d Total (add lines 1b and 1c) ▶								193,204.	0.	21,717.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	70,273.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,557,777.				
	g Noncash contributions included in lines 1a-1f $ 24,786.						
	h Total. Add lines 1a-1f ▶			6,628,050.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			110,103.			110,103.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents	29,605.					
	b Less: rental expenses	12,004.					
	c Rental income or (loss)	17,601.					
	d Net rental income or (loss) ▶			17,601.			17,601.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	695,177.					
	b Less: cost or other basis and sales expenses	722,423.					
	c Gain or (loss)	-27,246.					
	d Net gain or (loss) ▶			-27,246.			-27,246.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less. direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a ADMINISTRATIVE FEES	900099		145,358.	145,358.		
	b UNUSED GRANTS AWARDED	900099		10,000.	10,000.		
	c MISCELLANEOUS INCOME	900099		2,363.	2,363.		
	d All other revenue						
	e Total. Add lines 11a-11d ▶			157,721.			
	12 Total revenue. See instructions. ▶			6,886,229.	157,721.	0.	100,458.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,535,527.	3,535,527.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,944.	93,774.	86,162.	39,008.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,176,530.	484,458.	420,035.	272,037.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,369.	16,621.	16,136.	10,612.
9 Other employee benefits	146,369.	60,770.	51,991.	33,608.
10 Payroll taxes	107,746.	42,131.	40,491.	25,124.
11 Fees for services (non-employees):				
a Management	30,831.		30,831.	
b Legal	648.		648.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,689.	8,097.	8,346.	5,246.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	112,262.	17,819.	18,368.	76,075.
14 Information technology				
15 Royalties				
16 Occupancy	115,915.	43,271.	44,604.	28,040.
17 Travel	32,212.	12,025.	12,395.	7,792.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,503.	8,774.	9,044.	5,685.
20 Interest	3,016.	1,125.	1,161.	730.
21 Payments to affiliates	61,561.	22,980.	23,689.	14,892.
22 Depreciation, depletion, and amortization	49,241.	18,382.	18,948.	11,911.
23 Insurance	22,966.	8,574.	8,837.	5,555.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR DESIGNATIONS	1,410,476.	1,410,476.		
b OTHER SPECIFIC PROGRAMS	235,231.	235,231.		
c 211 EXPENSES	106,203.	106,203.		
d OTHER EXPENSES	77,762.	27,999.	20,386.	29,377.
e All other expenses	143,019.	83,439.	36,583.	22,997.
25 **Total functional expenses.** Add lines 1 through 24e	7,675,020.	6,237,676.	848,655.	588,689.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	789,397.	1	365,860.
	2	Savings and temporary cash investments	1,050,465.	2	1,097,584.
	3	Pledges and grants receivable, net	3,302,745.	3	3,536,478.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	33,723.	9	31,243.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,987,443.			
	b	Less. accumulated depreciation — 10b: 541,478.	229,601.	10c	1,445,965.
	11	Investments - publicly traded securities	1,150,867.	11	1,325,357.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,575,396.	15	1,666,952.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,132,194.	16	9,469,439.
Liabilities	17	Accounts payable and accrued expenses	89,141.	17	178,278.
	18	Grants payable	4,566,869.	18	4,569,235.
	19	Deferred revenue	173,258.	19	152,152.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	282,241.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	47,374.	25	30,100.
	26	**Total liabilities.** Add lines 17 through 25	4,876,642.	26	5,212,006.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-905,401.	27	-289,155.
	28	Temporarily restricted net assets	4,160,953.	28	4,446,191.
	29	Permanently restricted net assets		29	100,397.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,255,552.	33	4,257,433.
	34	Total liabilities and net assets/fund balances	8,132,194.	34	9,469,439.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,886,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,675,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	-788,791.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,255,552.
5	Net unrealized gains (losses) on investments	5	36,611.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,754,061.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,257,433.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII X

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
GRANITE UNITED WAY	02-6006033

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1846409.	1830947.	5327070.	6544638.	6628050.	22177114.
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	1846409.	1830947.	5327070.	6544638.	6628050.	22177114.
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)						
6 **Public support.** Subtract line 5 from line 4						22177114.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1846409.	1830947.	5327070.	6544638.	6628050.	22177114.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,831.	28,845.	131,333.	111,132.	139,708.	436,849.
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.)	129,895.	107,439.	193,902.	494,310.	157,721.	1083267.
11 **Total support.** Add lines 7 through 10						23697230.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	93.59 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	92.43 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GRANITE UNITED WAY

Employer identification number
02-6006033

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

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

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

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	128,966.				
c Net investment earnings, gains, and losses	2,863.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	131,829.				

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

a Board designated or quasi-endowment ▶ 6.28 %
b Permanent endowment ▶ 76.16 %
c Temporarily restricted endowment ▶ 17.56 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,557,343.	329,159.	1,228,184.
c Leasehold improvements		5,061.	928.	4,133.
d Equipment		325,039.	211,391.	113,648.
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ 1,445,965.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

	(a) Description	(b) Book value
(1)	REIMBURSABLE EXPENSES	74,097.
(2)	BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	1,592,855.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		1,666,952.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD FOR OTHERS	30,100.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		30,100.

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

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

1	Total revenue, gains, and other support per audited financial statements			1	7,278,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	36,611.		
b	Donated services and use of facilities	2b	11,267.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	355,589.		
e	Add lines 2a through 2d			2e	403,467.
3	Subtract line 2e from line 1			3	6,875,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,893.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	10,893.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,886,229.

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

1	Total expenses and losses per audited financial statements			1	6,276,922.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	11,267.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	12,004.		
e	Add lines 2a through 2d			2e	23,271.
3	Subtract line 2e from line 1			3	6,253,651.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,893.		
b	Other (Describe in Part XIII.)	4b	1,410,476.		
c	Add lines 4a and 4b			4c	1,421,369.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,675,020.

Part XIII Supplemental Information

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

PART V, LINE 4: ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GENERAL OPERATIONS, YOUTH PROGRAMS, AND GENERAL OPERATIONS OF WHOLE VILLAGE.

PART X, LINE 2: THE UNITED WAY HAS ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO.48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740). ACCORDINGLY, MANAGEMENT HAS EVALUATED THE UNITED WAY'S TAX POSITIONS AND CONCLUDED THE UNITED WAY HAD MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD

Part XIII Supplemental Information *(continued)*

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE UNITED WAY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2010. THESE PERIODS INCLUDE FILINGS FOR HERITAGE UNITED WAY, UNITED WAY OF MERRIMACK COUNTY, NORTH COUNTRY UNITED WAY AND UPPER VALLEY UNITED WAY PRIOR TO THE MERGER ON JULY 1, 2010. ALSO INCLUDED ARE FILINGS FOR UNITED WAY OF NORTHERN NEW HAMPSHIRE AND LAKES REGION UNITED WAY PRIOR TO THEIR ACQUISITIONS ON FEBRUARY 1, 2012 AND JANUARY 1, 2013, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	12,004.
INHERENT CONTRIBUTION ON ACQUISITION	1,688,481.
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	65,580.
DONOR DESIGNATIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS	-1,410,476.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	355,589.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	12,004.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS	1,410,476.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GRANITE UNITED WAY

Employer identification number
02-6006033

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE		501 (C)(3)	3,535,527.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 104.

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

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

Schedule I (Form 990) (2012)

232101
12-18-12

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

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

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

SCHEDULE I, PART I, LINE 2: FACILITATING THE PROVISION OF HIGH QUALITY, HUMAN SERVICE PROGRAMS THROUGH AND WITH COMMUNITY PARTNERS IS THE PRIMARY MEANS THROUGH WHICH THE UNITED WAY SYSTEM ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR THREE AREAS OF CRITICAL COMMUNITY NEED (EDUCATION, HEALTH AND ECONOMIC STABILITY). UNITED WAY RECOGNIZES THAT NON-PROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN OUR SERVICE AREAS.

Part IV Supplemental Information

PROGRAMS RECEIVING FUNDING FROM UNITED WAY UNDERGO INTENSIVE STAFF AND VOLUNTEER PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES, BUT IS NOT LIMITED TO:

- AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND PROJECTED RESULTS FROM UTILIZATION OF THE FUNDING IN SUPPORT OF THE SPECIFIC TARGETED COMMUNITY OBJECTIVE;
- REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND GOVERNANCE, OPERATIONAL AND FISCAL POLICIES;
- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT;
- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

PROGRAMS ARE REQUIRED TO PROVIDE UNITED WAY WITH REGULAR PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED.

GRANITE UNITED WAY

SCHEDULE I
FORM 990 (2012)
YEAR END MARCH 31, 2013

OPEN TO PUBLIC INSPECTION
EIN - 02-6006033

AGENCY	GRANT	ADDRESS	EIN	PURPOSE OF GRANT ASSISTANCE
American Red Cross	20,000	1800 Elm Street, Manchester, NH 03104	53-0196605	Community Impact/Housing & Economic Self-Sufficiency
Androscoggin Valley Home Care Services	5,000	795 Main Street, Berlin, NH 03570	02-0460864	Community Impact /Health & Wellness
ASPIR-Smart Moves	5,000	3 Molly Stark Lane, New Boston, NH 03070	02-0526388	Community Impact /Lifelong Learning & Education
Bear Camp Valley School	20,000	27 Durrell Road, Tamworth, NH 03886	02-0270074	Community Impact /Lifelong Learning & Education
Bhutanese Community of New Hampshire	10,000	510 Chestnut Street, Manchester, NH 03101	27-3435232	Community Impact /Health & Wellness
Big Brothers Big Sisters of Greater Manchester	5,000	25 Lowell Street, Manchester, NH 03102	51-0180586	Community Impact /Lifelong Learning & Education
Big Brothers Big Sisters of Greater Nashua & Greater Salem	3,950	33 Main Street, Suite 501, Nashua, NH 03064	02-0365324	Community Impact /Lifelong Learning & Education
Blueberry Express Day Care	26,000	8 Catamount Street, Pittsfield, NH 03263	02-0364132	Community Impact/Housing & Economic Self-Sufficiency
Boys and Girls Club of Greater Derry	65,000	40 Hampstead Road, P O Box 140, East Derry, NH 03041	23-7090084	Community Impact /Lifelong Learning & Education
Boys and Girls Club of Manchester	108,900	194 Concord Street, Manchester, NH 03104	02-0226033	Community Impact /Lifelong Learning & Education
Boys and Girls Club of the Lakes Region	20,000	719 North Main Street, Laconia, NH 03247	20-1652382	Community Impact /Lifelong Learning & Education
Boys and Girls Club of the North Country	8,000	555 Union Street, Manchester, NH 03104	02-0226033	Community Impact /Lifelong Learning & Education
C A T C H Affordable Rental Apartments	5,000	79 South State Street, Concord, NH 03301	02-0433505	Community Impact/Housing & Economic Self-Sufficiency
Catholic Medical Center.Pregnancy Care Center	12,000	195 McGregor Street, Manchester, NH 03102	02-0315693	Community Impact /Health & Wellness
Child & Family Services of NH	10,000	102 North State Street, Concord, NH 03301	02-0222164	Community Impact /Health & Wellness
Child & Family Services of NH Adolescent Substance Abuse	25,800	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Health & Wellness
Child & Family Services of NH Camp Spaulding	24,500	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Lifelong Learning & Education
Child & Family Services of NH Family Counseling	91,667	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Health & Wellness
Child & Family Services of NH Group Home	10,000	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Health & Wellness
Child & Family Services of NH Parent Plus & Concord Connections	12,500	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Lifelong Learning & Education
Child & Family Services of NH Parenting Plus	14,500	99 Hanover Street, Manchester, NH 03101	02-0222164	Community Impact /Lifelong Learning & Education
Child & Family Services of NH Prevention & Intervention	22,000	103 North State Street, Concord, NH 03301	02-0222164	Community Impact /Lifelong Learning & Education
Child & Family Services of NH Teen Services	46,500	99 Hanover Street, Manchester, NH 03101	02-0222164	Community Impact/Housing & Economic Self-Sufficiency
Child Care Center in Norwich	12,597	P O Box 69, Norwich, VT 05055	03-0227152	Community Impact /Lifelong Learning & Education
Child Health Services	114,000	1245 Elm Street, Manchester, NH 03101	02-0348711	Community Impact /Health & Wellness
Circle Program	7,565	P O Box 815, Plymouth, NH 03264	02-0460584	Community Impact /Lifelong Learning & Education
City Year New Hampshire Whole School Whole Child	27,200	848 Elm Street, Suite 201, Manchester, NH 03101	22-2882549	Community Impact /Lifelong Learning &Education
Community Action Program CAP-Headstart	14,000	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact /Lifelong Learning & Education
Community Action Program CAP-Meals on Wheels	30,000	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact/Housing & Economic Self-Sufficiency
Community Action Program CAP-Rural Transportation	7,500	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact/Housing & Economic Self-Sufficiency
Community Action Program CAP-Senior Centers	7,500	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact /Health & Wellness
Community Action Program CAP-Senior Companion	5,000	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact/Housing & Economic Self-Sufficiency
Community Action Program CAP-WIC	6,850	P O Box 1016, Concord, NH 03302	02-0270376	Community Impact /Health & Wellness
Community Bridges Early Supports & Services	13,500	2 Whitney Road, Concord, NH 03301	02-0368594	Community Impact /Health & Wellness
Community Bridges Partners in Health	5,000	2 Whitney Road, Concord, NH 03301	02-0368594	Community Impact /Health & Wellness
Community Caregivers of Greater Derry	11,000	58 East Broadway, Derry, NH 03038	02-0424532	Community Impact/Housing & Economic Self-Sufficiency
Concord Boys & Girls Club	14,500	P O Box 1204, Concord, NH 03302-1204	02-0259874	Community Impact /Lifelong Learning & Education
Concord Coalition to End Homelessness	34,130	P O Box 3933, Concord, NH 03301	26-3933990	Community Impact/Housing & Economic Self-Sufficiency
Concord Family YMCA Child Development	30,000	15 North State Street, Concord, NH 03301	02-0223358	Community Impact /Lifelong Learning & Education
Concord Family YMCA Kydstop Summer Camp	15,000	15 North State Street, Concord, NH 03301	02-0223358	Community Impact /Lifelong Learning & Education
Conway Village Congregational Church CVCC Food Pantry	3,500	P O Box 333, Conway, NH 03818	02-0222165	Community Impact /Health & Wellness
Conway Village Congregational Church Dinner Bell	1,000	P O Box 333, Conway, NH 03818	02-0222165	Community Impact /Health & Wellness
Coos County Family Health Center	1,500	54 Willow Street, Berlin, NH 03570	02-0350051	Community Impact/Housing & Economic Self-Sufficiency
Copper Cannon Camp	8,500	P O Box 124, Franconia, NH 03580	23-7062549	Community Impact /Lifelong Learning & Education
COVER Home Repair-Home Repair Program	31,500	158 South Main Street, White River Junction, VT 05001	20-4597157	Community Impact/Housing & Economic Self-Sufficiency
Crisis Center of Central NH	35,000	P O Box 1344, Concord, NH 03302	02-0342221	Community Impact /Health & Wellness
Dismas House	3,000	8 Butternut Court, Essex, VT 05452	03-0369442	Emerging Opportunity Grant
Easter Seals New Hampshire Dental Collaboration with CMC	30,000	555 Auburn Street, Manchester, NH 03103	02-0272825	Community Impact /Health & Wellness
Easter Seals New Hampshire Family Support Services	12,500	555 Auburn Street, Manchester, NH 03103	02-0272825	Community Impact /Health & Wellness
Easter Seals New Hampshire Child Development & Family Resource Center	99,000	555 Auburn Street, Manchester, NH 03103	02-0272825	Community Impact /Health & Wellness

Family Promise of Greater Rockingham County	15,000	145 Hampton Road, Derry, NH 03038	80-0624359	Community Impact/Housing & Economic Self-Sufficiency
Family Resource Center	2,000	123 Main Street, Gorham, NH 03581	04-3383141	Community Impact/Housing & Economic Self-Sufficiency
Girls Incorporated of NH	60,000	815 Elm Street, Fourth Floor, Manchester, NH 03101	23-7416090	Community Impact /Lifelong Learning & Education
Global Campuses Foundation	4,000	43 South Main Street #3, Randolph, VT 05060	86-1028759	Emerging Opportunity Grant
Good Neighbor Health/Red Logan Dental Clinic	22,000	70 North Main Street, White River Junction, VT 05001	03-0346949	Community Impact /Health & Wellness
Gorham Community Learning Center	1,000	123 Main Street, Gorham, NH 03581	02-0342693	Community Impact /Lifelong Learning & Education
Grafton County Senior Citizens	31,728	P O Box 433, Lebanon, NH 03766	23-7248316	Community Impact /Health & Wellness
Granite Pathways	15,000	2013 Elm Street, Manchester, NH 03101	27-0327352	Community Impact /Health & Wellness
Greater Derry Community Health Services, Inc	39,000	41 Birch Street, East Broadway, Derry, NH 03038	02-0433799	Community Impact /Health & Wellness
Greater Derry Oral Health Collaborative	5,000	28 South Main Street, Derry, NH 03038	20-5377689	Community Impact /Health & Wellness
Greater Manchester Family YMCA START Program	15,000	30 Mechanic Street, Manchester, NH 03101	02-0222248	Community Impact /Lifelong Learning & Education
Greater Manchester Family YMCA: STAY Program	34,050	30 Mechanic Street, Manchester, NH 03101	02-0222248	Community Impact /Lifelong Learning & Education
Green Mtn Children's Center-Low-moderate Income Scholarships	25,000	92 Farm Vu Drive, White River Junction, VT 05001	22-3032403	Community Impact /Lifelong Learning & Education
Harvest Christian Fellowship· Feeding Hope Food Pantry	4,000	219 Willow Street, Berlin, NH 03570	91-1891423	Community Impact /Health & Wellness
Harvest Christian Fellowship: Heart and Soul Café	1,000	219 Willow Street, Berlin, NH 03570	91-1891423	Community Impact/Housing & Economic Self-Sufficiency
Headrest 24 Hour Crisis Hotline	20,000	14 Church Street, Lebanon, NH 03766	23-7256865	Community Impact /Health & Wellness
Health First Family Care Center	65,000	841 Central Street, Franklin, NH 03235	02-0492976	Community Impact /Health & Wellness
Helping Hands North, Inc	4,000	96 Main Street, Colebrook, NH 03576	41-2279599	Community Impact/Housing & Economic Self-Sufficiency
Helping Hands Outreach Center Gendron House	17,500	50 Lowell Street, Manchester, NH 03105	02-0418983	Community Impact/Housing & Economic Self-Sufficiency
Helping Hands Outreach Center Transitional Shelter	17,500	50 Lowell Street, Manchester, NH 03105	02-0418983	Community Impact/Housing & Economic Self-Sufficiency
HIV/HCR Resource Center-Food Bank	5,000	2 Blacksmith Street, Lebanon, NH 03766	22-3104237	Community Impact /Health & Wellness
Holiday Center	1,000	27 Green Square, Berlin, NH 03570	02-0275423	Community Impact/Housing & Economic Self-Sufficiency
IDigital Media Youth Venture	1,000	1 Orchardview Drive, Amherst, NH 03031		Emerging Opportunity Grant
Inter-lakes Day Care	12,000	36 Lang Street, Meredith, NH 03253	02-0304479	Community Impact /Lifelong Learning & Education
Laconia Area Land Trust	58,000	658 Union Avenue, Laconia, NH 03246	02-0426348	Community Impact/Housing & Economic Self-Sufficiency
Lake Sunapee Regional VNA-Hospice	5,000	P.O Box 2209, New London, NH 03257-2209	02-0438863	Community Impact /Health & Wellness
Lakes Region Child Care Center	70,000	22 Strafford Street, Laconia, NH 03246	02-0271711	Community Impact /Lifelong Learning & Education
Lakes Region Family Resource Center	35,000	719 North Main Street, Laconia, NH 03247		Community Impact /Lifelong Learning & Education
Manchester Community Health Center Behavior Health Integration	74,000	1415 Elm Street, Manchester, NH 03101	02-0458174	Community Impact /Health & Wellness
Manchester Community Health Center Pharmacy Program	34,000	1415 Elm Street, Manchester, NH 03101	02-0458174	Community Impact /Health & Wellness
Manchester Community Resource Center	11,000	177 Lake Avenue, Manchester, NH 03101	01-0742001	Community Impact/Housing & Economic Self-Sufficiency
Manchester Health Department· Roadmaps to Health Initiative	50,000	1528 Elm Street, Manchester, NH 03101	02-6000517	Emerging Opportunity Grant
Manchester School District Superintendent Search Process	5,000	195 McGregor Street, Manchester, NH 03102		Emerging Opportunity Grant
Mayhew Program	29,060	P O Box 120, Bristol, NH 03222	23-7423042	Community Impact /Lifelong Learning & Education
Media Power Youth	10,100	1245 Elm Street, Manchester, NH 03101	26-0197349	Community Impact /Lifelong Learning & Education
Merrimack Valley Day Care	75,000	19 North Fruit Street, Concord, NH 03301	02-6019236	Community Impact/Housing & Economic Self-Sufficiency
More Than Wheels	20,000	250 Commercial Street, Manchester, NH 03101	02-0528886	Community Impact/Housing & Economic Self-Sufficiency
Neighborworks Greater Manchester	25,000	20 Merrimack Street, Manchester, NH 03101	02-0455301	Community Impact/Housing & Economic Self-Sufficiency
New Beginnings	20,000	832 North Main Street, Laconia, NH 03246	22-3106689	Community Impact/Housing & Economic Self-Sufficiency
NH Catholic Charities	70,000	215 Myrtle Street, Manchester, NH 03104	02-0222163	Community Impact/Housing & Economic Self-Sufficiency
NH Legal Assistance	102,000	1361 Elm Street, Suite 307, Manchester, NH 03101	02-0300897	Community Impact/Housing & Economic Self-Sufficiency
NH Pro Bono Referral	30,200	2 Pillsbury Street, Concord, NH 03301	02-0336884	Community Impact/Housing & Economic Self-Sufficiency
North Conway Community Center-Carroll County RSVP	3,500	P O Box 1182, North Conway, NH 03860	02-0223336	Community Impact /Health & Wellness
Northern Human Services	7,500	3 Twelfth Street, Berlin, NH 03570	02-0300994	Community Impact /Health & Wellness
Pemi Youth Center	20,000	111 Main Street, Plymouth, NH 03264	02-0505860	Community Impact /Lifelong Learning & Education
Penacook Community Center	40,000	76 Community Drive, Penacook, NH 03303	02-6012761	Community Impact /Lifelong Learning & Education
Penacook Community Center Senior Programming	9,000	76 Community Drive, Penacook, NH 03303	02-6012761	Community Impact/Housing & Economic Self-Sufficiency
Phoenix House	18,000	14 Holy Cross Road, Franklin, NH 03235	05-0315625	Community Impact /Health & Wellness
Pittsfield Youth Workshop	27,000	5 Park Street, Pittsfield, NH 03263	02-0414050	Community Impact /Lifelong Learning & Education
Riverbend Community Mental Health Emergency Services	75,750	P O Box 2032, Concord, NH 03302-2032	02-0264383	Community Impact /Health & Wellness
Rockingham Nutrition and Meals on Wheels	60,000	106 North Road, Brentwood, NH 03833	02-0342196	Community Impact/Housing & Economic Self-Sufficiency
Safeline- Economic Justice and Housing Advocacy	17,400	P O Box 368, Chelsea, VT 05038	03-0332395	Community Impact/Housing & Economic Self-Sufficiency
Second Start Adult Education	22,000	17 Knight Street, Concord, NH 03301	02-0302477	Community Impact /Lifelong Learning & Education
Second Start Alternative High School	7,500	17 Knight Street, Concord, NH 03301	02-0302477	Community Impact /Lifelong Learning & Education
Second Start First Start	13,000	17 Knight Street, Concord, NH 03301	02-0302477	Community Impact /Lifelong Learning & Education
Second Wind Foundation	12,000	200 Olcott Drive, White River Junction, VT 05001	02-0451558	Community Impact /Lifelong Learning & Education
Second Wind Foundation Turning Point Recovery Center	23,000	200 Olcott Drive, White River Junction, VT 05001	02-0451558	Community Impact /Health & Wellness

Second Wind Foundation Willow Grove	20,000	200 Olcott Drive, White River Junction, VT 05001	02-0451558	Community Impact / Health & Wellness
Serenity Place	59,000	P O Box 1477, Manchester, NH 03105	02-0347186	Community Impact / Health & Wellness
Southeastern VT Community Action Upper Valley Strong	30,000	91 Buck Drive, Westminster, VT 05158	03-0216740	Emerging Opportunity Grant
Southeastern VT Community Action Emergency Fuel Assistance	25,000	91 Buck Drive, Westminster, VT 05158	03-0216740	Community Impact/Housing & Economic Self-Sufficiency
Southeastern VT Community Action Housing Stabilization	6,600	91 Buck Drive, Westminster, VT 05158	03-0216740	Community Impact/Housing & Economic Self-Sufficiency
Springfield Family Center-Lunch at Home	22,000	365 Summer Street, Springfield, VT 05156	03-0265213	Community Impact / Lifelong Learning & Education
St. Joseph Community Services Meals on Wheels	40,000	P O Box 910, Merrimack, NH 03054	02-0335003	Community Impact/Housing & Economic Self-Sufficiency
The Caregivers Inc Caring Cupboard	9,000	19 Harvey Road, Bedford, NH 03110	02-0424532	Community Impact/Housing & Economic Self-Sufficiency
The Children's Center of the Upper Valley	21,000	178 Mechanic Street, Lebanon, NH 03766	02-0302252	Community Impact / Lifelong Learning & Education
The Children's Place and Parent Education Center	10,000	P O Box 576, Concord, NH 03302-0576	02-0338647	Community Impact / Lifelong Learning & Education
The Family Place-Child Advocacy Center	10,820	319 US Route 5 South, Norwich, VT 05055	03-0305264	Community Impact / Health & Wellness
The Friendly Kitchen	2,500	14 Montgomery Street, Concord, NH 03301	02-0354057	Community Impact/Housing & Economic Self-Sufficiency
The Friends Program Emergency Housing	50,000	249 Pleasant Street, Concord, NH 03301	02-0326855	Community Impact/Housing & Economic Self-Sufficiency
The Friends Program Foster Grandparents	27,200	249 Pleasant Street, Concord, NH 03301	02-0326855	Community Impact / Lifelong Learning & Education
The Friends Program Youth Mentoring	42,500	249 Pleasant Street, Concord, NH 03301	02-0326855	Community Impact / Lifelong Learning & Education
The Friends Program-RSVP	5,000	249 Pleasant Street, Concord, NH 03301	02-0326855	Community Impact / Health & Wellness
The Mental Health Center of Greater Manchester	39,000	401 Cypress Street, Manchester, NH 03103	02-0258994	Community Impact / Health & Wellness
The Salvation Army	32,000	177 Union Avenue, Laconia, NH 03246	13-5562351	Community Impact/Housing & Economic Self-Sufficiency
The Salvation Army Comprehensive Assistance	7,500	121 Cedar Street, Manchester, NH 03103	13-5562351	Community Impact/Housing & Economic Self-Sufficiency
The Salvation Army Saturday Teen Night Program	20,000	121 Cedar Street, Manchester, NH 03103	13-5562351	Community Impact / Health & Wellness
The Salvation Army Youth Center	35,000	121 Cedar Street, Manchester, NH 03101	13-5562351	Community Impact / Lifelong Learning & Education
The Upper Room, A Family Resource Center Adolescent Wellness Program	15,000	36 Tsienneto Road, P O Box 1017, Derry, NH 03038-1017	02-0400769	Community Impact / Health & Wellness
The Upper Room, A Family Resource Center GED Options	26,750	36 Tsienneto Road, P O Box 1017, Derry, NH 03038	02-0400769	Community Impact / Health & Wellness
The Upper Room, A Family Resource Center Teen Information for Parenting Success	5,000	36 Tsienneto Road, P O Box 1017, Derry, NH 03038-1017	02-0400769	Community Impact / Health & Wellness
The Upper Room, A Family Resource Center Greater Derry Juvenile Diversion Program	7,500	36 Tsienneto Road, P O Box 1017, Derry, NH 03038-1017	02-0400769	Community Impact / Lifelong Learning & Education
The Way Home	40,000	214 Spruce Street, Manchester, NH 03103	22-3004892	Community Impact/Housing & Economic Self-Sufficiency
The Webster House	15,000	135 Webster Street, Manchester, NH 03104	02-0223334	Community Impact / Health & Wellness
Tiny Twisters Childcare Center	17,500	119 Central Street, Franklin, NH 03235-1136	20-5118396	Community Impact / Lifelong Learning & Education
Tri-County Community Action Program	19,000	30 Exchange Street, Berlin, NH 03570	02-0267404	Community Impact/Housing & Economic Self-Sufficiency
Upper Valley Haven Community Services Program	18,300	713 Hartford Avenue, White River Junction, VT 05001	03-0277908	Community Impact/Housing & Economic Self-Sufficiency
Upper Valley Haven Shelter Services Program	20,000	713 Hartford Avenue, White River Junction, VT 05001	03-0277908	Community Impact / Lifelong Learning & Education
Valley Court Diversion Program	19,800	211 North Main Street, White River Junction VT 05011	03-0285093	Community Impact / Health & Wellness
VNA & Hospice of VT & NH	12,500	66 Benning Street, West Lebanon, NH 03784	03-6006494	Community Impact / Health & Wellness
West Central Behavioral Health-Halls of Hope	15,000	9 Hanover Street, Suite 2, Lebanon, NH 03766	22-2645978	Community Impact / Health & Wellness
White Birch Community Center	12,000	51 Hall Avenue, Henniker, NH 03242	02-0325474	Community Impact / Lifelong Learning & Education
White Mountain Community College	3,110	2020 Riverside Drive, Berlin, NH 03570	90-0531902	Community Impact / Lifelong Learning & Education
Willing Hands	20,000	P O Box 172, Lebanon, NH 03766	20-2204811	Community Impact / Health & Wellness
Windham and Windsor Housing Trust	10,000	68 Bridge Street, Brattleboro, VT 05301	22-2878487	Emerging Opportunity Grant
WISE Crisis Intervention & Support Services	16,000	38 Bank Street, Lebanon, NH 03766	02-0346512	Community Impact / Health & Wellness
WISE Emergency Shelter & Housing	6,000	38 Bank Street, Lebanon, NH 03766	02-0346512	Community Impact / Health & Wellness
WISE Prevention & Community Education	5,000	38 Bank Street, Lebanon, NH 03766	02-0346512	Community Impact / Health & Wellness
YWCA of Manchester Victim Services	70,000	72 Concord Street, Manchester, NH 03101	02-0222254	Community Impact/Housing & Economic Self-Sufficiency
TOTAL ALLOCATIONS	3,535,527			

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
2012
Open to Public Inspection

Name of the organization: GRANITE UNITED WAY

Employer identification number: 02-6006033

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

IS ON EDUCATION, INCOME AND HEALTH - THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY RECRUITS PEOPLE AND ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE.

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

SYSTEM. OUR FUNDING SUPPORTS NEARLY 200 LOCAL HEALTH AND HUMAN SERVICE PROGRAMS AS WELL AS LOCAL, REGIONAL AND STATEWIDE COLLABORATIVE PROBLEM SOLVING EFFORTS SUCH AS 2-1-1 NH AND VT, EITC VITA TAX ASSISTANCE SITES, AND NH'S LARGEST HOMELESS SERVICES CENTER. OUR FUNDING AND VOLUNTEER EFFORTS CONTRIBUTE MILLIONS OF DOLLARS AND HOURS TO OUR LOCAL COMMUNITIES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING THE YEAR, LAKES REGION UNITED WAY JOINED GRANITE UNITED WAY, EXPANDING THE GRANITE UNITED WAY COVERAGE AREA. THIS TRANSACTION WAS ACCOUNTED FOR AS AN ACQUISITION FOR FINANCIAL STATEMENT PURPOSES.

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

YOUTH AND YOUNG ADULTS ACROSS THE COUNTRY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIFIC PROGRAMS - COMMUNITY IMPACT, COMMUNITY NEEDS ASSESSMENT, VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, LITERACY PROGRAM INITIATIVE, HOMELESS SERVICE CENTER, SHARE THE WARMTH, WOMEN'S LEADERSHIP COUNCIL, YOUTH VENTURE PROGRAM EXPENSES, NORTHERN NH DIRECT CLIENT SERVICES,

Name of the organization: GRANITE UNITED WAY

Employer identification number: 02-6006033

FINANCIAL STABILITY PROGRAM AND VARIOUS OTHER SMALL PROGRAMS.

EXPENSES $ 235,231. INCLUDING GRANTS OF $ 0. REVENUE $ 239,588.

FORM 990, PART VI, SECTION A, LINE 6: GRANITE UNITED WAY'S BYLAWS STATE THE FOLLOWING: "THE BOARD OF DIRECTORS SHALL BE THE MEMBERS OF THE CORPORATION"

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF GRANITE UNITED WAY MAY ELECT MEMBERS OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE IN DETAIL PRIOR TO FILING. QUESTIONS WERE ADDRESSED TO THE PREPARER AND RESOLVED TIMELY. A FINAL DRAFT VERSION OF THE RETURN WAS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING. THE AUDIT WAS PRESENTED BY THE AUDITING FIRM, NATHAN WECHSLER & CO., TO THE FULL AUDIT COMMITTEE PRIOR TO THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS AND STAFF ANNUALLY SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES. THE ETHICS CODE STATES "STAFF, BOARD MEMBERS AND VOLUNTEERS ARE OBLIGATED TO DISCLOSE ANY VIOLATIONS OR PERCEIVED BREACHES OF THE CODE OF ETHICS OF WHICH THEY ARE AWARE. DISCLOSURE SHOULD BE MADE TO THE PRESIDENT AND TO THE BOARD CHAIR. ANY REPORTED BREACHES WILL BE INVESTIGATED AND APPROPRIATE ACTION, IF NEEDED, WILL BE TAKEN. GRANITE UNITED WAY ENCOURAGES ALL STAFF AND VOLUNTEERS TO BE PROMPT, OPEN AND FORTHRIGHT IN REPORTING PERCEIVED BREACHES OF THE CODE OF ETHICS."

THE PRESIDENT AND CEO AND BOARD CHAIR HAVE INFORMED THE BOARD THAT NO

BREACHES HAVE BEEN REPORTED.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE STAFF SALARIES, INCLUDING THAT OF THE PRESIDENT AND CEO. THE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA FROM NH AND FROM UNITED WAYS NATION-WIDE. THE COMMITTEE RECOMMENDS ANY CHANGES NECESSARY TO THE COMPENSATION SCHEDULE. THE BOARD OF DIRECTORS THEN ACTS ON ANY ADJUSTMENTS.

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE STAFF SALARIES AND BENEFITS AND REPORTS TO THE BOARD IF ANY CHANGES ARE NECESSARY. THE BOARD ADOPTS THE SALARIES AND BENEFITS AS PART OF THE ANNUAL BUDGET.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO AND ADOPTS ANY SALARY ADJUSTMENTS NEEDED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

INHERENT CONTRIBUTION ON ACQUISITION	1,688,481.
CHANGE IN E OFVALUE OF BENEFICIAL INTEREST IN TRUSTS	65,580.
TOTAL TO FORM 990, PART XI, LINE 9	1,754,061.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GORDON EHRET DIRECTOR	1.00	X						0.	0.	0.
(28) JULIA GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(29) GARY LONG SECOND VICE CHAIR	2.00	X		X				0.	0.	0.
(30) STEVEN C. WEBB DIRECTOR	1.00	X						0.	0.	0.
(31) PATRICK TUFTS PRESIDENT & CEO	43.10			X				118,389.	0.	11,669.
(32) CINDY READ CFO	40.30			X				74,815.	0.	10,048.
Total to Part VII, Section A, line 1c								193,204.		21,717.