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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.

e ZUI

Open to Public Inspection

OMB No 1545-0047

APR 2012 and ending MAR 31, 2013 A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number United Way of Greater Nashua, Inc. Name change 02-6015642 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-603-882-4011 20 Broad Street Amended return 1,482,294. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica Nashua, NH 03064 H(a) is this a group return pending F Name and address of principal officer: Dan Munroe Yes X No for affiliates? same as C above H(b) Are all affiliates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(6)) ◀ (insert no) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ▶ www.unitedwaynashua.org **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Other > Association L Year of formation 1954 M State of legal domicile NH Part I Summary Briefly describe the organization's mission or most significant activities: Support of Community Nonprofit and 3 U ALIVITIES & Governance Activities & Governance 1 Organizations Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 450 6 Total number of volunteers (estimate if necessary) <2,963.> 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <2,963.> b Net unrelated business taxable income from Form 990-T, line 34 7Ь **Prior Year Current Year** RECEIVED 3,436,651 1,260,916. Contributions and grants (Part VIII, line 1h) 36,902. 23,322. Program service revenue (Part VIII, line 2g) RS-OSC <u>5,</u>228. Investment income (Part VIII, column (A), lines 3, 4, and 1d) MAR 3 1 2014

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 2,902. 134,157 135,674. 3,612,938. 1,422,814. Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 13) 2,709,838. 539,572. 0. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 688,449 532,557. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 114,245. **b** Total fundraising expenses (Part IX, column (D), line 25) 267,003 205,640. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,665,290. 1,277,769. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <52,352. 145,045. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,484,653 2,265,810. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 3,437,349 ,059,753. 誓 047,304. 1,206,057 22 Net assets or fund balances. Subtract line 21 from line 20 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 producer (other than officer) is based on all information of which preparer has any knowledge Signature of officer 111 Date Sign Dan Munroe, Treasurer Here Type or print name and title PTIN Preparer Segnator Print/Type preparer's name 2/25/ P00085224 Paid Sheryl L. Stephens-Burke, Firm's name Melanson Heath and Company, Preparer 02-0354851 Firm's address 102 Perimeter Road Use Only Nashua, NH 03063-1301 Phone no. 603-882-1111

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

X Yes

		<u>age 2</u>
Par	rt III Statement of Program Service Accomplishments	
	' Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	To make measurable improvements in people's lives by mobilizing the	
	caring power of our communities.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the orior Form 990 or 990-EZ? Yes	T _N
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	ino.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
3	If "Yes," describe these changes on Schedule O.	5110
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 \$ 896,381. including grants of \$ 539,572.) (Revenue \$ 141,65	9.)
	Distributions to Support Member Agencies and Related Expenses	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 896,381.	(05:5
	Form 990	(2012)

			Yes	No
1	to the expensive department in section E01/a\/2\ or 4047/a\/1\ (ather then a projete foundation)?	$\overline{}$	res	140
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Х	
2	· •	2	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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	ا م		x
		3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	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?	_		v
40	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
Þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			17
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
42	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		
D	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	44.		Х
45		14b		
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			Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	-	
10		40		Х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	, ,		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		X	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part Viii, line 9a? If "Yes,"	4.		v
20-2	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

Pa	t 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		100	-110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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		Х
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		Х
ь	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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		Х
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):			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	ļ	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		Х
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	<u></u>	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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	l	į .

Note. All Form 990 filers are required to complete Schedule O

Par	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	0	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ō		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c	X]
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		4		
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	l
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
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	<u> </u>	Х
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			1
а	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	ク 7a	ļ	<u>X</u>
	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	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┦_		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	├ ─
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	╂——	1-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 -	!
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'	7h	ļ	 -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8	 	
9	·	9a	1	1
<i>a</i>	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	+
10	Section 501(c)(7) organizations. Enter:	90	 	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┪		1
11	Section 501(c)(12) organizations. Enter:	┨		
··	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
-	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1
-	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ł		1
-	organization is licensed to issue qualified health plans	F		1
c	Enter the amount of reserves on hand	7		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) United Way of Greater Nashua, Inc. 02-6015642 Page 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.

	, p							
	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management			•				
_	Enter the number of voting members of the governing body at the end of the tax year 21	<u></u>	Yes	No				
1a	, , , , ,							
	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 0 Enter the number of voting members included in line 1a, above, who are independent 1b 21							
b	· · · · · · · · · · · · · · · · · · ·							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х					
•	officer, director, trustee, or key employee?	2	А					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х				
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		X				
-	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		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?	7ь		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	х					
	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		Х				
Sec	tion 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		Х				
	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?	10ь						
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>				
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							
0	exempt status with respect to such arrangements?	16b						
	tion 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)	availab	10					
	for public inspection. Indicate how you made these available. Check all that apply.							
10	X Own website X Another's website X Upon request Other (explain in Schedule O)	٠	_:_!					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d tinar	icial					
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	41az - 🏲						
20	Paul Hebert - United Way of Greater Nashua - 603-882-4011	uon: 🕨						
	20 Broad Street, Nashua, NH 03064							

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02-6015642

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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.

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

- 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.

(A)	(B)	l	41 1120		C)	прс	1301	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe	nore	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rolf Goodwin	5.00									
Chair of Board		X			<u> </u>			0.	0.	0.
(2) Daniel Munroe	5.00						l			
Treasurer	<u> </u>	X	<u> </u>				<u> </u>	0.	0.	0.
(3) Bob S. Larmouth	5.00									
Campaign Co-Chair		X						0.	0.	0.
(4) Bernie Rousseau	5.00					-				
Campaign Co-Chair		X						0.	0.	0.
(5) James S. Chaloner, Pastor	5.00]								
Immediate Past Chair		X						0.	0.	0.
(6) Rod Hansen, Jr.	5.00				ļ					
Community Investment Chair		X	<u> </u>				ļ	0.	0.	0.
(7) Lucille Jordan	5.00									
Vice Chair		X				<u> </u>		0.	0.	0.
(8) Susan McHugh	5.00]								
Secretary	<u> </u>	X				ļ	<u> </u>	0.	0.	0.
(9) Polly Beaird	2.00									
Director		X						0.	0.	0.
(10) Peter Chaloner	2.00									
Director		X	<u> </u>					0.	0.	0.
(11) Jay Dinkel, Jr.	2.00									
Director		X	L	ļ			_	0.	0.	0.
(12) Del Gilbert	2.00	ļ								
Director		X	<u> </u>					0.	0.	0.
(13) Bob Mack	2.00						l			
Director		X	<u> </u>			L	L	0.	0.	0.
(14) Jamie Pappas	2.00									
Director		X					<u> </u>	0.	0.	0.
(15) Kevin Slattery	2.00		ŀ							
Director		X				_	L	0.	0.	0.
(16) Maryellen Tansey	2.00		1	}	}	1	1			
Director	1	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(17) Heather Tebbets	2.00	↓.								
Director		X	<u></u>					0.	0.	0.
232007 12-10-12										Form 990 (2012)

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	tımate	ed
		hours per	box	, unle	ss pe	rson	ıs bol	th an	1 '.	compensation			nount	of
		week (list any		<u> </u>		Ī	1	<u> </u>	from the	from related organizations			other	tion
		hours for	or director				- R		organization	(W-2/1099-MISC)		pensa om th	
		related	86	ustee			ensat		(W-2/1099-MISC)	,		orga	anızat	ion
		organizations	la E	la la		ag of	E &						and relate	
		below line)	Individual trustee	institutional frustae	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	ons
(18) M	ark Conrad	2.00	5	=	0	12	I P	<u> </u>		<u> </u>				
Direct			Х						0.	(0.			0.
(19) K	evin Halloran	2.00												
Direct	or		Х		<u> </u>	_	_		0.		0.			0.
	rendan Keegan	2.00								,				_
Direct		2.00	X		_		 	_	0.		0 •			0.
(21) C	hris Williams	2.00	Х			i			0.	(ا. ه			0.
	aul Hebert	37.50					┢		1					<u> </u>
Presid					Х				131,034.	(0.			0.
					<u> </u>		<u> </u>	_						
			-											
							\vdash	_						
			l											
											寸			
		-												
1b S	ub-total						▶		131,034.		0.			0.
	otal from continuation sheets to Part VI	I, Section A							0.		0.			0.
	otal (add lines 1b and 1c)								131,034.		0.			0.
	otal number of individuals (including but no compensation from the organization	ot limited to tr	ose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 of reportable				1
	ompensation from the organization											[Yes	No
3 Di	d the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	Γ			
lın	e 1a? If "Yes," complete Schedule J for si	uch individual					-				Ĺ	3		X
	or any individual listed on line 1a, is the su								·	the organization				
	nd related organizations greater than \$150										-	4		X
	d any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services	ŀ	_		х
	ndered to the organization? If "Yes," com n B. Independent Contractors	piete Schedul	e J I	or si	JCN	pers	son					5		
	omplete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of comp	ensa	ation f	rom	
	e organization. Report compensation for t									•				
	(A)				_				(B)			(C		
	Name and business	address	N	INC	<u>:</u>			_	Description of s	ervices		ompei	nsatio	<u>n</u>
				-										
			_											
									-					
								-						
2 To	otal number of independent contractors (in	ncluding but n	ot l	mite	d to	tho	se li	stec	d above) who received m	ore than				
	00,000 of compensation from the organiz						0		· 					

	•	Check if Schedule O cont	ains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ira	b	Membership dues	1b					•
S,E	c	Fundraising events	1c		1			Ī
iifts ar /	ď	Related organizations	1d	•	1			
s, G	e	Government grants (contribut	 -	-				†
iSi	f	All other contributions, gifts, gran						1
but	-	similar amounts not included abo		260,916.				
ΩĒ	c	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	- 1α-11 Ψ		1,260,916.			
_		7000700		Business Code				
0	2 a	Administration	Fees	900099	23,322.	23,322.		1
Program Service Revenue	_ b							
	-		·					
								
			 					
	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<u> </u>	23,322.			
	3	Investment income (including	dividends, intere	est. and				
	-	other similar amounts)		>	2,902.			2,902.
	4	Income from investment of ta	x-exempt bond r	proceeds	•			· ·
	5	Royalties		>				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Real 39,863.	(17.1.313.11.11.11				
	b	Less: rental expenses	42,826.					
		: Rental income or (loss)	<2,963.					
		Net rental income or (loss)			<2,963.	> 1	<2,963.	>
		Gross amount from sales of	(i) Securities	(ii) Other			-	
		assets other than inventory	() 555555	(.,, 5 5				
	Ŀ	Less: cost or other basis		ļ				
		and sales expenses						
		Gain or (loss)						
	٠			•	i			1
an.		Gross income from fundraisin	•					
Other Reven		including \$ contributions reported on line						
æ		Part IV, line 18	a (c). See	36,954.				
þer			a b	4 4 4 4	-			ł
δ		Less: direct expensesNet income or (loss) from fund	_	10/031.	20,300.			20,300.
		Gross income from gaming a	-		20,300.			20,300.
	96	Part IV, line 19						
		Less: direct expenses	a b		-			1
		Net income or (loss) from gan			1			
		Gross sales of inventory, less						
	10 8	and allowances						Ī
		Less: cost of goods sold	a b		1			1
		Net income or (loss) from sale	•		† ′			†
		Miscellaneous Revenu		Business Code				1
	11 -	Miscellaneous	16	900099	118,337.	118,337.	,	1
	l i i					120,00,0		
	,				-		-	
		All other revenue						
		Total. Add lines 11a-11d	• •		118,337.			
	12	Total revenue. See instructions		•	1,422,814.	141,659.	<2,963.	> 23,202.

Form 990 (2012). United Way of Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	F20 F72	F20 F72		
_	organizations in the United States See Part IV, line 21	539,572.	539,572.		
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	136,275.	49,059.	66,775.	20,441
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	313,970.	148,927.	126,361.	38,682
8	Pension plan accruals and contributions (include		·	,	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,901.	15,585.	20,148.	6,168 5,462
10	Payroll taxes	40,411.	17,105.	17,844.	5,462
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	` '			16 500	5 115
	column (A) amount, list line 11g expenses on Sch O)	56,558.	34,735.	16,708.	5,115 4,081
12	Advertising and promotion	4,481.	400.		4,081
13	Office expenses	19,959.	3,769.	2 210	16,190
14	Information technology	4,527.	1,630.	2,218.	679
15	Royalties	25 067	17 204	2 650	6 022
16	Occupancy	25,967. 2,947.	17,284. 2,742.	2,650. 157.	6,033 48
17	Travel	2,947.	2,142.	157.	40
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,550.	1,846.	2,070.	634
19 20	Conferences, conventions, and meetings Interest	6,805.	4,790.	2,070.	2,015
20 21	Payments to affiliates	25,455.	25,455.		2,013
21 22	Depreciation, depletion, and amortization	16,933.	10,187.	2,502.	4,244
23	Insurance	4,999.	3,519.	2,0020	1,480
24	Other expenses Itemize expenses not covered	2,7550	0,0250		-,
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Miscellaneous	7,734.	7,563.	131.	40
ь	Bank Fees	7,092.	2,553.	3,475.	1,064
c	Postage	4,837.	1,790.	2,333.	714
d	Printing	4,733.	4,072.	506.	155
е	All other expenses	8,063.	3,798.	3,265.	1,000
25	Total functional expenses. Add lines 1 through 24e	1,277,769.	896,381.	267,143.	114,245
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)				

Form 990 (2012)
Part X Balance Sheet

Part A	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	262,046.	1	474,136
2	Savings and temporary cash investments	1,065,562.	2	397,804
3	Pledges and grants receivable, net	2,345,597.	3	628,528
4	Accounts receivable, net	103,719.	4	68,912
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			
ا ي	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 8	Notes and loans receivable, net		7	
& 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	2,770.	9	2,744
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 911,789.			
t	Less: accumulated depreciation 10b 389,694.	539,259.	10c	522,095
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	-	12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets	1.65 500	14	454 504
15	Other assets. See Part IV, line 11	165,700.	15_	171,591 2,265,810
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,484,653.	16	2,265,810
17	Accounts payable and accrued expenses	116,039.	17	50,395
18	Grants payable	1,808,521.	18	172,609
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
130 121 22 23 24 25 25 25 25 25 25 25	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	215 465	22	200 022
23	Secured mortgages and notes payable to unrelated third parties	315,465.	23	298,933
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	1 107 224		527 016
00	Schedule D	1,197,324. 3,437,349.	25	537,816 1,059,753
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	3,437,349.	26	1,039,133
	• •			
ğ 27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	803,656.	0~	927 196
27 29	Temporarily restricted net assets	77,948.	27 28	837,186 197,280
5 28 5 29	Permanently restricted net assets	165,700.	29	171,591
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	1037700.	28	1/1/3/1
<u> </u>	and complete lines 30 through 34.			,
27 28 29 30 31 32 30 31 30 31 30 30 31 30 30 31 30 30 30 30 30 30 30 30 30 30 30 30 30	•	[20	
30	Capital stock or trust principal, or current funds		30	
32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31 32	
33	Total net assets or fund balances	1,047,304.	33	1,206,057
34	Total liabilities and net assets/fund balances	4,484,653.	33	2,265,810
	Total navintes and het asserbiting paidiness	1 1110110000	34	Form 990 (2012

Form	990 (2012). United Way of Greater Nashua, Inc.	02-601	5642	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	1,04	7,7 5,0 7,3	69. 45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1,20	6.0	57.
Pa	column (B)) rt XII Financial Statements and Reporting	101	1,20	0,0	57•
X 4A	Check if Schedule O contains a response to any question in this Part XII				\mathbf{X}
	Check in Contraction Contraction and Coopering to any question in time is at 741			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	O.	2a		х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Act and OMB Circular A-133?	ngle Audit	3a		х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			ı

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Name of the organization **Employer identification number** United Way of Greater Nashua, Inc. 02-6015642 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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 L___ Type I **b** Type II c Type III · Functionally integrated d ____ Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes 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) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in cot (i) listed in your organization in col (described on lines 1-9 organization (i) organized in the US? support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 United Way of Greater Nashua, Inc. 02-6015642 Page 2 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.") 4,296,554 4,309,127 4,128,945. 3,436,651 1,260,916 17,432,193. 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 4,296,554 4,309,127. 4,128,945. 3,436,651 1,260,916. 17,432,193. 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) Public support. Subtract line 5 from line 17,432,193

<u> e</u>	ction B. Total Support						
ale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,296,554.	4,309,127.	4,128,945.	3,436,651.	1,260,916.	17,432,193
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	70,325.	55,072.	37,570.	42,003.	42,765.	247,735
9	Net income from unrelated business		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	activities, whether or not the						
	business is regularly carned on		_				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	114,101.	87,690.	105,439.	158,018.	141,659.	606,907
11	Total support. Add lines 7 through 10						18,286,835
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	8,715
13	First five years. If the Form 990 is for	the organization's	first second third	d fourth or fifth ta	y vear as a sectio	n 501(c)(3)	

<u>Se</u>	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.33 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	95.95 %

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 $\triangleright X$ 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

Schedule A (Form 990 or 990-EZ) 2012

organization, check this box and stop here

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.)

Se	ction A. Public Support			-			
Cale	ndar 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
•	Add lines 7a and 7b	-					
_8	Public support (Subtract line 7c from line 6)		,				
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						<u></u>
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	the ereci	first coord at	d fourth and filler	<u> </u>	- F01(=)(2)	L
14	First five years. If the Form 990 is for check this box and stop here	trie organization's	s iirst, secona, thii	u, iourtn, or iiπh ta	ax year as a section	on ou i (c)(3) organiz	auon,
So	ction C. Computation of Publ	ic Support Pe	rcentage	=			
15				column (fl)		15	%
16			=	Oldffill (i))		16	
_	ction D. Computation of Inves		-			1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)	 	17	%
18	Investment income percentage from	•	• • •	10 10, 001011111 (1))		18	<u>/</u> %
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	<u> </u>	
	more than 33 1/3%, check this box a						▶□
t	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						▶□

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 Open to Public inspection

Name of the organization

United Way of Greater Nashua

Employer identification number 02-6015642

Pa		d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No
Pa	,,,,,,,,,,	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	•	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
18.	conservation easements.	A.A. Historiaal Tusassuussa au C	Alban Cincilan Assata
Pa	organizations Maintaining Collections or Complete if the organization answered 'Yes' to Form		Aner Similar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	•	·
	historical treasures, or other similar assets held for public ext		ance or public service, provide, in Part Alli,
	the text of the footnote to its financial statements that descri		A
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	ducation, or research in turtherance of pu	iblic 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	and the second s	\$
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 930) relating to these items:	> *
a	Revenues included in Form 990, Part VIII, line 1		
Þ	Assets included in Form 990, Part X		▶ \$

		Way of Gre	ater	Nashua	a, Inc	•		<u>02-60</u>	15642	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tre	easures, e	or Other	Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the f	ollowing tha	at are a sig	ınıficant	use of its	collection r	tems
	(check all that apply):									
а	Public exhibition	c	· 🔲	Loan or exch	ange progr	ams				
b	Scholarly research	•		Other						
C	Preservation for future generations									
4	Provide a description of the organization's ca	ollections and explai	n how th	ney further th	e organizati	ion's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	ures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	llection?				Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organization	answered	"Yes" to F	orm 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributions	or other as	ssets not II	ncluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
	,	•	Ŭ						Amount	
c	Beginning balance						1c	·		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIII.			on has been i	provided in	Part XIII				
Par).			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (e	d) Three y	years back	(e) Four ye	ears back
1a	Beginning of year balance									
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities						· · · · ·			
	and programs]		.				
f	Administrative expenses									
g	End of year balance	·								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment ►	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held ar	nd administe	ered for the	e organi	zation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3ь	
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds.						
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	D, Part X	, line 10.		<u> </u>				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	value
		basis (investi	ment)	basis (dep	reciation	<u> </u>		
1a	Land				8,788.					,788.
b	Buildings			63	2,104.	2	34 <u>,</u> 7	25.	<u> </u>	,379.
c	Leasehold improvements			<u> </u>	2			_		
d	Equipment			17	0,897.	1	54,9	69.	15	,928.
е	Other					<u> </u>				
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	0(c).)			>	522	<u>,095.</u>

_	dule D (Form 990) 2012 United Way of Greater Nash					Page 4
Pai	* XI Reconciliation of Revenue per Audited Financial Stateme	nts W	<u>ith Re</u> venue per F	Retur	n	
1	Total revenue, gains, and other support per audited financial statements			1	1,479,	348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-		
а	Net unrealized gains on investments	2a	13,708.	ŀ		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c		}		
d	Other (Describe in Part XIII.)	2d	42,826.]		
е	Add lines 2a through 2d			2e	56,	534.
3	Subtract line 2e from line 1			3	56, 1,422,	814.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,422,	814.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ents V	Vith Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	1,320,	595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	42,826.			
е	Add lines 2a through 2d			2e	42,	826.
3	Subtract line 2e from line 1			3	1,277,	769.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a]		
b	Other (Describe in Part XIII.)	4b		j		
c	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,277,	769.
Pai	t XIII Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II				2b; Part V, line 4	; Part
X, line	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide	any additional informat	tion.		

Part X, Line 2: United Way of Greater Nashua, Inc. is exempt from

Federal and State income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income.

Schedule D (Form 990) 2012

The Organization follows Financial Accounting Standards Board (FASB)
Interpretation No. 48, Accounting for Uncertainty in Income Taxes - An
Inter-pretation of FASB Statement No. 109 (FIN 48), which clarifies the
accounting for uncertainty in income taxes and prescribes a recognition
threshold and measurement attribute for financial statement recognition
and measurement of tax positions taken or expected to be taken in a tax
return. FIN 48 did not have a material impact on the Organization's
financial statements.
The Organization's Federal Form 990 (Return of Organization Exempt From
Income Tax) are subject to examination by the IRS, generally for three
years after they were filed.
· · · · · · · · · · · · · · · · · · ·
Part XI, Line 2d - Other Adjustments:
Rental Property Expense - Netted Against Rental Income 42,826.
Dort VII line 2d Other Adjustments.
Part XII, Line 2d - Other Adjustments:
Rental Property Expense - Netted Against Rental Income 42,826.

SCHEDULE.G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization	Way of Croston No.	. h	_				ntification number
	Way of Greater Nas Complete if the organization answe				ne 17	02-6015 7. Form 990-EZ	
required to complete this part							
Indicate whether the organization rais	e Solicita	tion of tion of	non-g gover	overnment grants	•		
2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indirect compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) purs	orofess	ional f	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have c or con contrib	Did alser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
Total	-		•				
3 List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	or has been notified	d It Is	exempt from re	egistration

		e G (Form 990 or 990-EZ) 2012 United				6015642 Page 2
Pe	irt i	Fundraising Events. Complete if the of fundraising event contributions and gr	_			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual		None	(add col. (a) through
			Dinner			col. (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,954.			36,954.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	36,954.			36,954.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	16,654.			16,654.
	10	Direct expense summary. Add lines 4 through	h 9 ın column (d)		•	16,654;
		Net income summary. Combine line 3, colum			<u> </u>	20,300.
Pa	irt l		answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1	1	1
9			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billgo/progressive billgo		coi. (a) through coi. (c))
æ 	1	Gross revenue				
ses	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		<u> </u>	
		ter the state(s) in which the organization opera the organization licensed to operate gaming at	_	etatee?		Yes No
		No, explain:			<u> </u>	
	-	-				
		ere any of the organization's gaming licenses r		-	•	Yes No
•	_					
_						

Sch	edule G (Form 990 or 990 EZ) 2012 United Way of Greater Nashua, Inc. 02-6	015642	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	·	
	Name ▶		
	Address ▶		_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	s If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and	Part III.
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
			· -
		·	

SCHEDULE I (Form 990)

(Form 990)

Department of the Tressury Internal Revenue Service

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

2012
Come to Public Inspection

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

▶ Attach to Form 990.

Name of	Name of the organization	Employer identification number
	United Way of Greater Nashua, Inc.	02-6015642
Parti	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	ction
Ę	ritena used to award the grants or assistance?	X Yes No

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

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	be duplicated if additi	Ional space is need	Jed.			
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
Adult bearning tenter 4 Lake Street							Dra services mercord
Nashua, NH 03060	23-7204973	501 (c) (3)	14,315.	0.			donor designations
Big Brothers Big Sisters of Nashua							
Nashua, NH 03064	02-0365324	501 (c) (3)	3,718.	0.			rogram services and donor designations
Boys & Girls Club Nashua							
47 Grand Ave							Program services and
Nashua, NH 03060	23-7058376	501 (c) (3)	16,286.	0.			donor designations
Bridges							
PO Box 217							Program services and
Nashua, NH 03061	02-0330733	501 (c) (3)	7,529.	0			donor designations
Gateways Community Services							

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

23-7416090 501 (c) (3)

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

Schedule I (Form 990) (2012)

Program services and

donor designations

o

859.

501 (c) (3)

02-0377315

144 Canal St., 1st Floor; Attn

Nashua, NH 03060

Girls Inc. of New Hampshire 815 Elm Street, Suite 4Ar Manchester, NH 03101

Program services and

donor designations

Ö

15,748.

7
4
9
5
015
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0

Schedule (Form 990) United Way of Greater Nashua, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	y of Greater Assistance to Governm	ter Nashua,	Inc.	nited States (Sche	dule I (Form 990), Par		02-6015642 Page 1
1	(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
Home Health & Hospice 7 Executive Park Drive Merrimack, NH 03054	23-7331452	501 (c) (3)	12,164.	0			Program services and donor designations
Nashua Area Health Center 22 Prospect Street Nashua, NH 03060	02-0280168	501 (c) (3)	3,718.	0			Program services and donor designations
Parent Information Center of NH 151 Manchester Street Concord, NH 03302	02-0325181	501 (c) (3)	1,875.	0			Program services and donor designations
Southern NH Services 143 Ledge Street Nashua, NH 03060	02-0268285	501 (c) (3)	6,916.	.0			Program services and donor designations
St. Joseph's Community Services Box 910 Merrimack, NH 03054	02-0335003	501 (c) (3)	6,507.	.0			Program services and donor designations
The Front Door 7 Concord Street Nashua, NH 03060	02-0405852	501 (c) (3)	15,773.	0			Program services and donor designations
The Youth Council 112 West Pearl St Nashua, NH 03060	02-0316192	501 (c) (3)	11,727.	0			Program services and donor designations
United Way of New Hampshire 211 46 South Main Street Attn: Ci Concord, NH 03101	02-0452122	501 (c) (3)	31,500.	.0			Program services and donor designations
Greater Nashua Mental health Center at Community Council - 100 W. Pearl - Nashua, NH 03060	02-0222121	501 (c) (3)	613.	0.			Program services and donor designations Schedule I (Form 990)
							(200)

02-6015642 Page 1		
Schedule (Form 990) United Way of Greater Nashua, Inc.	Part if Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	

Fart ii Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to G	vernments and Organ	Inzations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(p)	(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
BAE Employees Helping Employees 20 Broad Street Nashua, NH 03064	02-6015642	501 (c) (3)	128,814.	0			Program services and donor designations
Pamily Promise of Greater Nashua 180 Lowell Road Hudson, NH 03051	02-0528837	501 (c) (3)	6,250.	0.0			Program services and donor designations

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 02-6015642 Part 1V Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) United Way of Greater Nashua, Inc.

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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012)
Part III Grants and Other 232102 12-18-12

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization United Way of Greater Nashua, Inc. 02-6015642 Form 990, Part VI, Section A, line 2: Rev. James S. Chaloner, Paster and Peter Chaloner - family relationship Form 990, Part VI, Section B, line 11: Board of Directors reviews draft Form 990 prior to finalizing and filing with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c: Board of Director's Chairperson reviews conflict of interest policy. Annually each volunteer receives a copy of the current policy and signs off on the document confirming that it was read and will be adhered to. All Board actions are qualified a conflict of interest query. Those individuals who may have potential conflict abstain from voting. Form 990, Part VI, Section C, Line 19: Upon request. FORM 990, PAGE 12, PART XII, LINE 2C OVERSIGHT OF THE AUDIT AND AUDITOR SELECTION THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE AUDITOR IS SELECTED EACH YEAR BY APPROVAL. THIS POLICY HAS NOT CHANGED FROM THE PRIOR YEAR.