DLN: 93493046025197

OMB No 1545-0047

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 private

foundations) ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

A F	or the 2015	calendar year, or tax year b	eginning	07-01-2015 , and end	ing 06-30-201	.6					
_	eck if applicable	C Name of organization UNITED WAY OF MASSACHU	JSETTS BAY	Y INC				D Emple	oyer i	dentificati	ion number
	Idress change ame change							04-2	3822	233	
_ In	ıtıal retum	Doing business as UNITED WAY OF MASSACHU	JSETTS BAY	Y AND MERRIMACK VALLEY							
return/	nal ′terminated	Number and street (or P O 51 SLEEPER STREET	box if mai	l is not delivered to street ad	dress) Room/su	ıte	-	E Teleph	one n	umber	
<u> </u>	ended return		nco countr	y, and ZIP or foreign postal c	ada			(617) 624	-8000	
I AP	plication pendir	BOSTON, MA 02210	rice, count	y, and zir or loreign postar c	oue			G Gross	receip	ts \$ 55,105	5,972
		F Name and address of		l officer		H(a)	ls thi	s a grou	o retu	ırn for	
		PATRICIA A LATIMOR 51 SLEEPER STREET	RE				subor No	dinates?	1		☐ Yes 🗸
	x-exempt statu	BOSTON, MA 02210				Н(b)	Area	II subord	ınate	!S	□Yes □ No
		V 501(c)(3) 501(c)		sert no) 4947(a)(1) o	r 527		includ If "No		n a lis	st (see ir	nstructions)
J W	ebsite:► W	/WW SUPPORTUNITEDWA	YORG			H(c)	Grou	p exemp	tion r	number 🕨	
K For	n of organization	on 🗸 Corporation Trust	Association	on Other ▶		_ L Y	ear of foi	mation 1	965	M State of	f legal domicile Ma
Pa	rt I Su	mmary									
		escribe the organization's r				RELIEE	ТНАТ	TOGETI	-IFD	WE CAN	ACCOMPLISE
	MORET	HAN ANY INDIVIDUAL O	RORGÁ	NIZATION CAN ALON	E NO OTHE	RSING	SLE OR	GANIZA	TION	NHAST	HE SCOPE,
		ISE AND INFLUENCE TO SSES, PRIVATE FOUNDA							,		•
	BUSINESSES, PRIVATE FOUNDATIONS AND DEDICATED VOLUNTEERS AROUND A COMMON VISION OF CREATING MAXIMUM IMPACT AND ACHIEVING LONG-LASTING RESULTS WE ARE FOCUSED ON THE TWO FOUNDATIONS OF BETTER LIVES FINANCIAL OPPORTUNITY AND EDUCATIONAL SUCCESS WE ARE ENSURING THAT INDIVIDUALS AND										
e e	FAMILI	ES HAVE SAFE HOUSING	, HEALT	HY FOOD, QUALITY CH	HILD CARE A	NDEA	RN EN	OUGHT	o su	JPPORT T	THEMSELVES
nar.		ALSO ENSURING THAT (SKILLS, AND GET THE S									
Governance	THOUS	ANDS OF VOLUNTEERS T	O HELP	THOSE IN NEED TOG	THER WE W	ILLCR	EATE	POSITIV	/E, L/	ASTING	CHANGE
Activities &		this box ▶ ┌ if the organiza	ation dis	continued its operations	or disposed	of more	than 3	5% of it	c net	accetc	
E ME	2 Check	tills box P If the organize	ation dist	continued its operations	or disposed	or more	: LIIAII 2	. 5 70 OF IC	s net	assets	
Aci		r of voting members of the q	-						3		44
		r of independent voting mer						•	4		43
		umber of individuals employ umber of volunteers (estimate)	•		•				5 6		6,660
		nrelated business revenue		• •					7a		0,000
	b Net unre	elated business taxable inc	ome from	n Form 990-T, line 34					7b		(
							Prio	r Year		Cui	rrent Year
약		tributions and grants (Part ' Iram service revenue (Part	·		-		44,747,335 224,388		45,686,045 170,743		
Ravenue	·	estment income (Part VIII,	•	5,		_		3,121			1,047,771
æ	11 Oth	er revenue (Part VIII, colur	mn (A), lı	nes 5,6d,8c,9c,10c,	and 11e)			2,011	,241		2,058,785
	12 Tota 12)	I revenue—add Imes 8 thro	ugh 11 (must equal Part VIII, co	olumn (A), lın	e		50,104	,343		48,963,344
		nts and similar amounts pai	ıd (Part I	X, column (A), lines 1–3)		37,522,582				39,116,894
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)										C
φ	15 Sala 5-1	ries, other compensation, e	employee	benefits (Part IX, colun	nn (A), lines			7,929	,918		8,967,194
Expenses		essional fundraising fees (F	Part IX, c	column (A), line 11e) .							0
ă	b Total	fundraising expenses (Part IX, co	olumn (D),	line 25) ▶ <u>5,244,098</u>							
_		er expenses (Part IX, colum						4,664	,447		4,618,777
		al expenses Add lines 13-1	•					50,116			52,702,865
× 20	19 Reve	enue less expenses Subtra	act line 1	8 from fine 12					,604		-3,739,521
Net Assets or Fund Balances						Begi	nning o	f Current		En	nd of Year
Ass d Ba		il assets (Part X, line 16) il liabilities (Part X, line 26)						69,992 10,739			64,900,135 8,960,606
F.E.		assets or fund balances Su	•					59,252	_		55,939,529
		nature Block									
my kı	•	of perjury, I declare that I had belief, it is true, correct, a knowledge		•	-						
	<u> </u>							17-02-15			
Sign	<u>'</u> ' '	gnature of officer					Da	te			
Here	1 <u>1 u</u>	tricia A Latimore Chief Financial C pe or print name and title	Officer								
		Print/Type preparer's name		Preparer's signature	[ate	Cho	ck Γ if	PTIN	N	
Paid	k	Francis no. 5					self-	employed			
	parer	Firm's name ► Firm's address ►						's EIN ► ne no			
Use	Only										

. Yes No

UNITED WAY OF MASSACHUSETTS BAY, INC 'S MISSION IS TO BRING OUR COMMUNITIES TOGETHER TO HELP IMPROVE PEOPLE'S LIVES AND STRENGTHEN THE NEIGHBORHOODS IN OUR REGION

OVER 4,000 CHILDREN IN BOSTON

the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O

Did the organization undertake any significant program services during the year which were not listed on

Did the organization cease conducting, or make significant changes in how it conducts, any program

) (Expenses \$

) (Expenses \$

) (Expenses \$

LEARNING LOSS AND 70% ADVANCED FROM THE LOWEST READING LEVEL

the total expenses, and revenue, if any, for each program service reported

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,

If "Yes," describe these changes on Schedule O

10,915,288 including grants of \$

10,511,658 including grants of \$

9,546,100) (Revenue \$

PREPARING CHILDREN TO LEARN - DECADES OF RESEARCH AFFIRM THAT VERY YOUNG CHILDREN GROW, LEARN, DEVELOP AND THRIVE WHEN EXPOSED TO CLOSE, DEPENDABLE, NURTURING RELATIONSHIPS THE SOCIAL AND EMOTIONAL SKILLS AND COMPETENCIES LEARNED WITHIN THESE RELATIONSHIPS ARE THE FOUNDATION FOR A CHILD'S SUCCESS IN KINDERGARTEN AND THROUGHOUT LIFE LONG-TERM STUDIES INDICATE THAT DEVELOPMENT IN CHILDREN'S EARLY YEARS HAS A DRAMATIC IMPACT ON SCHOOL READINESS, AND THAT IMPROVING EARLY LEARNING HELPS PREPARE CHILDREN FOR KINDERGARTEN AND A

LIFETIME OF ACHIEVEMENT OUR GOALS ARE TO ENSURE THAT YOUNG CHILDREN ARE BETTER PREPARED TO SUCCEED IN SCHOOL BECAUSE THEIR SOCIAL AND EMOTIONAL NEEDS ARE MET AND THAT FAMILIES HAVE ACCESS TO THE INFORMATION AND RESOURCES THEY NEED TO RAISE AND NURTURE THEIR YOUNG CHILDREN HERE ARE SOME EXAMPLES OF HOW WE ARE ADDRESSING THE NEEDS OF YOUNG CHILDREN AND THEIR FAMILIES TOO MANY CHILDREN ARE ENTERING SCHOOL NOT READY TO LEARN LAST YEAR, OUR WORK RESULTED IN 14,980 YOUNG CHILDREN BEING MORE READY FOR KINDERGARTEN AND 9,486

CHILDREN RECEIVED EARLY INTERVENTION SERVICES AND/OR WERE SCREENED FOR DEVELOPMENTAL DELAYS TO ENSURE THEY ARE DEVELOPING ON TRACK. IN ADDITION, DRIVE, OUR DATA-DRIVEN EFFORT TO SCREEN INFANTS, TODDLERS AND PRESCHOOLERS TO ENSURE THEY ARE ON TRACK TO SUCCEED SCREENED

8,881,296) (Revenue \$

7,258,390) (Revenue \$

Yes √No

0)

Page 2

CREATING FINANCIAL OPPORTUNITY- RESEARCH HAS SHOWN THAT FINANCIAL OPPORTUNITY IS ESSENTIAL TO IMPROVING THE FUTURE FOR CHILDREN AND FAMILIES FINANCIAL STABILITY COMES FROM PROVIDING FAMILIES THE RESOURCES AND OPPORTUNITIES THEY NEED TO MEET THEIR BASIC NEEDS, ATTAIN SAFE AND AFFORDABLE HOUSING AND SECURE JOBS THAT PAY FAMILY-SUSTAINING WAGES UWMB HAS CREATED AN ASSET-BUILDING FRAMEWORK TO MOVE PEOPLE

WHO ARE LOW-INCOME INTO THE ECONOMIC MAINSTREAM UNDERLYING ALL OF THIS IS THE BASIC NECESSITY OF SAFE, AFFORDABLE, PERMANENT HOUSING A STRONG SUPPLY OF AFFORDABLE HOUSING IS CRITICAL, COUPLED WITH COMMUNITY RESOURCES TO HELP THOSE AT-RISK OR EXPERIENCING HOMELESSNESS TO ACCESS THAT HOUSING SUPPLY UWMB SUPPORTS SERVICE DELIVERY, CAPACITY BUILDING AND PUBLIC POLICY TO HELP FAMILIES ACHIEVE ECONOMIC SELF-SUFFICIENCY IN BUILDING A STRONG FRAMEWORK WITH THE ASSETS FAMILIES NEED TO THRIVE AND GAIN ECONOMIC SECURITY, UWMB HELPS FAMILIES TODAY AND STRENGTHENS THEIR CAPACITY TO SUCCEED IN THE LONG-TERM HERE ARE SOME EXAMPLES OF HOW WE ARE ADDRESSING THE NEEDS OF FAMILIES IN OUR REGION 1 MANY FAMILIES STRUGGLE TO MEET THEIR BASIC NEEDS LAST YEAR UWMB HELPED 90,000 FAMILIES WITH EMERGENCY ASSISTANCE, INCLUDING FOOD, HEAT AND HOUSING 2 FAMILY HOMELESSNESS IS AT AN ALL-TIME HIGH LAST YEAR WE HELPED OVER 12, 600 FAMILIES WHO WERE HOMELESS OR AT-RISK OF BECOMING HOMELESS GET SAFE, SECURE HOUSING 3 MANY FAMILIES LACK THE TOOLS AND RESOURCES TO ACHIEVE FINANCIAL STABILITY UWMB HELPED 3,100 INDIVIDUALS TO GET JOBS UWMB ALSO INCREASED ACCESS TO FREE TAX FILING SERVICES IN SEVEN CITIES/TOWNS AND RAISED PUBLIC AWARENESS ABOUT THE EARNED INCOME TAX CREDIT (EITC) TO HELP GENERATE OVER \$6.2 MILLION IN REFUNDS TO OVER 3,000 LOW-INCOME, WORKING INDIVIDUALS IN ADDITION, UWMB'S TRAILBLAZING NETWORK OF SIX FINANCIAL STABILITY CENTERS PLACED 277 PEOPLE IN JOBS CLIENTS OF THESE CENTERS ALSO ACHIEVED AN AVERAGE MONTHLY NET INCOME INCREASE OF \$427 AND AN AVERAGE CREDIT SCORE INCREASE OF 28 POINTS

12,490,124) (Revenue \$

4c

(Code

(Expenses \$

4a

4b

(Code

8,796,361

SUPPORTING YOUTH IN SCHOOL - RESEARCH SHOWS THAT YOUTH WHO HAVE ACCESS TO QUALITY OUT-OF-SCHOOL TIME PROGRAMS AND TRUSTING RELATIONSHIPS WITH ADULTS HAVE REDUCED PROBLEM BEHAVIOR AND INCREASED SELF-CONFIDENCE, SELF ESTEEM AND ATTITUDES TOWARDS SCHOOL, SCHOOL GRADES, AND ACHIEVEMENT TEST SCORES OUR GOALS IN THIS AREA ARE THAT YOUTH WILL HAVE ACCESS TO ACADEMIC PROGRAMS THAT KEEP STUDENTS ON TRACK TO GRADUATE, MENTORS THAT INSPIRE YOUTH TO STAY IN SCHOOL AND INITIATIVES THAT FOSTER LEADERSHIP SKILLS AND CREATE BONDS TO THE COMMUNITY HERE ARE SOME EXAMPLES OF HOW WE ARE ADDRESSING THE NEEDS OF YOUNG PEOPLE IN OUR REGION LAST YEAR 26,300 YOUTH WERE BETTER ABLE TO SUCCEED IN SCHOOL AND GRADUATE ON TIME, 12,200 YOUTH WERE LESS LIKELY TO ENGAGE IN RISKY BEHAVIORS, AND 3,500 YOUTH

including grants of \$

WERE IN HIGH-QUALITY, ONE-ON-ONE YOUTH MENTORING RELATIONSHIPS THROUGH OUR INNOVATIVE SUMMER LEARNING COLLABORATIVE, A STATEWIDE COLLABORATIVE AIMED AT INCREASING LITERACY AND REDUCING SUMMER LEARNING LOSS, 82% OF OVER 3,000 PARTICIPATING STUDENTS AVOIDED SUMMER

170,743)

Other program services (Describe in Schedule O) 14,784,366 including grants of \$ Total program service expenses ▶ 45,007,673

Form 990 (2015)

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11 b	Yes	
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14 b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

25a

25b

26

27

28a

28b

28c

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30

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32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Yes

Yes

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 . . . 💆

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V	Statements Regarding Other IRS Filings and Tax Compliand		V.			_
		Check if Schedule O contains a response or note to any line in this	Part	V	• •	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	198		1 625	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments		dors and reportable			
-		g (gambling) winnings to prize winners?			1 c	Yes	
2 a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered so return	2a	188			
b		east one is reported on line 2a, did the organization file all required federal em			2b	Yes	
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	•	,			
		e organization have unrelated business gross income of \$1,000 or more during	,	•	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i> • time during the calendar year, did the organization have an interest in, or a s			3b		
44		a financial account in a foreign country (such as a bank account, securities ac					
	accou	nt)?			4a		No
ь		s," enter the name of the foreign country		 .			
	See in	structions for filing requirements for FinCEN Form 114 , Report of Foreign Bar.)	ik and	Financial Accounts			
5a	-	,' ne organization a party to a prohibited tax shelter transaction at any time duri	ng the	etax year?	5a		No
		ly taxable party notify the organization that it was or is a party to a prohibited	,	•	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			- 55		
-		,,		- ·	5 c		
6a		the organization have annual gross receipts that are normally greater than \$1 zation solicit any contributions that were not tax deductible as charitable cor			6a		No
b		s," did the organization include with every solicitation an express statement t lot tax deductible?	hat su	ich contributions or gifts	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribut es provided to the payor?		nd partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services $\mathfrak p$	provide	ed?	7b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?		which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
g	Ifthe	organization received a contribution of qualified intellectual property, did the	organı.	zatıon file Form 8899 as			
	requir			*h	7g		
	Form :	organization received a contribution of cars, boats, airplanes, or other vehicle	• •	· · · · · ·	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bi the year?	ısınes • •	s holdings at any time	8		
9 a	Did th	e sponsoring organization make any taxable distributions under section 4966	5? .		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rel		person?	9b		
LO	Section	n 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
		n 501(c)(12) organizations. Enter		1			
		Income from members or shareholders	11a				
ь		income from other sources (Do not net amounts due or paid to other sources at amounts due or received from them)	11b				
L2a	Section	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 99	0 in lie	eu of Form 1041?	12a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
L3	•	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? onal information the organization must report on Schedule O	Note. 9	See the instructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
с		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the ta		·	14a		l No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i>	•		14b		

orm	990 (2015)			Page		
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,		
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ection A. Governing Body and Management		1			
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 43					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	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		Νo		
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		No		
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		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes			
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	Yes			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
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	Yes			

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes 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 16a Νo **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

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

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

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 State the name, address, and telephone number of the person who possesses the organization's books and records

▶PATRICIA A LATIMORE 51 SLEEPER STREET BOSTON, MA 02210 (617) 624-8000

6

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
1b Sub-Total			٠.		٠.	▶				I
c Total from continuation shed Total (add lines 1b and 1c)					٠.	. ► ►		1,898,007	0	301,620

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

Section B. Independent Contractors

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

(A) (B) (C)

Name and business address	Description of services	Compensation
TCAM Core Property Fund	Building property manager	1,543,097
PO Box 360060 Pittsburgh, PA 15251		
DIGITALNET TECHNOLOGY SOLUTIONS ILC	IT SUPPORT	1,205,880
300 BRICKSTONE SQUARE SUITE 201 ANDOVER, MA 01810		
Blue Cross-Blue Shield of MA	Health and Dental Insurance	1,035,229
PO Box 371318 Pittsburgh, PA 01525		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

Form 99								Page 9
Part V		Statement o		aca ar noto to any lin	o in this Dart VIII			
		Check it Schedu	ule O contains a respor	ise or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a	60,914				
ant	ь	Membership du	es 1b	0				
Gr Fmo	С	Fundraising eve	ents 1 c	3,201,189				
iffs ar 4	d	Related organiz	ations 1d	0				
s, G mil	e	Government grants	s (contributions) 1e	4,244,987				
ion r Si	f		ons, gifts, grants, and 1f	38,178,955				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no Noncash contribution 1a-1f \$	ot included above	755,930				
Cont and	h	Total. Add lines	s 1a-1f		45,686,045			
				Business Code				
Program Service Revenue	2a	Service Fee Reven	ue		170,743	170,743		
1 γ.	b							
Ce I	С							
ž.	d							
Ē	e							
ogra	f	All other progra	im service revenue		0	0	0	0
<u>\$</u>	g	Total. Add lines	s 2a-2f	>	170,743			
	3		ome (including dividend ar amounts)		1,047,771			1,047,771
	4		tment of tax-exempt bond	H	0			0
	5	Royalties	<u> </u>	•	0			0
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	_	expenses Rental income	0	0				
		or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	5,300,198	(ii) o thei				
	ь	Less cost or other basis and sales expenses	5,497,790					
	С	Gain or (loss)	-197,592	0				
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income f events (not inc \$3,201	luding ,189					
3ev		See Part IV, lin	reported on line 1c)					
erl			а	644,838				
o t	b c		penses b loss) from fundraising (644,838 events ►				
			rom gaming activities	evenies i i p				
		See Part IV, lin	e 19					
	ь	Lass direct av	a penses b	0				
	l		loss) from gaming activ		О			0
	10a	Gross sales of returns and allo		•				
	١.		a					
	b c	_	oods sold b (loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	Income from O		900099	1,451,958	1,451,958		
	b	Donated Produc	ct & Miscellaneous	900099	103,774	103,774		
	С							
	d	A II other revenu	ue		503,053	503,053	0	0
	e	Total. Add lines	s 11a-11d	· · · · •	2,058,785			
	12	Total revenue.	See Instructions	•	48,963,344	2,229,528	0	1,047,771

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)

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	39,116,894	39,116,894		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	1,512,314	790,799	469,533	251,982
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	5,763,894	2,482,408	827,629	2,453,857
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	432,244	185,957	57,923	188,364
9	Other employee benefits	734,587	342,375	87,822	304,390
10	Payroll taxes				
		524,155	237,593	92,974	193,588
11	Fees for services (non-employees)				
а	Management				
b	Legal	614	276	100	238
С	Accounting	92,012	27,907	39,265	24,840
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,456	1,554	564	1,338
12	Advertising and promotion				
13	Office expenses	611,874	127,259	80,999	403,616
14	Information technology	1,064,090	476,041	214,134	373,915
15	Royalties				
16	Occupancy	1,092,404	494,763	181,806	415,835
17	Travel	136,072	71,262	11,530	53,280
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,676	8,186	2,165	9,325
20	Interest				
21	Payments to affiliates	403,857	122,485	172,341	109,031
22	Depreciation, depletion, and amortization	564,354	254,843	88,632	220,879
23	Insurance	50,937	23,075	8,555	19,307
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	Contracted Services	205,359	91,871	41,326	72,162
b	Printing and Publications	155,949	61,438	15,064	79,447
c	Bank and Credit Card Fees	102,558	31,120	43,754	27,684
d	Recruiting and Training	57,991	31,361	6,173	20,457
е	A II other expenses	57,574	28,207	8,804	20,563
25	Total functional expenses. Add lines 1 through 24e	52,702,865	45,007,674	2,451,093	5,244,098
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)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,929,960	1	2,854,871
	2	Savings and temporary cash investments	510,449	2	512,241
	3	Pledges and grants receivable, net	12,867,583	3	12,011,522
	4	A ccounts receivable, net	57,560	4	22,555
	5	Loans and other receivables from current and former officers, directors, trustees,			
		key employees, and highest compensated employees Complete Part II of			
		Schedule L		_	0
ıts	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		5	0
		contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
se				6	0
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	290,585	9	323,930
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 7,102,416			
	ь	Less accumulated depreciation 10b 4,840,226	2,322,393	10c	2,262,190
	11	Investments—publicly traded securities	30,512,611	11	28,164,100
	12	Investments—other securities See Part IV, line 11	19,418,040	12	17,684,854
	13	Investments—program-related See Part IV, line 11	1,000,000	13	1,000,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	83,139	15	63,872
	16	Total assets.Add lines 1 through 15 (must equal line 34)	69,992,320	16	64,900,135
	17	Accounts payable and accrued expenses	2,720,120	17	3,294,937
	18	Grants payable	1,500,616	18	810,507
	19	Deferred revenue	0	19	31,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	1,000,000	23	0
	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			
			5,518,968	25	4,823,662
	26	Total liabilities. Add lines 17 through 25	10,739,704	26	8,960,606
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>a</u>	27	Unrestricted net assets	32,945,464	27	31,328,189
8	28	Temporarily restricted net assets	15,220,107	28	13,328,377
2	29	Permanently restricted net assets	11,087,045	29	11,282,963
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	59,252,616	33	55,939,529
_	34	Total liabilities and net assets/fund balances	69,992,320	34	64,900,135
			l		

59,252,616

-1,838,235

2,264,669

55,939,529

No

Νo

Nο

Form 990 (2015)

Yes

|--|

1	Total revenue (must equal Part VIII, column (A), line 12)		
•	Total levelue (must equal rait viii, column (A), me 12)	1	48,963,344
	Total expenses (must equal Part IX, column (A), line 25)		52,702,865
3	Revenue less expenses Subtract line 2 from line 1	3	-3,739,521

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

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 .

column (B))

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Schedule O

Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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

b Were the organization's financial statements audited by an independent accountant? 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

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

If the organization changed either its oversight process or selection process during the tax year, explain in

Single Audit Act and OMB Circular A-133?

Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

Both consolidated and separate basis

4

5

6

7

8

9

10

2b

2c

3a

3b

Yes

2a

Yes

Additional Data

FAMILY PROGRAMS

Software ID: 15000238

Software Version: 2015v3.0

EIN: 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

```
(Code ) (Expenses $ 12,490,124 Including grants of $ 12,490,124) (Revenue $ 0)

DONORS TO THE CAMPAIGN MAY DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES SUCH

AMOUNTS ARE NOT INCLUDED AS ALLOCATIONS TO AGENCIES AND ARE RECORDED AS A DEDUCTION FROM DONOR

CONTRIBUTIONS IN THE AUDITED FINANCIAL STATEMENT OF ACTIVITIES ALL DONOR DESIGNATIONS ARE VERIFIED FOR

501(C)(3) ELIGIBILITY AND COMPLIANCE WITH THE USA PATRIOT ACT

(Code ) (Expenses $ 2,294,242 Including grants of $ 0) (Revenue $ 170,743)

PROGRAM ADMINISTRATION INCLUDES UWMB'S INTERNAL RESOURCE ALLOCATION TO SUPPORT CHILDREN, YOUTH AND
```

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)														
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (do not check ours per veek (list ny hours or related anizations below		box, both a tee)	,	(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							
WILLAIM T EATON DIRECTOR	2 0	х						0	0	0					
MARK WHITNEY VICE CHAIRMAN AND DIRECTOR	2 0	х						0	0	0					
JAMES WESTRA SECRETARY AND VICE CHAIRMAN AND DIRECTOR	2 0	x						0	0	0					
CAROL VALIANTI DIRECTOR	2 0	x						0	0	0					
TIM SULLIVAN DIRECTOR	2 0	×						0	0	0					
ANDREW SMITH DIRECTOR	2 0	×						0	0	0					
JAY A SHUMAN DIRECTOR	2 0	x						0	0	0					
ERIC ROSENGREN DIRECTOR	2 0	×						0	0	0					
DOROTHY PUHY VICE CHAIRMAN AND DIRECTOR	2 0	×						0	0	0					
WILLIAM K BACIC VICE CHAIRMAN AND DIRECTOR	2 0	×						0	0	0					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and A verage Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099for related director/trustee) (W-2/1099from the organizations MISC) MISC) organization Officer emplovee Highest compensated Former Individual trustee Ē below and related Instituticnal Trust⊷e director dotted line) organizations employee **РНҮШ**S 20 BARAJAS Χ 0 0 DIRECTOR ROBERT L 2 0 BEAL Χ 0 0 DIRECTOR TAYLOR S BODMAN 20 VICE Χ 0 CHAIRMAN AND DIRECTOR JEFFR EY 20 BRAY Х 0 0 DIRECTOR 2 0 IVY L BROWN 0 0 Χ DIRECTOR POLLY 20 BRYSON 0 0 Х DIRECTOR CHRISTINE C 20 CARSMAN Х 0 0 DIRECTOR JACQUES 20 CARTER Х 0 0 DIRECTOR 20 AMY CASE 0 0 Х DIRECTOR PHIL CATCHINGS 20 VICE Х 0 0 CHAIRMAN AND DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Estimated Name Average Reportable Reportable and Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Highest compensated employee Officer Key Individual trustee below Institutional Trust⊭ë and related dotted line) organizations employee 語ので TIMOTHY CONNELLY 20 VICE Χ 0 CHAIRMAN AND DIRECTOR JANET 2 0 COOPER Χ 0 0 0 DIRECTOR KRISTINA DAVIS 20 VICE Χ 0 CHAIRMAN AND DIRECTOR MICHAEL 2 0 DOUGHTY Χ 0 0 0 DIRECTOR ANDREW **DREYFUS** 20 IMMEDIATE Χ 0 0 0 PAST CHAIR OF THE **BOARD** BILL 2 0 **PIOMBINO** 0 0 0 Χ DIRECTOR SUSAN 2 0 **ESPER** Χ 0 0 0 CHAIR OF THE BOARD LYNNETTE C 20 FALLON Χ 0 0 0 DIRECTOR MATTHEW E 2 0 FISHMAN Х 0 0 0 DIRECTOR COLBY T 2 0 GAMESTER Χ 0 0 DIRECTOR

	Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)														
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	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								
LOURDES GERMAN	2 0 0 0									(
DIRECTOR MATTHEW															
GOULDING	2 0	×						0	0	(
CAROLYN M	2.0	\vdash		\vdash	<u> </u>	\longmapsto	$\vdash\vdash$								
JONES DIRECTOR	2 0	х						0	0	d					
ELLEN KING	2 0					$\vdash \vdash \vdash$	\vdash								
DIRECTOR		X			 			0	0						
PATRICIA KRAFT	2 0	Х						0	0	(
DIRECTOR					<u> </u>	igsqcup	\sqcup								
STEVEN D KRICHMAR TREASURER AND VICE CHAIRMAN AND DIRECTOR	2 0	x						0	0	(
MARY KAY LEONARD	2 0	x						0	0	(
DIRECTOR	2 0	$\vdash \vdash \vdash$		\vdash		$\vdash \vdash \vdash$	\vdash								
JOHN MANG DIRECTOR		Х						0	0	d					
PENNI McLean- Conner MCLEAN- CONNER DIR ECTOR	2 0	х						0	0	,					
MICHAEL MOONEY	2 0	Х						0	0	(

DIRECTOR

								icers, Directo ent Contracto		, Key Emplo
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	han ersor icer a	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
CAROLYN MURPHY	2 0	х						0	0	· ·
DIRECTOR GEORGE NEBLE VICE CHAIRMAN AND DIRECTOR	2 0	×						0	0	(
MICHAEL DURKIN PRESIDENT AND CEO AND ASSISTANT SECRETARY	40 0			x				398,545	0	53,947
PATRICIA LATIMORE CFO AND ASSISTANT TREASURER	40 0			x				218,222	0	37,108
JEFFERY HAYWARD CHIEF OF EXTERNAL AFFAIRS	40 0				x			247,439	0	34,381
JOHN FEUDO CHIEF DEVELOPMENT OFFICER	40 0				x			184,354	0	23,924
KARLEY AUSIELLO SENIOR VICE- PRESIDENT - COMMUNITY IMPACT	40 0					х		175,069	0	36,879
MARK LAMOTHE SENIOR VICE- PRESIDENT- MARKETING	40 0					х		175,651	0	27,664
MARIA TRINGALE VICE- PRESIDENT- MAJOR GIFTS	40 0					×		177,220	0	29,952
IMRAN ALRAI VICE- PRESIDENT- INFORMATION TECHNOLOGY	40 0					х		171,057	0	29,563

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Position (do not check Reportable Reportable Estimated Name and Average Title more than one box. compensation amount of hours per compensation week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization individual Officer Institutional below and related dotted line) organizations employee compensated trustee. Trustee 40.0 Χ 150,450 28,202

JANE **TEWK SBURY**

EXECUTIVE DIRECTOR-

THRIVE IN FIVE

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

DLN: 93493046025197 OMB No 1545-0047

Employer identification number

04-2382233

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.

Inspection

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

2

990EZ)

SCHEDULE A

UNITED WAY OF MASSACHUSETTS BAY INC

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

(Form 990 or

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

8	Г	A community trust des	scribed in sect	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	i _	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	s exempt functions—s unrelated business tax eesection 509(a)(2).	ubject to certa kable income (I (Complete Part	In exceptions ess section 5 III)	tributions, membership s, and (2) no more than s11 tax) from businesse ion 509(a)(4).	331/3% of its support
11	İ_	one or more publicly s	upported orga	nizations described in	section 509(a)(1) or sectio	inctions of, or to carry o n 509(a)(2) See sectio id complete lines 11e, 1	n 509(a)(3). Check
а	Г	Type I. A supporting o	organization op n(s) the power	perated, supervised, or to regularly appoint o	controlled by i r elect a majori	its supported	organization(s), typical ctors or trustees of the	ly by giving the
b	Г		pporting organ	nization vested in the s			ported organization(s), t r manage the supported	
c		Type III functionally is supported organization					th, and functionally integral to the control of the	grated with, its
d	Γ	Type III non-function not functionally integr (see instructions) You	ally integrated ated The orga u must comple	d. A supporting organi anization generally must ete Part IV, Sections A	zation operated st satisfy a disf and D, and Pai	in connection requirt V.	n with its supported org irement and an attentiv	eness requirement
е		Check this box if the contegrated, or Type III	_				t is a Type I, Type II, T	ype III functionally
f	Ente	r the number of support		, ,	5 5		<u></u>	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tota	<u> </u>							
For P	aperw	vork Reduction Act Noti	ice, see the In	structions for Form 99	00 or 990EZ.	Cat No 11		990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 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)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	44,492,586	41,197,209	42,189,165	44,111,171	45,686,045	217,676,176
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	44,492,586	41,197,209	42,189,165	44,111,171	45,686,045	217,676,176
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)						0
6 Public support. Subtract line 5 from line 4						217,676,176

Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 44,492,586 41,197,209 42,189,165 44,111,171 45,686,045 217,676,176 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, 731,316 2,102,950 1,076,200 3,121,379 1,047,771 8,079,616 royalties and income from sımılar sources 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 1,764,746 2,229,528 1,678,256 946,641 2,871,793 9.490.964 capital assets (Explain in Part VI) Total support. Add lines 7 235,246,756 through 10 Gross receipts from related activities, etc (see instructions)

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a se	ction 501(c)(3) organization,								
	check this box and stop here		▶┌							
S	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92 53 %							
			-							

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92 53 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	92 12 %
16a	33.1/3% support test - 2015. 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-2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

12

0

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
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	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· ,	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
-	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		<u> </u>
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
D	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4 c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
_	the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 See inst i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	Г
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	integrat	ed Type III supporting c	organization (see

	arter Type III Non-Functionally Integra	ateu 309(a)(3) Suppoi	ting Organizations (co	Jiitiiiueu)
Se	ection D - Distributions			Current Year
1	A mounts paid to supported organizations to accom	plish exempt purposes		
2	A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval rec	quired)		
6	Other distributions (describe in Part VI) See instru	uctions		
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
C	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
<u>a</u>				
b				
c	Excess from 2013			
d	From 2014			
е	From 2015			

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - PROGRAM SERVICE REVENUE (FORM 990, PART I, SUMMARY, LINE 9) UNREALIZED GAINS AND LOSSES AND OTHER REVENUE (FORM 990, PART I, SUMMARY, LINE 11), COLUMN A - 1678256 0, COLUMN B - 946641 0, COLUMN C - 1764746 0, COLUMN D - 2871793 0, COLUMN E - 2229528 0, COLUMN F - 9490964 0, DESCRIPTION - FUNDRAISING

REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F -

Employer identification number

04-2382233

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

UNITED WAY OF MASSACHUSETTS BAY INC

Political expenditures

Volunteer hours

Service

1

2

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Par	t I-B Complete if the or	ganization is exempt under	section 501(d	:)(3).	
1	Enter the amount of any excis	e tax incurred by the organization und	ler section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization manag	ers under sectior	14955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				•
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contributio	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	-EZ. C	at No 50084S Schedule C (F	Form 990 or 990-EZ) 2015

reporting section 4911 tax for this year?

Sch	nedule C (Form 990 or 990-EZ) 2015				Page 2
Pā	art II-A Complete if the organization i under section 501(h)).	is exempt under section 501(c)(3) and file	ed Form 5768	(election
١.	Check ► If the filing organization belongs to a expenses, and share of excess lobby		filiated gro	up member's nam	e, address, EIN
3	Check ▶ ☐ If the filing organization checked box	x A and "limited control" provisions apply			
		ing Expenditures ans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public op lobbying) Total lobbying expenditures to influence a legisla	(5)			
c	Total lobbying expenditures (add lines 1a and 1b))			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 1c	and 1d)			
f	Lobbying nontaxable amount Enter the amount fro	om the following table in both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not ever \$1,500,000	\$175,000 plus 10% of the excess ever \$1,000,000			

2000 fing noncaxable amount Enter the amount	te from the following table in both columns
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000
Grassroots nontaxable amount (enter 25% of	line 1f)
Subtract line 1g from line 1a If zero or less, e	enter -0-
Subtract line 1f from line 1c If zero or less, e	nter-0-

⊤ Y e s

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT Part II-B filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity No A mount Yes During the year, did the filing organization attempt to influence foreign, national, state or local 1 legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Yes Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? Nο Nο Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Νo Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 2,596 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo Other activities? Yes j Total Add lines 1c through 1i 2,596 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). No 1 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes. 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b c 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 4 political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation Schedule C. Part II-B. Line 1 UWMB DEVOTES A LIMITED AMOUNT OF TIME AND RESOURCES INTO ADVOCATING DETAILED DESCRIPTION OF THE AROUND ISSUES THAT AFFECT LOW-INCOME CHILDREN, YOUTH AND FAMILIES BY LOBBYING ACTIVITY CONVENING KEY STAKEHOLDERS FROM THE BUSINESS COMMUNITY, LABOR, PHILANTHROPIC, PROVIDER AND FAITH COMMUNITIES, UWMB EDUCATES STATE POLICY MAKERS ABOUT EMERGING CONCERNS AND POTENTIAL SOLUTIONS THIS ADVOCACY SEEKS SYSTEMATIC CHANGES AT THE STATE LEVEL ADDRESSING ROOT CAUSES LOBBYING ACTIVITIES INCLUDE MEETINGS AND CORRESPONDENCE WITH POLICY MAKERS, TESTIFYING BEFORE LEGISLATIVE COMMITTEES, USING THE MEDIA VIA EDITORIALS AND OP-EDS TO DRIVE PUBLIC WILL, AND CONDUCTING RESEARCH TO MAKE ITS CASE IN ADDITION, UWMB WORKS WITH STATE-LEVEL OFFICIALS ON SPECIFIC ISSUES RELATED TO EARLY EDUCATION QUALITY AND ACCESS, REDUCING INDIVIDUAL AND FAMILY HOMELESSNESS, AND ECONOMIC DEVELOPMENT Schedule C, Part II-B, Line 1 UWMB DEVOTES A LIMITED AMOUNT OF TIME AND RESOURCES INTO ADVOCATING DETAILED DESCRIPTION OF THE AROUND ISSUES THAT AFFECT LOW-INCOME CHILDREN, YOUTH AND FAMILIES BY LOBBYING ACTIVITY CONVENING KEY STAKEHOLDERS FROM THE BUSINESS COMMUNITY, LABOR, PHILANTHROPIC, PROVIDER AND FAITH COMMUNITIES, UWMB EDUCATES STATE POLICY MAKERS ABOUT EMERGING CONCERNS AND POTENTIAL SOLUTIONS THIS ADVOCACY SEEKS SYSTEMATIC CHANGES AT THE STATE LEVEL ADDRESSING ROOT CAUSES LOBBYING ACTIVITIES INCLUDE MEETINGS AND CORRESPONDENCE WITH POLICY MAKERS. TESTIFYING BEFORE LEGISLATIVE COMMITTEES, USING THE MEDIA VIA EDITORIALS AND OP-EDS TO DRIVE PUBLIC WILL, AND CONDUCTING RESEARCH TO MAKE ITS CASE IN ADDITION, UWMB WORKS WITH STATE-LEVEL OFFICIALS ON SPECIFIC ISSUES RELATED TO

EARLY EDUCATION QUALITY AND ACCESS, REDUCING INDIVIDUAL AND FAMILY

HOMELESSNESS, AND ECONOMIC DEVELOPMENT

SCHEDULE D

(Form 990)

Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

DLN: 93493046025197

Department of the

Intern	ial Revenue Service	`			
	me of the organization TED WAY OF MASSACHUSETTS BAY INC		I	mplo	yer identification number
					382233
Pa	rt I Organizations Maintaining Donor Complete if the organization answer	· Advised Funds or Other Simi ed "Yes" on Form 990, Part IV, lın	ilar Fund ne 6.	ds o	r Accounts.
		(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to			advis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	5 5			purpose Yes No
Pai	rt III Conservation Easements. Comple	ete if the organization answered "	'Yes" on f	orm	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)			
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		ıon of an hı	storio	cally important land area
	Protection of natural habitat	Preservatı	ıon of a ceı	tified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribut	tion in the	form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements		<u> </u>	2a	
b	Total acreage restricted by conservation easeme	ents	<u> </u>	2b	
c	Number of conservation easements on a certified	• •	<u> </u>	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a		2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or ter	rmınated b	y the	organization during the
	tax year >				
4	Number of states where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		on, handlın	g of	☐ Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and	enforcing	cons	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enfo	rcing cons	ervat	ion easements during the y ear
•	> \$				
8	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements	s of sectio	n 170	(h)(4)
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text				e statement, and

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

- 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
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
 - Assets included in Form 990, Part X

Part	1##1	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasur	es, or C	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	ecords, check any	of the follow	ing that	are a significant us	se of its
а		Public exhibition		d L	oan or excha	ange prog	grams	
b		Scholarly research		e	ther			
c		Preservation for future generations						
4	Provi Part X	de a description of the organizatior XIII	's collections and e	xplain how they fur	ther the org	jan ız atıor	n's exempt purpose	e in
5		g the year, did the organization sol s to be sold to raise funds rather th						s No
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form 990, Pai	rt IV, line s	9, or re	ported an amou	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary for contr	ributions or	other ass	sets not	s No
b	īf'	"Yes," explain the arrangement in F	Part XIII and comple	ete the following ta	hle		An	nount
c		ginning balance	are XIII and compre	see the following to	DIC .	1c		
d		ditions during the year				1d		
e		stributions during the year				1e		
f		ding balance				1f		
2a		ne organization include an amount (on Form 990 Part V	line 21 for ecoro	w or custod			
							·	
	1f "Y 6	es," explain the arrangement in Par Endowment Funds. Comple						
Fal	L V	Endownient Funds: Compi	(a)Current year	(b)Prior year	b (c) Two ye		(d)Three years back	(e)Four years back
1a	Beair	nning of year balance	15,606,619	16,034,415		,983,448	14,504,434	15,336,003
b	-	ributions	429,536			0	17,210	0
c	Net ii losse	nvestment earnings, gains, and es	-200,323	294,265	1	,764,907	1,166,815	-156,178
d	Grant	ts or scholarships	0			0		0
e		r expenditures for facilities rograms	744,325	722,061		713,940	705,011	675,391
f	Admi	nistrative expenses	0			0		
g	End c	of year balance	15,091,507	15,606,619	16	,034,415	14,983,448	14,504,434
2	Provi	de the estimated percentage of the	current year end ba	alance (line 1g, col	umn (a)) he	ld as		•
а	Board	d designated or quasi-endowment ▶	29 %					
ь		anent endowment ► 40 %						
	Temp	oorarily restricted endowment >	31 %					
		percentages on lines 2a, 2b, and 2c	·					
3a		here endowment funds not in the po nization by	ssession of the org	anızatıon that are h	neld and adr	nınıstere	d for the	Yes No
	_	rrelated organizations					3:	a(i) Yes
		elated organizations					<u> </u>	a(ii) No
b		es" on 3a(II), are the related organi		uired on Schedule	R?			3b
4	Desc	ribe in Part XIII the intended uses	of the organization's	s endowment funds	;			
Par	t VI	, , , , , ,						
		Complete if the organization Description of property	answered 'Yes' to	Form 990, Part (a) Cost or other (investme	basis Cost o	1a.See (b) or other ba (other)	Accumulated	
1 a l	and					<u> </u>		
b E	Buildin	ngs						
		nold improvements				3,758,8	2,628,3	60 1,130,465
	-aunn	,				1 429 2		

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

997,356

2,262,190

916,958

1,914,314

See Form 990, Part X, line 12. (a) Description of security or categ	inry	(b)Book value	(c)Method of valuation
(including name of security)	lory	(b)Book value	Cost or end-of-year market val
1)Financial derivatives 2)Closely-held equity interests			
3)O ther A) A lternative Investments		3,513,876	F
B) Investment in Partnership		8,855,967	F
C) Perpetual Trusts		5,315,011	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12		17,684,854	
art VIII Investments—Program Related Complete if the organization answe	red 'Yes' on Form 990	, Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
			Cost of end-of-year market val
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organiz		Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on l	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on I	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on I	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on I	Form 990, Part IV, line 1	
Other Assets. Complete if the organiz (a) De (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In	escription view of the state of		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Column 990, Part X, line 25.	escription me 15) organization answered		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Column (b) Part X, con part X, col (B) In See Form 990, Part X, line 25.	escription view of the state of		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	escription me 15) organization answered		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ederal income taxes	escription me 15) organization answered		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease	escription ine 15) organization answered (b) Book value		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease eferred Lease Incentive	ation answered 'Yes' on lescription ane 15) organization answered (b) Book value		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease eferred Lease Incentive onor Designtn next year Campaign	(b) Book value		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease eferred Lease Incentive onor Designtn next year Campaign	ation answered 'Yes' on lescription ane 15) organization answered (b) Book value		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease referred Lease Incentive ronor Designtn next year Campaign	(b) Book value		(b) Book value
Other Assets. Complete if the organiz (a) De otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the off See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease referred Lease Incentive conor Designtn next year Campaign conor Designtn current Campaign	(b) Book value 493,0 21,4		(b) Book value
Other Assets. Complete if the organiz (a) Description of liability Part X Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease referred Lease Incentive conor Designtn next year Campaign conor Designtn current Campaign referred Rent referred Recoveries	(b) Book value 493,0 21,4	03 12 58	(b) Book value
Other Assets. Complete if the organize (a) Decomplete if the organize (b) Decomplete if the o	(b) Book value 493,0 21,4 3,723,6	03 12 58	(b) Book value
Other Assets. Complete if the organiz (a) Description of liability Part X Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability ederal income taxes oss on Sub Lease referred Lease Incentive conor Designtn next year Campaign conor Designtn current Campaign referred Rent referred Recoveries	(b) Book value 493,0 21,4 3,723,6	03 12 58	(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	48,227,329
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,838,235		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-736,015
3	Subtract line 2e from line 1	3	48,963,344
4	A mounts 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 0		
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	48,963,344
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	eturn.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	41,314,961
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	-	41,314,901
	· · · · · · · · · · · · · · · · · · ·		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other (Describe in Part XIII)		
			4 400 000
d	Add lines 2a through 2d	2e	1,102,220
e	Subtract line 2e from line 1	3	40,212,741
e 3	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
e 3 4	, , ,		
e 3	Investment expenses not included on Form 990, Part VIII, line 7b		
e 3 4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
e 3 4 a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4c	12.490.124
e 3 4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	12,490,124 52,702,865

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

PORTFOLIO 9) THE ADEQUACY OF RESERVES

Return Reference Explanation

Schedule D, Part V, Line 4 Intended uses of endowment funds

UWMB'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD DESIGNATED ENDOWMENT FUNDS TEMPORARILY RESTRICTED ENDOWMENT FUNDS INCLUDE GAINS AND EARNINGS ON PERMANENTLY RESTRICTED FUNDS IN EXCESS OF THE AMOUNTS APPROPRIATED FOR SPENDING ON A CUMULATIVE BASIS BY THE BOARD OF DIRECTORS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE BOARD OF DIRECTORS OF UWMB HAS INTERPRETED THE "UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT" (UPMIFA) AS REQUIRING THE PRESERVATION OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, UWMB CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS, (a) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (b) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (c) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE BOARD OF DIRECTORS OF UWMB IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA IN ACCORDANCE WITH UPMIFA, UWMB CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE ENDOWMENT FUNDS 1) THE DURATION AND PRESERVATION OF THE FUND 2) THE PURPOSES OF UWMB AND THE DONOR-RESTRICTED ENDOWMENT FUND 3)GENERAL ECONOMIC CONDITIONS 4) THE POSSIBLE EFFECT OF INFLATION AND DEFLATION 5)THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS 6) OTHER RESOURCES OF UWMB 7)THE INVESTMENT POLICIES OF UWMB 8) THE ROLE OF EACH INVESTMENT IN THE WHOLE

chedule D (Form 990) 2015		Page 5		
Part XIII Supplemental Info	ormation (continued)			
Return Reference	Explanation			
chedule D, Part XII, Line 4(b) Other xpenses in form 990 not in audited inancial statements	DESIGNATIONS - 12490124			

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493046025197

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF MASSACHUSETTS BAY INC

Employer identification number
04-2382233

Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🗸 Mail solicitations
 - ✓ Internet and email solicitations
- c 🔽 Phone solicitations
- d

 ✓ In-person solicitations

- e 🗸 Solicitation of non-government grants
 - Solicitation of government grants
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising

 Yes ▼No services?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	•	•	>	0	0	0

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
	registration or licensing

ME, MA, NH

_		
Part II	Fundraising	Events

Fundraising Events.

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

	fundraising event contributio receipts greater than \$5,000		on Form 990-EZ, line	s 1 and 6b. List even	ts with gross
		(a)Event #1 Real Estate Breakfast (event type)	(b)Event #2 Oyster Harbor Golf Classic (event type)	(c)Other events 28 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,199,356	564,480	1,437,353	3,201,189
Œ	2 Less Contributions	1,118,763	504,116	933,472	2,556,351
	3 Gross income (line 1 minus line 2)	80,593	60,364	503,881	644,838
	4 Cash prizes	,	,	,	,
	5 Noncash prizes				
S	6 Rent/facility costs				
Expenses	7 Food and beverages				
A Ž	8 Entertainment				
Direct	9 Other direct expenses	80,593	60,364	503,881	644,838
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		644,838
	11 Net income summary Subtract line 1	0 from line 3, column (d	1)	•	0
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u></u>	5 Other direct expenses				
	6 Volunteer labor	├ Yes %	├ Yes <u>%</u> ├ No	☐ Yes <u>%</u> ☐ No	
	7 Direct expense summary Add lines 2	2 through 5 in column (c	1)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct				Yes No
b	If "No," explain				
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

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

Name of the organization

UNITED WAY OF MASSACHUSETTS BAY INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Employer identification number

04-2382233

DLN: 93493046025197

Open to Public Inspection

Schedule I (Form 990) 2015

Part I General Information	n on Grants and	Assistance					
 Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or ass	sistance?				stance, and	√ Yes N
Part II Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and governn	nent organizations lis	ted in the line 1 table .				425
3 Enter total number of other organ	nızatıons lısted ın th	e lıne 1 table . .				▶ _	0

Cat No 50055P

(a)Type of grant or assistar	nce (b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc
art IV Supplemental:	Information. Provide the info	rmation required in	 Part I, line 2, Part III,	column (b), and any other a	additional information.
urn Reference	Explanation				
edule I, Part I, Line 2 cedures for monitoring use of it funds		IG BUT NOT LIMITED /MB ENGAGES MULTIF	TO, AN APPLICATION F PLE VOLUNTEER REVIE	PROCESS THAT INCLUDES EXI W COMMITTEES TO REVIEW A	PLANATION OF PROPOSED USE PPLICATIONS AND RECOMMEND

OUTCOMES AND DELIVERABLES TO ENSURE UWMB IS ACHIEVING ITS MISSION

UNDERSTANDING AGREEING TO GENERAL PROVISIONS, REPORTING REQUIREMENTS, AND COMPLIANCE WITH APPLICABLE STATE AND FEDERAL REGULATIONS IN ADDITION, UWMB'S COMMUNITY IMPACT STAFF, REGULARLY COMMUNICATE AND MONITOR AGENCIES' COMPLIANCE WITH THE MEMORANDUM OF UNDERSTANDING INCLUDING PROGRESS AGAINST AGREED UPON PROGRAMMATIC

Additional Data

organization

Software ID: 15000238
Software Version: 2015v3.0

EIN: 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

cash

(book FMV appraisal

non-cash assistance

(h) Purpose of grant

orassistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

grant

if applicable

or government		п аррпсавіе	grant	assistance	other)	non-cash assistance	or assistance
ABCD-Action for Boston Community Development 178 Tremont Street Boston, MA 02111	04-2304133	501(c)(3)	203,895	0	N/A	N/A	Community Impact
A ction Incorporated 180 Main Street Gloucester, MA 01930	04-2389332	501(c)(3)	25,100	0	N/A	N/A	Community Impact
Adopt A Student Foundation Cathedral High School 74 Union Park Street Boston, MA 02118	04-6665080	501(c)(3)	10,243	0	N/A	N/A	Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Aids Action Committee of 22-2707246 501(c)(3) 36,869 0 N/A Community Impact Massachusetts Inc 75 Amory St Roxbury, MA 02119 y Impact

Allston-Brighton Community Development Corporation 20 Linden Street	04-2716278	501(c)(3)	159,732	0	N/A	N/A	Community
Suite 288 Allston, MA 02134							
Alzheimers Association of	04-2731194	501(c)(3)	17,008	0	N/A	N/A	Community

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Massachusetts 480 Pleasant Street Watertown, MA 02472

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A 05-0271570 501(c)(3) 34,348 0 N/A American Cancer Society -Community Impact New England Division Finance Department 30 Speen Street Framingham MA 01701 N/A 13-4159765 501(c)(3) 9,800 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Fraiiiiigham, MA 01701
American India Foundation
Development Consultant
216 East 45th St 7th Floor

American National Red Cross

53-0196605

New York, NY 10017

PO Box 73857 Chicago, IL 60673

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A American Red Cross of 501(c)(3) 360,109 0 N/A Community Impact 53-0196605 Massachusetts 139 Main Street unity Impact

N/A

Community Impact

0 N/A

Cambridge, MA 02142							
Americas Charities PO Box 75083 Baltimore, MD 21275	54-1517707	501(c)(3)	13,258	0	N/A	N/A	Commun

35,637

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

94-3193389

Animal Charities of America

San Francisco, CA 94145

PO Box 45754

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A Animal Welfare Fund 26-0610986 501(c)(3) 12,198 0 N/A Community Impact 125 Washington Street Ste 201

	04.0476050	= 0.4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				NI CA	
Arlington Boys and Girls Club 60 Pond Ln Arlington, MA 02474	04-2149320	501(c)(3)	5,098	0	N/A	N/A	Community Impact
Salem,MA 01970							

87 Tyler St 5

Boston, MA 021111833

Community Impact Asian American Civic 04-2476258 501(c)(3) 104,1831 0 IN/A Association

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A 04-2988263 501(c)(3) 79,884 0 lN/A Community Impact Asian Community **Development Corporation** 38 Oak Street nity Impact

Boston, MA 02111							
Asian Task Force Against Domestic Violence PO Box 120108 Boston, MA 02112	04-3103354	501(c)(3)	46,643	0	N/A	N/A	Community Impact
Aspergers Association of New	04-3376227	501(c)(3)	5,721	0	N/A	N/A	Community Impact

England Inc 51 Water St Ste 2 Watertown, MA 02472

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A Bay Cove Human Services 04-2518575 501(c)(3) 11,194 0 N/A Community Impact Development Office 66 Canal Street nunity Impact

D and a last	6114	04 2226220	E01/-3/23	10030		n. / n	NI/A	C
60 Clay	oundation yton Street ster, MA 02122	04-3182053	501(c)(3)	70,646	0	N/A	N/A	Commu
Boston,	,MA 02114							

Pittsfield, MA 01201

Berkshire Children and 04-2226238 501(c)(3) 10,930 U IN/A

Community Impact Families Inc. 480 West Street Suite 2

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 20.000 N/A Berwick Academy 01-0223755 0 IN / A Community Impact 31 Academy Street nunity Impact

8.160

N/A

Community Impact

0 N/A

South Berwick, ME 03908							ı
BEST Corp 33 Harrison Ave Third Floor	20-0917822	501(c)(3)	47,040	0	N/A	N/A	Commu

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Boston, MA UZIII

04-2493492

Bethany Hill School

89 Bethany Road Framingham, MA 01702

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Beverly Bootstraps 04-3254507 501(c)(3) 37,374 0 N/A Community Impact 35 Park St Beverly, MA 01915 N/A Beverly Childrens Learning 02-3726724 501(c)(3) 29,664 0 N/A Community Impact Center 550 Cabot Street Beverly, MA 01915 IN/A 0 N/A Community Impact

Big Brothers Big Sisters 04-2074462 501(c)(3) 225,299 Association of Massachusetts Bay 75 Federal St

5Th Floor

Boston, MA 02110

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Big Sister Association of 04-2150651 282,215 0 N/A N/A 501(c)(3) Community Impact Greater Boston 20 Park Plaza - Suite 1420 Boston, MA 02116 N/A Bird Street Community Center 04-2708670 501(c)(3) 68,410 0 N/A Community Impact Nathan Simms 500 Columbia Road

Dorchester, MA 02125 N/A BOSTnet - Build the Out of 22-2835459 501(c)(3) 165,500 0 N/A Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

School Time Network 6 Beacon Street Suite 810 Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boston Area Health Education 04-3316655 501(c)(3) 10,400 0 N/A Community Impact Center c/o Boston Public Health Commission 1010 Massachusetts Avenue nity Impact

Boston, MA 02118							
Boston Asian Youth Essential Service 199 Harrison Avenue Boston, MA 02111	23-7288855	501(c)(3)	67,233	0	N/A	N/A	Community Impact
Boston Center for	04-2546595	501(c)(3)	57,111	0	N/A	N/A	Community Impact

Independent Living Inc(BCIL) 60 Temple PL 5th FL Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Boston Centers for Youth and 04-2602576 501(c)(3) 18,000 0 N/A N/A Community Impact Families 1483 Tremont St Boston, MA 02120 N/A Boston Childrens Hospital -04-2774441 501(c)(3) 10,884 0 N/A Community Impact Family Connections 300 Longwood Avenue Boston, MA 02215

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Boston College

Office of Sponsored Programs 140 Commonwealth Ave Chestnut Hill, MA 02467

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Boston Medical Center 04-3314093 501(c)(3) 10,998 0 N/A IN/A Community Impact 801 Massachusetts Avenue Boston, MA 021182393 N/A Boston Medical Center (Child 04-3314093 501(c)(3) 54,720 0 N/A Community Impact Witness to Violence Drozest unity Impact

660 Harrison Ave Gambro 2 - Room 211 Boston, MA 02118							
Boston Medical Center (Healthy Steps) 660 Harrison Ave	04-3314093	501(c)(3)	65,399	0	N/A	N/A	Communi

Gambro 2 Rm 211 Boston, MA 02118

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boston Minuteman Council 22-1576300 501(c)(3) 17,886 0 N/A Community Impact Boy Scouts of America 600 W Cummngs Park Suite 2750 Woburn, MA 018016457 inity Impact

Boston Public Health Commission c/o Boston Public Health Commission 1010 Massachusetts Avenue Boston, MA 02118	04-3316655	501(c)(3)	11,200	0	N/A	N/A	Communi
Boy Scouts of America Old	04-2104804	501(c)(3)	6,726	0	N/A	N/A	Communi

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boy Scouts of America Old Colony Council

2438 Washington Street Canton, MA 02021

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boys and Girls Club -04-2103922 501(c)(3) 6,046 0 N/A Community Impact Charlestown 200 High Street Suite 3B Boston, MA 02110 N/A Boys and Girls Club of Greater 23-7106468 501(c)(3) 18,624 0 N/A Community Impact D . II 98 N/A 04-2104396 501(c)(3) 43,832 0 N/A Community Impact ireater

Billerica
19 Campbell Road
Billerica, MA 01821269
Boys and Girls Club of G Lowell Inc
Joseph C Hungler Exec
Director

657 Middlesex Street Lowell, MA 01851

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boys and Girls Club of Woburn 04-2301953 501(c)(3) 54,564 0 N/A Community Impact James L MCKeon Boys and Gırls 40 Hudson Street Woburn, MA 01801 unity Impact

Boys and Girls Clubs of Boston 200 High Street	04-2103922	501(c)(3)	888,324	0	N/A	N/A	Community Impact
Boston, MA 02110							
Boys and Girls Clubs of	23-7072766	501(c)(3)	70,138	0	N/A	N/A	Community Impact

Middlesex County 11 Salem Street Suite 15 Medford, MA 02155

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Boys and Girls Club of 04-2111215 501(c)(3) 22,248 0 N/A Community Impact Haverhill 55 Emerson Street PO Box 483 Haverhill, MA 01830 inity Impact

Boys and Girls Club of Lower Merrimack Valley PO Box 5906	04-3474114	501(c)(3)	23,442	0	N/A	N/A	Community Impact
Salisbury, MA 01952							
Boys and Girls Clubs of	23-7076465	501(c)(3)	127,345	0	N/A	N/A	Community Impact

Dorchester 35 Deer Street Dorchester, MA 02125

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Brazelton Touchpoints Project 04-3327682 501(c)(3) 86,083 0 N/A Community Impact Inc Boston Childrens Hospital Research Fifnance Boston, MA 02241 N/A Brazelton Touchpoints Project 04-3327682 501(c)(3) 86,083 0 N/A Community Impact Inc Family Connections 1295 Boylston Street 320

Boston, MA 02215 N/A 04-2472126 501(c)(3) 185,753 0 N/A Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Bridge Over Troubled Waters Inc

47 West Street Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Bridgewater State University 22-2678005 501(c)(3) 8,750 0 N/A Community Impact Tillinghast Hall - Rm 100 inity Impact

0 N/A

N/A

Community Impact

45 School Street Bridgewater, MA 02325							
Brookline Center (The) 41 Garrison Road Brookline, MA 02445	04-2263744	501(c)(3)	161,344	0	N/A	N/A	Communi

10,931

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-2263744

Brookline Community Mental

Health Center 41 Garrison Road Brookline, MA 02445

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A Build The Out of School Time 22-2835459 501(c)(3) 46,144 0 N/A Community Impact Network Inc dbaBosNet Inc 6 Beacon Street Suite 810 Boston, MA 22108 N/A Cambridge Community Center 04-2477881 501(c)(3) 32,240 0 N/A Community Impact Inc 5 Callender Street Attn Benjamin B Clark Cambridge, MA 02139 N/A 0 N/A Cambridge Community 04-2103961 501(c)(3) 30,761 Community Impact Services (CCS) Ben Clark - Executive

Director

99 Bishop Richard Allen Drive Cambridge, MA 02139

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2104057 501(c)(3) 76.877 0 N/A N/A Community Impact Cambridge Family and Childrens Service Ms Maria Mossaides 60 Gore Street Cambridge, MA 02141 N/A Cambridge Family YMCA 04-2103960 501(c)(3) 6,246 0 N/A Community Impact

 Cambridge, MA
 02141
 Cambridge Family YMCA
 04-2103960
 501(c)(3)
 6,246
 0 N/A
 N/A
 Community Impact

 820 Massachusetts Avenue Cambridge, MA
 02139
 0 N/A
 N/A
 Community Impact

 Camp Fire USA North Shore
 04-2103970
 501(c)(3)
 34,849
 0 N/A
 N/A
 Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Council 2 Cain Road Salem, MA 01970

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A CancerCure of America 81-0648432 501(c)(3) 11,837 0 N/A Community Impact PO Box 45754 San Francisco, CA 94145 unity Impact

Cape and Islands United Way	04-2271714	501(c)(3)	18,675	0	N/A	N/A	Commun
259 Stevens St							
Suite E							
Hyannis,MA 026014327							ı

0 N/A

Community Impact

N/A

501(c)(3)

Casa Myrna Vazquez Inc

38 Wareham Street Boston, MA 02118 04-2625710

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Catholic Charities - Boston 04-2534041 501(c)(3) 906.042 0 N/A Community Impact 275 W Broadway nmunity Impact

N/A

Community Impact

0 N/A

South Boston, MA 021271943							
Catholic Charities North 117 N Common Street	04-2534041	501(c)(3)	54,656	0	N/A	N/A	Comm

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Lynn, MA 01902

169 Court Street Brockton, MA 02302

Catholic Charities South

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 45-1679647 501(c)(3) 12.270 0 N/A Community Impact Catholic Service Organizations of America PO Box 45754 nity Impact

0 N/A

N/A

Community Impact

San Francisco, CA 94145							
CDC of South Berkshire PO Box 733 Great Barrington, MA 01230	04-3010725	501(c)(3)	59,810	0	N/A	N/A	Communit
Oreat Barrington, MA 01230							

22,160

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-3091002

Center for Teen Empowerment

384 Warren Street 3 Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) N/A Centro Latino de Chelsea 22-2966645 501(c)(3) 8,651 0 N/A Community Impact 267 Broadway Chelsea, MA 02150 N/A 04-2754284 501(c)(3) 50,398 0 N/A Centro Presente Community Impact 12 Bennington Street

Suite 2 Boston, MA 021281771 IN/A Cerebral Palsy Association of 04-2204289 501(c)(3) 48,396 0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

103 Johnson Street Lynn, MA 01902

Community Impact Fastern Massachusetts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Charity Without Borders 501(c)(3) 5.729 0 N/A 81-0648432 Community Impact 1100 Larkspur Landing Larkspur, CA 94939 N/A 27-3132554 501(c)(3) 9,655 Charities Under 1 Overhead 0 lN /A Community Impact PO Box 45754 San Francisco, CA 94145

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Chelsea Neighborhood

Developers 4 Gerrish Avenue Chelsea, MA 02150

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Child and Family Services of 02-0222164 501(c)(3) 16,482 0 N/A Community Impact New Hampshire 464 Chestnut Street Manchester, NH 03101 nity Impact

Child Care of the Berkshires Inc PO Box 172 North Adams, MA 01247	04-2457299	501(c)(3)	9,232	0	N/A	N/A	Communi
Child Development Council Inc	23-7173500	501(c)(3)	15,000	0	N/A	N/A	Communi

PO Box 337 Kingston, NH 03848

nity Impact Stacey Barnett Frias

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Childrens Charities of 94-3148588 501(c)(3) 15,516 0 N/A N/A Community Impact A merica PO Box 45754 San Francisco, CA 94145 nity Impact

Childrens Friend and Family Service Society 110 Boston Street Salem, MA 019701402	04-2104791	501(c)(3)	75,519	0	N/A	N/A	Community Impact
Childrens Friend and Family	04-2104791	501(c)(3)	33,750	0	N/A	N/A	Community Impact

Service

110 Boston Street Salem, MA 01970

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 04-2622153 501(c)(3) 55,901 0 N/A Childrens Law Center of Community Impact Massassachusetts 298 Union Street Lvnn, MA 01903 IN/A 501(c)(3) 15,832 0 N/A Community Impact

IN/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Childrens Medical and	94-3148588	
Research Charities of America		
PO Box 45754		
San Francisco, CA 94145		

Childrens Services of Roxbury

520 Dudley St Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 94-3255961 501(c)(3) 15,568 0 N/A Community Impact Christian Charities USA 1100 Larkspur Landing Larkenur CA 94939 Community Impact

N/A

Community Impact

0 N/A

Laikspui, CA Jajaj							
Christian Family Services 2720 Southwest Second	59-2062317	501(c)(3)	6,314	0	N/A	N/A	Со
A venue							
Gainesville.FL 32607							

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Christian Service Charities

PO Box 79704 Baltimore, MD 21279

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A Citizens Housing and Planning 04-6138418 501(c)(3) 75,000 0 ln/A Community Impact Association (CHAPA) 18 Tremont Street Suite 401 Boston MA 02108 N/A 04-3259160 501(c)(3) 6,000 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Boston, Tirk ozio			
Citizens Schools			
308 Congress Street			
5th Floor			
Boston, MA 02210			

City Mission Society

14 Beacon Street Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 501(c)(3) 8.985 0 N/A N/A City of Lowell Public Schools 04-6001396 Community Impact 155 Merrimack Street Lawall MA 010E3 ity Impact

LOWEII, MA 01632							
City Year Boston 287 Columbus Avenue Boston, MA 02116	22-2882549	501(c)(3)	64,987	0	N/A	N/A	Community
							1

501(c)(3) 45,472 o N/A N/A Coalition for a Better Acre Inc. 04-2760272 Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

517 Moody Street Lowell, MA 01854

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Codman Square Neighborhood 04-2752507 501(c)(3) 256,878 0 ln/A Community Impact Development Corporation Gail Latimore 587 Washington Street nity Impact

Dorchester, MA 02124							
College Bound Dorchester 18 Samoset Street Dorchester, MA 021242415	04-2383512	501(c)(3)	290,228	0	N/A	N/A	Community Impact
Combined Jewish	04-2103559	501(c)(3)	555,926	0	N/A	N/A	Community Impact

Philanthropies 126 High Street Boston, MA 021102707

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Commonwealth Family 26-4068736 501(c)(3) 5,432 0 N/A Community Impact Childcare Inc 691 Broadway Raynham, MA 02767 N/A Commonwealth Land Trust 22-2753637 501(c)(3) 58,900 0 N/A Community Impact Inc 1059 Tremont St Suite 2 Roxbury Crossing, MA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 160 Dover, NH 03821

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 04-2428915 501(c)(3) 20,000 0 N/A Community Action Programs Community Impact Inter-City Inc 100 Everett Ave Host 1.4

Community Impact

Chelsea, MA 02150							
Community Action Inc 3 Washington Sq Fl 4	04-2383153	501(c)(3)	83,098	0	N/A	N/A	Commu

Haverhill, MA 01830

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Community Art Center Inc

119 Windsor Street Cambridge, MA 02139

nunity Impact N/A 04-2496097 501(c)(3) 32,944 0 N/A

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Community Day Care Center 04-2473133 501(c)(3) 5,120 0 N/A Community Impact ofLawrence 190 Hampshire Street Lawrence, MA 01840 inity Impact

Community Day Care Center of Lawrence Inc 190 Hampshire St Room 302 Lawrence, MA 01840	04-2473133	501(c)(3)	6,450	0	N/A	N/A	Commun
Community Economic Dev	04-2657382	501(c)(3)	44,160	0	N/A	N/A	Communi

Suite 350

Boston, MA 02108

inity Impact Asst Corp (CEDAC) One Center Plaza

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant other) or aovernment assistance 04-3371170 501(c)(3) 60,502 0 N/A N/A Community Impact Community EDC of Southeastern Massachusetts 1285 Acushnet Avenue New Bedford MA 02740 unity Impact

Community Impact

New Bealora, MA 02740							
Community Health Charities (MD) PO Box 75153 Baltimore, MD 21275	52-0728032	501(c)(3)	65,742	0	N/A	N/A	Communi
Community Health Charities	22-2478946	501(c)(3)	27,308	0	N/A	N/A	Communi

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

of Maine P O Box 75684 Baltimore, MD 21275

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 22-2570476 501(c)(3) 11,717 0 N/A N/A Community Impact Community Health Charities of New York PO Box 758858 Baltimore MD 212758858 inity Impact

Daitilliole, MD 212736636							
Community Legal Services and Counseling Center One West Street Cambridge, MA 02139	04-2470335	501(c)(3)	6,134	0	N/A	N/A	Community Impact
Community Partners	25-1918334	501(c)(3)	21,677	0	N/A	N/A	Community Impact

Community Partners Pamela Thyng

113 Crosby Road Suite 1 Dover, NH 03820

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(c)(3) 156,574 0 N/A Community Teamwork Inc 04-2382027 Community Impact 155 Merrimack Street Floor 2 Lowell, MA 018521723 N/A 501(c)(3) 102,805 0 N/A Community Work Sevices 04-2103560 Community Impact 174 Portland Street Boston, MA 02114

N/A Conservation and 94-3217738 501(c)(3) 7,947 0 N/A Community Impact Preservation Charities of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

A merica PO Box 45754 San Francisco, CA 94145

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Corev Johnson Trauma Cneter 04-3506648 501(c)(3) 25,000 0 N/A Community Impact Roxbury Presbyterian Church 328 Warren Street nity Impact

N/A

Community Impact

Boston,MA 02119							
Council of Social Concern 2 Merrimac Street Woburn, MA 01801	04-2494773	501(c)(3)	64,784	0	N/A	N/A	Communi

12,719

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-3584367

Cradles to Crayons

155 N Beacon Street Brighton, MA 02135

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Crayon Campus Inc 41-2121951 501(c)(3) 7,468 0 N/A Community Impact 5 Russells Mills Road South Dartmouth, MA 02748 ity Impact

Crispus Attucks Childrens	04-2457984	501(c)(3)	90,229	0	N/A	N/A	Community
Center							
105 Crawford Street							
Dorchester, MA 02121							

501(c)(3) 0 N/A N/A Crittenton Womens Union 04-2104046 5,658 Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

One Washington Mall 2nd Fl Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Cross Roads House Inc. 22-2549963 501(c)(3) 11,976 0 N/A N/A Community Impact Martha Stone 600 Lafavette Road Portsmouth, NH 03801 N/A Dana-Farber Cancer Institute 04-2263040 501(c)(3) 85,196 0 N/A Community Impact

0 N/A

N/A

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Erica Lennon	
10 Brookline F	lace West 6
Floor	
Brookline, MA	02445

90 Sandy Valley Road Dedham, MA 02026

Dedham Country Day School

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Disability Law Center 04-2741869 501(c)(3) 47,798 0 N/A Community Impact 11 Beacon Street Suite 925 Boston, MA 02108 N/A Dorchester Bay Economic 04-2681632 501(c)(3) 88,539 0 N/A Community Impact Development Corporation 594 Columbia Road Suite 302 Dorchester, MA 02125

N/A Dorchester Youth 04-2743166 501(c)(3) 14,802 0 N/A Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Collaborative Mrs McGuire 1514A Dorchester Avenue

Dorchester, MA 02122

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A DOVE Inc (Domestic 04-2667808 501(c)(3) 7.684 0 N/A Community Impact Violence Ended) PO Box 690267 Quincy, MA 02269 N/A Dover Day Care Learning 02-0303815 501(c)(3) 13.388 O IN /A Community Impact

Doron Day Care Learning	0 = 0 0 0 0 0 1 0	0 0 1 (0)(0)		-	F-77.		le citting in the part
Center							
Melissa Fischetto							
43 Back River Road							
Dover, NH 03820							
Downtown Taunton	45-1796085	501(c)(3)	34,378	0	N/A	N/A	Community Impact

Downtown Launton Foundation Inc.

8 Trescott Street Taunton, MA 02780

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Dudley Neighbors Inc 04-3029411 501(c)(3) 25,664 0 N/A Community Impact 504 Dudley St Roxbury, MA 02119 nity Impact

Community Impact

0 N/A

Early Learning New	02-0517109	501(c)(3)	46,531	0	N/A	N/A	Communi
Hampshire							
Jackie Cowell - Exec Director							
2 Delta Drive							
Concord, NH 03301							

15,106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

52-1601960

Earth Share (DC)

Washington, DC 200424011

Dept 4011

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 04-2774242 501(c)(3) 41,513 0 N/A Fast Boston Ecumenical Community Impact Community Council (EBECC) EBECC 50 Meridian Street Suite B-1 Fact Boston MA 02129)(3) N/A 91,200 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Last Doston, MA 02120		
East Boston Social Centers	04-2104257	501(c)
68 Central Square		
East Boston, MA 02128		

Fast End House

105 Spring Street Cambridge, MA 02141

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Ecumenical Social Action 04-2455301 501(c)(3) 33,694 0 N/A Community Impact Comittee Inc (ESAC) 214 Harvard Street Lower Level Dorchester, MA 02124 N/A 501(c)(3) 10,000 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Ecumenical Social Action	04-2455301
Committee Inc	
P O Box 301749	
Jamaica Plain, MA	
021300015	
Eliot Community Human	04-2316924

Services 186 Bedford St Lexington, MA 02420

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Elizabeth Peabody House 04-2104827 501(c)(3) 30.275 0 N/A Community Impact 275 Broadway Somerville, MA 02145 unity Impact

Elizabeth Stone House PO Box 300039 Jamaica Plains, MA 02130	51-0192418	501(c)(3)	56,621	0	N/A	N/A	Community Impact
Ellis Memorial and Eldredge	04-2104168	501(c)(3)	130,725	0	N/A	N/A	Community Impact

House Inc 58 Berkeley Street Boston, MA 021166215

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 22-2702774 501(c)(3) 41,329 0 N/A Emmaus Inc Community Impact PO Box 568 Haverhill, MA 01831 unity Impact

Enable Inc 605 Neponset Street Canton, MA 02021	04-2734184	501(c)(3)	6,612	0	N/A	N/A	Community Impact
Environmental Federation of New England	52-1601960	501(c)(3)	5,873	0	N/A	N/A	Community Impact

Earth Share of New England

Washington, DC 200426056

Department 6056

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A **Essex County Community** 04-3407816 501(c)(3) 9,000 0 N/A Community Impact Foundation Inc 175 Andover Street Suite 101 ty Impact

Community Impact

0 N/A

Danvers,MA 01923							
Fair Tide Inc Mary Oplinger 15 State Road Kittery, ME 03904	01-0525140	501(c)(3)	18,000	0	N/A	N/A	Community

98,013

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Families First Health and

Support Center 100 Campus Drive Portsmouth, NH 03801

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Families in Transition 02-0475414 501(c)(3) 10,000 0 N/A Community Impact 122 Market Street Manchester, NH 03101 nity Impact

Community Impact

0 N/A

,							
Family and Childrens	04-2235959	501(c)(3)	139,368	0	N/A	N/A	Communit
Services of Gtr Lynn 111 North Common Street							
Lynn,MA 01902							

36,526

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Family ACCESS of Newton

492 Waltham Street Newton, MA 02465

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Family Aid Boston 04-2105756 501(c)(3) 10,000 0 N/A Community Impact 727 Atlantic Avenue Boston, MA 02111 nunity Impact

Family Nurturing Center 200 Bowdoin St Dorchester, MA 02122	31-1626186	501(c)(3)	43,580	0	N/A	N/A	Community Impact
Family Promise North Shore	27-1801635	501(c)(3)	5,120	0	N/A	N/A	Community Impact

Boston 330 Rantoul Street

Beverly, MA 01915

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(c)(3) 327,308 0 N/A Family Service of Greater 04-2160528 Community Impact Boston 31 Heath Street lamaica Plain MA 02130 N/A 2104054 501(c)(3) 53,063 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Jamaica Flam, The 02130	
Family Services of the	04-2
Merrimack Valley Inc	
430 North Canal Street	
Lawrence, MA 01840	

04-2105756

FamilyAid Boston

727 Atlantic Ave Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 22-2538039 501(c)(3) 16.624 0 N/A N/A Father Bills and MainSpring Community Impact 38 Broad Street Ouincy, MA 02169 N/A Father Bills and MainSpring 22-2538039 501(c)(3) 16,624 0 N/A Community Impact 38 Broad Street Quincy, MA 02169

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Father Bills and MainSpring

38 Broad Street
Quincy, MA 02169

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 22-2538039 501(c)(3) 99,380 0 N/A N/A Father Bills and MainSpring Community Impact 430 Belmont Street

Community Impact

0 N/A

Brockton, MA 02301							
Father Bills and MainSpring	22-2538039	501(c)(3)	99,380	0	N/A	N/A	Community Impact
430 Belmont Street							
Brockton, MA 02301							

99,380

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Father Bills and MainSpring

430 Belmont Street Brockton, MA 02301

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Federation for Children With 04-2557572 501(c)(3) 39,000 0 ln/A Community Impact Special Needs The Schrafft Center 529 Main Street Suite 1M3 Boston, MA 02129 unity Impact

Fenway Community Development Corporation 70 Burbank Street	04-2666507	501(c)(3)	75,186	0	N/A	N/A	Community Impact
Boston, MA 02115							
Fenway Community Health	04-2510564	501(c)(3)	6,573	0	N/A	N/A	Community Impact

Center

1340 Boylston Street Boston, MA 022154302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 5.000 0 N/A N/A Fitchburg State University 04-6002284 Community Impact 160 Pearl Street Fitchburg, MA 01420 N/A Food Project - Lincoln MA 501(c)(3) 6.000 0 N/A 04-3262532 Community Impact 10 Lewis Street Lincoln, MA 01773

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

For Kids Only Afterschool

194 Essex Street Salem, MA 01970

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Foundation for Boston 04-2602576 501(c)(3) 20,000 0 N/A N/A Community Impact Centers for Youth and Families Donna Reeves-lackson inity Impact

0 N/A

N/A

Community Impact

1483 Tremont Street Boston, MA 02120							
Franklin County CDC 324 Wells Street	04-2678309	501(c)(3)	11,549	0	N/A	N/A	Communi

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Greenneid, MA 01301

Franklin Food Pantry

43 West Central Street Franklin, MA 02038

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Friends of the Homeless Inc 22-2786732 501(c)(3) 9,500 0 N/A Community Impact 769 Worthington Street Springfield, MA 01105 nunity Impact

N/A

Community Impact

Springheid, Tiv. 01103							
Friends of Youth Opportunity	20-8345272	501(c)(3)	46,542	0	N/A	N/A	Commu
Inc 7 Palmer Street 2nd Floor							
Roxbury, MA 02119							

334,925

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-2703281

Girl Scouts of Eastern MA

95 Berkelev St Boston, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 55.012 N/A Girls Inc of Greater Lowell 04-2104401 0 IN / A Community Impact 220 Worthen St Lowell, MA 01852 N/A Girls Inc of Haverhill 501(c)(3) 15.541 0 N/A 04-2104286 Community Impact 7 William Street

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Haverhill, MA 01830

50 High Street Lvnn, MA 01902

Girls Incorporated of Lynn

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 65-1149772 501(c)(3) 10,000 0 N/A Global Communities of Community Impact Support 475 Wall Street nunity Impact

Coodwin Community Hoalth	02 0204202	E01/a//2/	02.024	0	N1 / A	N/A	C =
Global Impact PO Box 409616 Atlanta, GA 30384	52-1273585	501(c)(3)	24,815	0	N/A	N/A	Commur
Princeton, NJ 08540							

311 Route 108

Somersworth, NH 03878

Community Impact Goodwin Community Health 02-0304203 501(c)(3) 82,024 U IN/A Melissa Silvev

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 501(c)(3) 100,714 0 N/A Granite United Way 02-6006033 Community Impact Patrick Tufts/William Cherry 22 Concord Street 2

Community Impact

0 N/A

Manchester,NH 03101							
Great Bay Kıds Company Wendy Monroe	02-0272439	501(c)(3)	10,410	0	N/A	N/A	Commun
81 NH Avenue							

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-2717782

Greater Boston Food Bank

70 South Bay Ave Boston, MA 021182704

inity Impact Portsmouth, NH 03801

57,904

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(c)(3) 367,701 0 N/A Greater Boston Legal 04-2103907 Community Impact Services 197 Friend Street

Boston, MA 02114							
Greater Haverhill YWCA 107 Winter St Haverhill, MA 01830	04-2460259	501(c)(3)	15,000	0	N/A	N/A	Community Impact
Greater Lawrence Community	04-2397449	501(c)(3)	96,742	0	N/A	N/A	Community Impact

Action Council

305 Essex Street 4th FI Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Greater Lowell Family YMCA 04-2104398 501(c)(3) 9,566 0 N/A Community Impact 35 YMCA Drive Lowell, MA 01852 unity Impact

Community Impact

0 N/A

Gregg Neighborhood House	04-6073599	501(c)(3)	103,827	0	N/A	N/A	Communi
Association							
106 Broad Street							
Lynn,MA 01902							

54,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Haitian Project Inc

PO Box 6891 Providence, RI 02940

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 501(c)(3) 5,000 0 N/A Hale Reservation 04-2111550 Community Impact 80 Carby Street Westwood, MA 02090 N/A HAP Housing Inc 04-2518368 501(c)(3) 5.133 Community Impact 0 lN /A 22 Main Street Springfield, MA 01105

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Harborlight Community

Partners
PO Box 507
Beverly, MA 01905

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Hattie B Cooper Community 04-2173420 501(c)(3) 102,838 0 ln/A Community Impact Center 1891 Washington Street Boston, MA 02118 nity Impact

Community Impact

o N/A

·							
Heading Home Inc	23-7364546	501(c)(3)	141,724	0	N/A	N/A	Communit
529 Main Street							
Suite 100							
Charlestown, MA							
021291119							

19,283

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Healing Abuse Working for

20 Central Avenue Lynn, MA 01901

Change

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Health and Medical Research 94-3217739 501(c)(3) 23,230 0 N/A N/A Community Impact Charities of America PO Box 45754 San Francisco, CA 94145 nity Impact

Health First - Americas Charities PO Box 75083 Baltimore, MD 21275	30-0186796	501(c)(3)	8,331	0	N/A	N/A	Community Impact
Health Resources in Action	04-2229839	501(c)(3)	103,831	0	N/A	N/A	Community Impact

(HRIA)

95 Berkeley Street Boston, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A HEARTH 22-3135170 501(c)(3) 15.500 0 N/A Community Impact 1640 Washington Street Boston, MA 02118 N/A 04-2741009 501(c)(3) 11.672 Community Impact Hilltown CDC 0 lN /A 387 Main Road PO Box 17

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Chesterfield, MA 01012

Hingham Interfaith Food

685 Main Street Hingham, MA 02043

Pantry

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance N/A Hockomock Area YMCA 04-2131749 501(c)(3) 7.134 0 N/A Community Impact 300 Elmwood Street North Attleboro, MA 02760 unity Impact

Community Impact

0 N/A

HolyokeChicopeeSpringfield	04-2466767	501(c)(3)	6,257	N/A	N/A	Commun
Head Start Inc						
30 Madison Avenue						
Springfield, MA 01069						

298,288

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Home For Little Wanderers 04-2104764

10 Guest Street Ste 300 Brighton, MA 02135

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Homeless Center for Strafford 02-0519859 501(c)(3) 19,000 0 lN/A N/A Community Impact County Susan Ford PO Box 7306 inity Impact

Rochester, NH 03839							
Homes for Families 14 Beacon Street Ste 615 Boston, MA 021083700	04-3351172	501(c)(3)	21,416	0	N/A	N/A	Community Impact
Homestart Inc	04-3311270	501(c)(3)	113,711	0	N/A	N/A	Community Impact

105 Chauncy Street

Boston, MA 02111

Suite 502

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Horizons Initiative 22-2915188 501(c)(3) 10,010 0 N/A Community Impact 1705 Columbus Avenue Roxbury, MA 02119 nity Impact

N/A

Community Impact

Housing Action NH co	02-0475414	501(c)(3)	11,312	n	N/A	N/A	Communi
Families in Transition	02 017 0111	501(0)(3)	11,512	5	,,,,	·	Communi
Att Lisa Allard - Housing							
Action NH							
122 Market Street							
Manchester,NH 03101							

16,300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Housing Assistance

460 West Main Street Hyannis, MA 02601

Corporation

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Housing Families Inc 04-2925846 501(c)(3) 77,806 0 N/A Community Impact 919 Fasern Ave Malden, MA 02148 nity Impact

Hyde Square Task Force PO Box 301871 Jamaica Plain, MA 02130	04-3118543	501(c)(3)	181,103	0	N/A	N/A	Community Impact
Inquilions Boricuas en Accion (IBA)	23-7090081	501(c)(3)	97,004	0	N/A	N/A	Community Impact

405 Shawmut Avenue Roxbury, MA 02118

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A Interfaith Social Service Inc. 04-2104853 501(c)(3) 5,208 0 ln/A Community Impact 105 Adams St Quincy, MA 02169 N/A International Institute of 04-2104325 501(c)(3) 115,126 0 N/A Community Impact Boston Rita McDonough - CFO 2 Bolyston Street 3rd Floor Boston, MA 02116

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Jamaica Plain Neighborhood

Development Corporation 31 Germania Street Jamaica Plain, MA 02130

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A Jeanne Geiger Crisis Center 22-2474823 501(c)(3) 5,390 0 N/A Community Impact Inc 2 Harris St Newburyport, MA 01950 N/A Jewish Big Brother and Big 22-3283364 501(c)(3) 6,215 0 N/A Community Impact Sister Assoc of Greater Boston 333 Nahanton Street

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Newton, MA 02459

Services 1430 Main Street Waltham, MA 024519817

Jewish Family and Childrens

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A lewish Vocational Services 04-2104357 501(c)(3) 98.250 0 N/A Community Impact 75 Federal Street Boston, MA 02110 N/A 1FY NetWorks 04-2607239 501(c)(3) 23,203 0 N/A Community Impact 44 School Sreet Suite 1010 N/A 23-1907729 501(c)(3) 9,696 0 N/A Community Impact

Boston, MA 02108 Juvenile Diabetes Research Foundation - New England Chapter 60 Walnut Street

Suite 318 Wellesley Hills, MA 024812151

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) Kıddıe Kampus Inc 501(c)(3) 13.927 0 N/A N/A 43-1011111 Community Impact 26 Old Westport Road North Dartmouth, MA 02747 N/A Kiddie Kampus Inc II 501(c)(3) 5.120 0 N/A 43-1011111 Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

26 Old Westport Road
North Dartmouth, MA 02747

23-7121158

La Alianza Hispana

434 Warren Street Boston, MA 02121

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) Lahey Health Behavioral 04-2777145 501(c)(3) 80,551 0 N/A N/A Community Impact Services 199 Rosewood Drive - Suite 250 unity Impact

Danvers,MA 01923							
Lamprey Health Care	23-7305106	501(c)(3)	66,566	0	N/A	N/A	Commun
Marıa Reyes 128 NH 27							
Paymond NH 03077							

0 N/A

N/A

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Rayillollu, Nin 030//

04-2104377

Lawrence Boys and Girls Club

136 Water St Lawrence, MA 01841

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Lawrence Community Works 04-2982308 501(c)(3) 248,040 0 N/A Community Impact 168 Newbury Street Lawrence MA 01841 nunity Impact

Editionice, Tix 01011							
Little Peoples College Inc 177 Bridge Street Fairhaven, MA 02179	04-2708081	501(c)(3)	58,178	0	N/A	N/A	Commu
Little Sprouts LLC	46-0874341	501(c)(3)	51 606	0	N/A	N/A	Commu

Building 1 Suite 270 Lawrence, MA 01843

Community Impact Little Sprouts LLC 201(6)(3) 21,000 U IN/A 354 Merrimack Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Local Initiatives Support 13-3030229 501(c)(3) 172,899 0 N/A Community Impact Corporation 75 Kneeland Street Suite 1102 Suite Boston, MA 02111 unity Impact unity Impact

Lowell Community Health Center Sheila Och 161 Jackson Street Lowell,MA 018522103	04-2881348	501(c)(3)	7,455	0	N/A	N/A	Commun
LP College Inc DBA/Little Peoples College	04-2739618	501(c)(3)	9,180	0	N/A	N/A	Commun

Inc

100 Spring Street New Bedford, MA 02740

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) N/A Lynn Economic Opportunity 04-2378885 501(c)(3) 10,218 0 N/A Community Impact Inc (LEO) 156 Broad Street Lynn, MA 01901 N/A Lynn Housing Authority and 04-6003214 501(c)(3) 150,000 0 N/A Community Impact Development Group Inc Michelle DAmico Siemer Case Mar 10 Church Street N/A Lynn Housing Authority 04-6003214 501(c)(3) 61,250 0 N/A Community Impact Development Group

Lynn, MA 01902 Michelle DAmico Siemer Case Mar

10 Church Street Lynn, MA 01902

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A 04-6003214 501(c)(3) 35.000 0 N/A Lynn Housing Authority Community Impact Development Group Inc Michelle DAmico Siemer Casel Mar 10 Church Street Lynn, MA 01902 N/A Lynn Shelter Association 22-2603594 501(c)(3) 20,900 0 N/A Community Impact

Community Impact

0 N/A

42,217

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

100 Willow St. Ste 103

04-2759909

Lynn, MA 01901

15 Court Square Ste 600 Boston, MA 02108

MACDC Inc.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Madison Park Development 23-7164223 501(c)(3) 39,155 0 N/A Community Impact Corporation Hibernian Hall 184 Dudley St Roxbury, MA 02119 inity Impact

Community Impact

Madison Park Development Corporation Hibernian Hall 184 Dudley St Roxbury, MA 02119	23-7164223	501(c)(3)	39,155	0	N/A	N/A	Communi
Madison Park Development	23-7164223	501(c)(3)	87.837	0	N/A	N/A	Communi

87,837

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Madison Park Development

Corporation 184 Dudley Street Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A Madison Park Development 23-7164223 501(c)(3) 87,837 0 N/A Community Impact Corporation 184 Dudley Street Roxbury, MA 02119 N/A 04-2921465 501(c)(3) 45,859 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Main South CDC
875 Main Street
Worcester, MA 01610

01-0444245

Maine Share

PO Box 2095 Augusta, ME 04338

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A MAINFlacs Charities Inc. 01-0440449 501(c)(3) 15,635 0 N/A Community Impact 103 Marran St Ste 518 Bandor, ME 04401 inity Impact

Community Impact

0 N/A

,							
Make-A-Wish of New	02-0405369	501(c)(3)	7,064	0	N/A	N/A	Communi
Hampshire							
814 Elm St Suite 300							
Manchester, NH 03101							

50,547

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-2105874

Malden YMCA

99 Dartmouth St Malden, MA 021485103

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Markman Childrens Programs 04-2528542 501(c)(3) 5,866 0 N/A N/A Community Impact Inc 803 North Main Street Attleboro, MA 02703 N/A 22-3207958 501(c)(3) 44,842 0 N/A Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Mass Mentoring Partnership
75 Kneeland Street
11th Floor
Boston, MA 02111
Mass211 Inc

Framingham, MA 01702

c/o UW of Tri-County 46 Park Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A Massachusetts Advocates for 04-2488456 501(c)(3) 50,378 0 N/A Community Impact Children 25 Kingston Street - 2nd FL Boston, MA 02111 IN/A Massachusetts Affordable 22-3042637 501(c)(3) 26,626 0 N/A Community Impact Housing Alliance 1803 Dorchester Avenue Dorchester, MA 02124 N/A Massachusetts Afterschool 20-5116880 Community Impact

501(c)(3) 5,100 0 N/A Partnership 128A Tremont Street Suite

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4 F

Boston, MA 021084715

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Massachusetts Alliance for 22-3068653 501(c)(3) 333,333 0 N/A Community Impact Supportive Housing 51 Sleeper Street Boston, MA 02210 IN/A Massachusetts Alliance of 04-2596270 501(c)(3) 28,820 0 N/A Community Impact Portugece Speakers

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

r oi tugese speake	15
1046 Cambridge :	Street
Cambridge, MA 0	2139
Massachusetts Al Teen Pregnancy	liance
105 Chauncy Stre	et

Boston, MA 02111

8Th Floor

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Massachusetts Association 04-2104711 501(c)(3) 62,492 0 N/A Community Impact for Mental Health 50 Federal Street 6th Floor Boston, MA 02110 unity Impact

Massachusetts Coalition for the Homeless 15 Bubier Street Lynn, MA 019011704	22-2599662	501(c)(3)	75,737	0	N/A	N/A	Community Impact
Massachusetts College of	04-2660810	501(c)(3)	5,000	0	N/A	N/A	Community Impact

Liberal Arts Financial Aid Office - MCLA

375 Church Street North Adams, MA 02147

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A Massachusetts General 04-1564655 501(c)(3) 6,990 0 N/A Community Impact Hospital Development Office 125 Nashua Street - Suite 540 Boston, MA 02114 IN/A Massachusetts Housing and 22-3068653 501(c)(3) 5,500 0 N/A Community Impact Shelter Alliance PO Box 120070 Boston, MA 02112 N/A Massachusetts Immigrant 22-3115048 501(c)(3) 50,750 0 N/A Community Impact

and Refugee Advocacy

105 Chauncy Street Boston, MA 02111

Coalition

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2103597 310,895 0 N/A N/A Massachusetts Society for 501(c)(3) Community Impact the Prevention of Cruelty for Children 3815 Washington Street Suite Boston, MA 02130 N/A Medical Research Charities 94-3148591 501(c)(3) 9,516 0 N/A Community Impact 125 Washington St Ste 201 Salem, MA 01970

0 N/A

IN/A

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Melrose Family YMCA

497 Main Street Melrose, MA 02176

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Mental Health Association of 04-2180222 501(c)(3) 34,560 0 N/A Community Impact Gr Lowell 99 Church St Lowell, MA 01852 nity Impact

Merrimack Valley Food Bank Inc Ammy L Pessia 735 Broadway Street Lowell,MA 01854	22-3241609	501(c)(3)	21,376	0	N/A	N/A	Community Impact
Merrimack Valley YMCA Inc	04-2104378	501(c)(3)	52,183	0	N/A	N/A	Community Impact

101 Amesbury St Suite 400

Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Metropolitan Boston Housing 04-2775991 501(c)(3) 40,305 0 N/A Community Impact Partnership 125 Lincoln Street - 5th Floor Impact

Impact

Boston, MA UZIIIZ5U3							
Michael Lisnow Carter Respite Center MA 112 Main Street Hopkinton, MA 01748	04-3237284	501(c)(3)	8,361	0	N/A	N/A	Community I
Military Family and Veterans	94-3193418	501(c)(3)	37,885	0	N/A	N/A	Community I

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Service Organizations of

San Francisco, CA 94145

A merica PO Box 45754

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Military Support Groups of 27-2242752 501(c)(3) 9,813 0 N/A Community Impact A merica inity Impact

Community Impact

0 N/A

PO Box 45754 San Francisco, CA 94145							
More Than Wheels PO Box 4259	02-0528886	501(c)(3)	10,107	0	N/A	N/A	Communi

32,421

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Concord, NH 03302

54 Clayton Street 1 Dorchester, MA 021222915

Mujeres Unidas Avanzando

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 02-0407497 501(c)(3) 19,751 0 N/A N/A My Friends Place Community Impact Robert O Connell 368 Washington Street Dover, NH 03820 N/A National Christian Foundation 58-1493949 501(c)(3) 8,540 0 N/A Community Impact 11625 Rainwater Drive Suite 500 Alpharetta, GA 30009

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

National Multiple Sclerosis

Greater New England Chapter 101A First Avenue Ste 6 Waltham, MA 02451

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 80-0254671 501(c)(3) 13,900 0 N/A NCMA Caravan of Toys Community Impact Portsmouth Naval Shipyard Code 620 y Impact

Community Impact

0 N/A

Portsmouth, NH 03804							
Neighborhood Affordable Housing NOAH MA 143 Border St	04-2964630	501(c)(3)	231,237	0	N/A	N/A	Community

81,599

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

East Boston, MA 02128

Neighborhood Developers

4 Gerrish Avenue Chelsea, MA 02150

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant other) or government assistance Neighborhood Housing 04-2732439 501(c)(3) 42,020 0 N/A N/A Community Impact Services of the South SH 422 Washington St Quincy, MA 02169 unity Impact

NeighborWorks Southern Mass 422 Washington Street Quincy,MA 02169	04-2732439	501(c)(3)	44,361	0	N/A	N/A	Community Impact
New England Center for	04-3007211	501(c)(3)	50,902	0	N/A	N/A	Community Impact

Homeless Veterans

17 Court Street Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A New Generation Inc 02-0409655 501(c)(3) 17,283 0 N/A Community Impact Jennifer Bisson and/or Meg Connell PO Box 676 Greenland, NH 03840 inity Impact unity Impact

New Hampshire Legal Assistance John Tobin 117 North State Street Concord,NH 03301	02-0300897	501(c)(3)	13,582	0	N/A	N/A	Communi
Newton Community Service Center-Newton Community Service Center	04-2232418	501(c)(3)	10,000	0	N/A	N/A	Commun

Mr Jon Firger 492 Waltham Street West Newton, MA 02465

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A NH SPCA 02-6000614 501(c)(3) 12,129 0 N/A Community Impact PO Box 196 Ctrathan NH 0300E ity Impact

Community Impact

0 N/A

Strathan, NH 03885							
North Shore Community Development Coalition 102 Lafayette Street	04-2686893	501(c)(3)	5,000	0	N/A	N/A	Community
Salem, MA 01970							

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

North Shore Health Project

5 Center Street Gloucester, MA 01930

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance N/A 04-2232416 501(c)(3) 27,109 0 ln/A Community Impact Northeast Arc 1 Southside Road Danvers, MA 01923 unity Impact

Community Impact

Nuestra Comunidad Development Corporation 56 Warren Street Suite 200 Roxbury,MA 02119	04-2741543	501(c)(3)	96,327	0	N/A	N/A	Commun
Nurtury	04-2105893	501(c)(3)	448 947	l	N/A	N/A	Commun

448,947

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Nurtury

95 Berkeley Street Suite 306

Boston, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 31-1166607 501(c)(3) 5,581 0 N/A N/A Community Impact Ohio State University - The lames Cancer Center PO Box 183112 Columbus, OH 43218 N/A Operation ABLE of Greater 04-2761871 501(c)(3) 70,315 0 N/A Community Impact Floor 5

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Boston Inc	
174 Portland	Street - F
Boston, MA	02114172
Pan-Massach	nusetts

Challenge 77 Fourth Avenue Needham, MA 02494

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Partners for Youth with 22-2627798 501(c)(3) 93,830 0 N/A N/A Community Impact Disabilities 95 Berkeley Street Boston, MA 02116 N/A Pathways for Children Inc 04-2694002 501(c)(3) 39,133 0 N/A Community Impact 29 Emerson Avenue

Gloucester, MA 01930 Paul Center for Learning and 04-2443266 501(c)(3) 13,628 0 N/A Recreation Steve Ovalle

39 Concord Road Chelmsford, MA 01824

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2516093 501(c)(3) 69,386 0 N/A Pine Street Inn Inc Community Impact 444 Harrison Avenue Boston, MA 02118

Hunger 145 Border St

East Boston, MA 02128

Pratham USA 9703 Richmond Avenue Ste 102 Houston,TX 77042	76-0620808	501(c)(3)	7,255	0	N/A	N/A	Community Impact
Project BreadThe Walk For	04-2931195	501(c)(3)	5,903	0	N/A	N/A	Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance N/A Project Hope 04-2748880 501(c)(3) 147,688 0 N/A Community Impact 550 Dudley Street Boston, MA 02119 N/A Ouaboag Valley CDC 04-3370097 501(c)(3) 18,376 0 N/A Community Impact 23 West Main Street Ware, MA 01082 N/A Ouincy Community Action 04-2391348 501(c)(3) 326,800 0 N/A Community Impact

Programs Inc 1509 Hancock Street Ouincy, MA 02169

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance Raw Art Works 22-2854850 501(c)(3) 52,478 0 lN/A N/A Community Impact 37 Central Square Lynn, MA 01901 nity Impact

Richie McFarland Childrens Center Peggy Small-Porter 11 Sandy Point Road Stratham, NH 03885	02-0302005	501(c)(3)	7,078	0	N/A	N/A	Community Impact
Riverside Community Care	04-3097170	501(c)(3)	52,913	0	N/A	N/A	Community Impact

270 Bridge Stgreet Suite 301

Dedham, MA 020261883

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A 04-3097170 501(c)(3) 107.295 0 N/A Riverside Community Care Community Impact Inc 270 Bridge Stgreet Suite 301 Dedham, MA 020261883 N/A Roca Inc 22-3223641 501(c)(3) 242,264 0 ln/A Community Impact 101 Park Street

Chelsea, MA 02150 N/A Rochester Child Care Center 02-0327002 501(c)(3) 26.762 0 N/A Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Inc Christiane Casserly 95 Charles Street

Rochester, NH 03867

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 02-0268285 501(c)(3) 77,975 0 N/A N/A Rockingham Community Community Impact Action Patte Ardizzoni 4 Cutts Street Dortomouth NH 03901 nunity Impact

Community Impact

0 N/A

Fortsinoutil, NTI 03001							
Ron Burton Training Village	22-2570218	501(c)(3)	10,446	0	N/A	N/A	Commu
Inc							
PO Box 2							
Hubbardston MA 01452			l		l		

50,824

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Hubbardston, MA 01452

11 Avenue de LaFayette Boston, MA 02111

20-0703238

Root Cause

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A Rosies Place 04-2382233 501(c)(3) 10.148 0 ln/A Community Impact 889 Harrison Avenue Roxbury, MA 02118 N/A Roxbury Center for Financial 04-2582188 501(c)(3) 5,500 0 N/A Community Impact Empowerment 7 Palmer Street - 2nd Floor Roxbury, MA 02119 N/A 04-2733854 501(c)(3) 86,817 0 N/A Community Impact

Roxbury Youthworks Inc 841 Parker Street Unit 104-106

Roxbury Crossing, MA

02120

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 04-2103624 501(c)(3) 23,392 0 lN/A N/A Community Impact Salvation Army - Boston 25 Shaumut Road William Bode Divisional Commander unity Impact

_ Canton, MA 02021							
Salvation Army - Salem 93 North Street Salem, MA 01970	04-2103624	501(c)(3)	27,277	0	N/A	N/A	Community Impact
Salvation Army Brockton	04-2103624	501(c)(3)	13,891	0	N/A	N/A	Community Impact

Salvation Army Brockton 04-2103624 Corps

216 Centre Street Brockton, MA 02401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-2643466 501(c)(3) 25,366 0 N/A N/A Community Impact Samaritans Inc 41 West Street - 4th Floor Boston, MA 021111260 N/A Schwartz Center for 04-1564655 501(c)(3) 7,280 0 N/A Community Impact are Suite

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Compassionate Healthcare
100 Cambridge Sterewt Suite
2200
Boston, MA 02114
Seacoast Community School

100 Campus Drive Suite 20 Portsmouth, NH 03801

Deborah Stokel

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A Seacoast Family Promise 02-0529881 501(c)(3) 15,839 0 N/A Community Impact (Seacoast Interfaith Hospitality) Pati Frew-Waters PO Box 233 Stratham, NH 03885 N/A Seacoast Mental Health 02-0262862 501(c)(3) 12,293 0 N/A Community Impact Center Jav Couture MHA 1145 Sagamore Avenue

Portsmouth, NH 03801 N/A

18,000

0 N/A

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SHARE Fund Inc. Torey Kortz

150 Wakefield St - Suite 14 Rochester, NH 03867

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Shrewsbury Youth and Family 22-2506543 501(c)(3) 5,342 0 N/A Community Impact Services 240 Manle Ave nity Impact

Community Impact

0 N/A

Shrewsbury, MA 01545							
Silver Lining Mentoring 727 Atlantic Ave 3rd Fl Boston, MA 02111	04-3575764	501(c)(3)	42,233	0	N/A	N/A	Communit

30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Social Innovation Forum

11 Avenue de Lafavette Boston, MA 02111

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) N/A Sociedad Latina Inc 04-2678255 501(c)(3) 92,218 0 N/A Community Impact 1530 Tremont Street Roxbury, MA 02120 N/A 30-0247901 501(c)(3) 12,000 0 N/A Somersworth Early Learning Community Impact Center

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Dawn Collins 35 Bartlett Avenue	9
Somersworth, NH	03878
Somerville Commu Corporation	nıty

337 Somerville Ave

Somerville, MA 02143

2 nd FIr

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A Somerville Homeless 04-2897447 501(c)(3) 64,194 0 N/A Community Impact Coalition P O Box 440436 nity Impact

N/A

Community Impact

Somerville, MA 02144							
Somerville YMCA 101 Highland Avenue Somerville, MA 02143	04-2103853	501(c)(3)	37,176	0	N/A	N/A	Communi

77,450

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

04-3023407

South Boston NDC

365 West Broadway Boston, MA 02127

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(c)(3) 82,667 0 N/A South Boston Neighborhood 04-2104807 Community Impact House 136 H Street nunity Impact

N/A

Community Impact

0 N/A

South Boston, MA 02127							
South Middlesex Opportunity Council Inc 7 Bishon Street	04-2389659	501(c)(3)	146,900	0	N/A	N/A	Commu

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

/ Bishop Street Framingham, MA 01702

North Weymouth, MA 02191

South Shore ARC

371 River Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 23-7097840 501(c)(3) 5,000 0 N/A Community Impact South Shore Stars 200 Middle Street Fact Weymouth MA 02180 inity Impact

Last Weymouth, MA 02169							
South Shore YMCA 91 Longwater Circle Ste 100 Norwell, MA 02061	04-2105881	501(c)(3)	48,831	0	N/A	N/A	Community Impact
Southwest Boston CDC	04-3562853	501(c)(3)	24,243	0	N/A	N/A	Community Impact

11 Fairmount Avenue Ste

Hyde Park, MA 02136

101

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2103855 501(c)(3) 9,258 0 N/A Springfield Day Nursery Community Impact dbaSquare One DBA/Square One at King Street 100E Main Street and Floor

Springfield, MA 01103							
St Anns Home Inc 100 A Haverhill St Methuen, MA 01844	04-2104866	501(c)(3)	20,025	0	N/A	N/A	Community Impact
St Francis House	22-2519129	501(c)(3)	8,063	0	N/A	N/A	Community Impact

PO Box 120499 Essex Station

Boston, MA 021120499

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) St Johns Episcopal Church 94-3483714 501(c)(3) 5,000 0 N/A N/A Community Impact 100 Chapel Street Portsmouth, NH 03801 N/A 27-4129727 501(c)(3) 19,294 0 N/A St Vincent de Paul Society -Community Impact St Marys Parish 15 Bertan Street Beverly, MA 01915

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

St Vincent de Paul Society St 27-4130006 501(c)(3)

Johns Parish c/o Robert Montannarı 34 Sonning Road Beverly, MA 01915

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A STARS 23-7097840 501(c)(3) 239,047 0 N/A Community Impact 200 Middle Street Fast Weymouth MA 02189 unity Impact

Community Impact

0 N/A

Strafford County YMCA - The	02-0222248	501(c)(3)	10,043	0	N/A	N/A	Commun
Childrens Center							
35 Industrial Way Suite 106							
Pochester NH 03867							

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Straight Ahead Ministries

Worcester, MA 01610

791 Main St

04-3103694

Rochester, No 03007

26,314

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 04-3551406 501(c)(3) 19,000 0 ln/A N/A Community Impact Strategies for Children Inc 400 Atlantic Avenue Boston, MA 02110 N/A Strive (MA) 04-3223871 501(c)(3) 61,735 0 N/A Community Impact Boston Employment Services Inc 651 Washington Street

Dorchester, MA 02124 N/A 04-2133255 501(c)(3) 7,500 0 N/A Suffolk University Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Donahue Building 41 Temple Street First Floor

Boston, MA 02108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 501(c)(3) 98,543 0 N/A The Boston Foundation 04-2104021 Community Impact 75 Arlington Street 10th Floor Boston, MA 02116 N/A 501(c)(3) 9,272 The Childrens Workshop 05-0451655 0 lN /A Community Impact 45 Industrial Road

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Suite 100

Cumberland, RI 02864

The Community Group

190 Hampshire Street Lawrence, MA 01840

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A 02-0427331 501(c)(3) 18,208 0 ln/A Community Impact The Housing Partnership Marty Chapman PO Box 466 Portsmouth, NH 03802 N/A The Open Door 22-2513482 501(c)(3) 75,388 0 N/A Community Impact 28 Emerson Avenue Gloucester, MA 01930

N/A The Spirit of Adventure 22-1576300 501(c)(3) 90,959 0 N/A Community Impact Council

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

600 W Cummngs Park Suite 2750

Woburn, MA 018016457

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) N/A 04-2261109 501(c)(3) 12,000 0 N/A Third Sector New England Inc Community Impact 89 South St Suite 700 Boston, MA 02111 unity Impact

Thom Child and Family	04-2104268	501(c)(3)	76,072	0	N/A	N/A	Commun
Services							
251 West Central Street Ste							
22							
		1			1		l .

51 Cedar Street Leominster, MA 01453

Natick, MA 017603758 N/A Tina McGrath DBA TTM Inc. 80-0238457 501(c)(3) 5,204 0 N/A Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-2631789 501(c)(3) 50,322 0 N/A Community Impact Transition House Inc. DO Box 2000 Combridge

Cambridge, MA 02139							
Trinity Boston Foundation 206 Clarendon Street Boston, MA 02116	04-2736718	501(c)(3)	20,173	0	N/A	N/A	Community Impact
Triumph Inc	04-2394012	501(c)(3)	6,793	0	N/A	N/A	Community Impact

100 Hon Gordon Owen

Taunton, MA 02780

Riverway

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (c) IRC section (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A 501(c)(3) 29,437 0 N/A Twin Cities CDC of Fitchburg 04-2690210 Community Impact and Leominster 470 Main Street Fitchburg, MA 01420 N/A 46-3016556 501(c)(3) 7,004 0 N/A Community Impact

Unique and Noteworthy Charities PO Box 45754

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

566 Columbus Avenue Boston, MA 02118

San Francisco, CA 94145 N/A 501(c)(3) 69,558 United South End Settlements 04-2104280 0 lN / A Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) N/A United Teen Equality Center 38-3669532 501(c)(3) 81,416 0 N/A Community Impact Greaa Croteau 15 Warren St 3 Lowell, MA 018520165 IN/A University of Massachusetts 54-2084125 501(c)(3) 8,750 0 N/A Community Impact Amherst 43 Whitmore Finance Build 181 Presidents Drive

0 N/A

IN/A

Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Amherst, MA 01003 University of Massachusetts

100 Morrissey Boulevard Boston, MA 02125

Boston

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A Urban Edge 22-2483475 501(c)(3) 189.723 0 N/A Community Impact 1542 Columbus Ave 2 Roxbury, MA 021191026 N/A 501(c)(3) 55,013 0 N/A Community Impact

IN/A

Community Impact

0 N/A

Urban League of Eastern	23-7349132
Massachusetts	
88 Warren Street	
Roxbury,MA 02119	

UW Acton-Boxborough

Acton, MA 017206258

PO Box 2258

04-2740795

11,380

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant other) or government assistance UW of Central and 06-6027348 501(c)(3) 10,562 0 N/A N/A Community Impact Northeastern CT Kezia Ferrara Dept 111003 unity Impact

Hartford,CT 061150434							
UW of Central Carolinas PO Box 890685 Charlotte, NC 28289	56-0529948	501(c)(3)	18,154	0	N/A	N/A	Community Impact
UW of Central Massachusetts	56-0529948	501(c)(3)	30,035	0	N/A	N/A	Community Impact

484 Main Street Ste 300 Denholm Building

Worcester, MA 016081880

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 03-0217229 501(c)(3) 20,019 0 lN/A N/A Community Impact UW of Chittenden County 412 Farrell St Suite 200 South Burlington, VT nity Impact

Community Impact

0 N/A

054034466							
UW of Greater Attleboro Taunton	04-2104020	501(c)(3)	8,632	0	N/A	N/A	Communit
247 Maple Street							

10,367

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Attleboro, MA 02703

One United Way Albany, NY 12212

UW of Greater Capital Region

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 501(c)(3) 6,237 0 N/A N/A UW of Greater Fall River 04-2104026 Community Impact PO Box 2550 nity Impact

Community Impact

0 N/A

Fall River, MA 02720							
UW of Greater Kansas City 801 W 47th Street Ste 500	44-0545812	501(c)(3)	30,537	0	N/A	N/A	Communi
Kancac City MO 64113	1						

27,632

Kansas City, MO 64112

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

UW of Greater Nashua

20 Broad Street Nashua, NH 03064

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 501(c)(3) 20,136 0 N/A Community Impact UW of Greater New Bedford 04-2104264 105 William Street 3rd Fl New Bedford MA 02740 unity Impact

Helf Dealord, HA 027 10							
UW of Greater Plymouth	04-2103940	501(c)(3)	80,259	0	N/A	N/A	Commun
County							
934 West Chesnut Street							
Brockton, MA 02301							

PO Box 15200 Portland, ME 04112

N/A UW of Greater Portland 01-0241767 501(c)(3) 13,671 0 N/A Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance N/A 22-1487218 501(c)(3) 15.000 0 N/A Community Impact UW of Hudson County 857 Bergen Avenue Jersev City, NJ 07306 inity Impact

UW of Kennebec Valley 121 Commercial Street Augusta,ME 04330	01-6004404	501(c)(3)	15,092	0	N/A	N/A	Community Impact
		==				N1/A	
UW of Mid Coast Maine	01-6004866	501(c)(3)	6,070	0	N/A	N/A	Community Impact

34 Wing Farm Parkway

Suite 201 Bath, ME 04530

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A 04-2233021 501(c)(3) 11,153 0 N/A UW of North Central Community Impact Massachusetts 649 John Fitch Highway Fitchburg MA 01420 IN/A 35,459 0 N/A Community Impact

IN/A

Community Impact

0 N/A

Titeliburg, Tite Of 120		
UW of Rhode Island 50 Valley Street Providence, RI 02909	05-0276059	501(c)(3)

04-2104231

UW of Tri-County

Framingham, MA 01702

46 Park Street

501(c)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501(c)(3) 35,787 0 N/A N/A UW of York County 01-0276862 Community Impact

Community Impact

0 N/A

Po Box 727 Kennebunk, ME 04043							
Valley CDC 30 Market Street	22-2906466	501(c)(3)	23,250	0	N/A	N/A	Community Impact
Northhampton, MA 01060							

9.865

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Vermont Foodbank

33 Parker Road Barre, VT 05641

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) N/A Victory Programs 04-2575322 501(c)(3) 71,128 0 N/A Community Impact 965 Massachusetts Avenue Dovbury MA 02119 inity Impact

Community Impact

0 N/A

KOXDUIY, MA UZIIO							
V ietnamese American	04-3289039	501(c)(3)	101,955	0	N/A	N/A	Communi
Initiative for Development							i
42 Charles Street Suite E							l
Dorchester, MA 02122							i

28,142

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

VNA Care Network - Danvers

199 Rosewood Drive Ste 180 Danvers, MA 01923

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance N/A 56-0532138 501(c)(3) 5,000 0 ln/A Community Impact Wake Forest University Office of University Advancement Box 7227 unity Impact

Winston Salem, NC 27109							
Watch Inc 24 Crescent Street Suite 201 Waltham, MA 02453	22-2918528	501(c)(3)	16,320	0	N/A	N/A	Community Impact
Waterfront Historic Area	04-6130520	501(c)(3)	9,300	0	N/A	N/A	Community Impact

128 Union Street New Bedford, MA 02740

League

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) N/A Wellspring House Inc 04-2735048 501(c)(3) 15,269 0 N/A Community Impact 302 Essex Avenue Gloucester, MA 01930 N/A West End House and Girls 501(c)(3) 52,048 0 N/A 04-2105825 Community Impact

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

West End House and Onis	
Club	
Vanessa Lewis	
105 Allston St	
A II MA 02424	

West Suburban YMCA

276 Church Street Newton, MA 02458

Allston, MA 02134

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) N/A 04-3099272 501(c)(3) 10,050 0 N/A Community Impact Weymouth Food Pantry 1189 Commercial Street

Suite 302A Dover, NH 03820

East Weymouth, MA 02189							
Wild Animals Worldwide 1100 Larkspur Landing Larkspur, CA 94939	20-8774272	501(c)(3)	5,023	0	N/A	N/A	Community Impact
Workforce Housing Coalition of the Greater Seacoast 61 Locust Street	26-1664901	501(c)(3)	18,863	0	N/A	N/A	Community Impact

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 501(c)(3) 25,000 0 N/A N/A Workforce Solutions Group 04-2261109 Community Impact 40 Court Street 11th FL nunity Impact

Community Impact

0 N/A

Boston, MA U21U8							
Wounded Warrior Project	20-2370934	501(c)(3)	32,721	0	N/A	N/A	Commu
PO Box 758517							
Topeka, KS 66675							

25,284

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

X-Cel Inc

7 Glenvale Terr 2 Jamaica Plain, MA 02130

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 04-3534407 501(c)(3) 44.845 0 N/A N/A Year Up Inc Community Impact 45 Milk Street 9th Floor y Impact

Community Impact

0 N/A

Boston, MA 02110							
YMCA of Attleboro 63 North Main Street Attleboro, MA 02703	04-2255819	501(c)(3)	11,721	0	N/A	N/A	Community

441,622

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

YMCA of Greater Boston

316 Huntington Avenue Boston, MA 02115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 501(c)(3) 116.089 0 N/A N/A YMCA of Metro North 04-2105883 Community Impact 20 Neptune Blvd Lvnn.MA 01902 N/A 501(c)(3) 104.262 0 N/A YMCA of the North Shore 04-2104913 Community Impact 245 Cabot Street

N/A

Community Impact

0 N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Beverly, MA 01915

04-3080098

YouthBuild Boston

27 Centre Street
Roxbury, MA 02119

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501(c)(3) 27,306 0 N/A N/A Youthbuild Lawrence 04-3177142 Community Impact 2 F.F. Hawarhill Ctroot

N/A

Community Impact

0 N/A

Lawrence, MA 018401127							
YWCA Malden 54 Washington Street Malden, MA 02148	04-2125009	501(c)(3)	96,957	0	N/A	N/A	Community Impact

79,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

YWCA of Boston

140 Clarendon St Suite 403 Boston, MA 02116

04-2103548

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (c) IRC section (d) A mount of cash (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment other) assistance 04-2105876 501(c)(3) 27.529 0 N/A N/A YWCA of Greater Lowell Community Impact

YWCA of Greater of Lawrence 04-2130847 501(c)(3) 56,763 0 N/A N/A Community Impact

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

38 Lawrence Street Lawrence, MA 01841 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

DLN: 93493046025197 OMB No 1545-0047

2015

Open to Public

Treas	tment of the ury al Revenue Service	► Information about Schedule J (Fo	orm 990)	and its instructions is at <u>www.irs.</u>			o Pul ectio	
Naı	me of the organiz TED WAY OF MASSAG				Employer identificati	on nur	nber	
Do	rt I Questi	ons Regarding Compensation			04-2382233			
Га	Questi	ons Regarding Compensation					Yes	No
1a		opiate box(es) if the organization prov Section A, line 1a Complete Part III					165	140
	First-clas	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of person	onal residence			
	Tax idemr	nification and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)	 	 	
b		xes in line 1a are checked, did the org or provision of all of the expenses de				1b		
2	_	ation require substantiation prior to re ees, officers, including the CEO/Exec				2		
3	organization's (used by a relate	If any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compensa ation committee ent compensation consultant	at apply ation of	Do not check any boxes for method	İs			
	<u>. </u>	of other organizations		Approval by the board or compensa	ation committee	i	¦ 	i
4	or a related org				he filing organization			N.o.
a b		rance payment or change-of-control p				4a 4b		No No
C		or receive payment from, a supplemen or receive payment from, an equity-ba		·		46 4c		No
		of lines 4a-c, list the persons and pro		·	ı Part III			NO
5	For persons list	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A, contingent on the revenues of			any			
а	The organizatio	n?				5a		Νo
b	Any related org	anization? e 5a or 5b, describe in Part III				5b		No
6		ted on Form 990, Part VII, Section A, contingent on the net earnings of	, line 1a	, did the organization pay or accrue a	any			
а	The organizatio	in?				6a		Νo
b	Any related org					6b		
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, lescribed in lines 5 and 6? If "Yes," d			n-fixed	7	Yes	
8		nts reported on Form 990, Part VII, p nitial contract exception described in				8		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (I) and from related organizations, described in the

Instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

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

Note. The sum of columns (B)	(1)-(111)	for each listed individu	ual must equal the total	l amount of Form 990,	Part VII, Section A, lin	ne 1a, applicable colu	mn (D) and (E) amount	s for that individual	
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 MICHAEL DURKIN PRESIDENT AND CEO AND	(i)	340,000	48,500	10,045	34,000	19,947	452,492	0	
ASSISTANT SECRETARY	(ii)	0	0	0	0	0	0	0	
2 PATRICIA LATIMORE CFO AND ASSISTANT	(i)	196,100	21,000	1,122	17,368	19,740	255,330	0	
TREASURER	(ii)	0	0	0	0	0	0	0	
3 JEFFERY HAYWARD	(i)	223,077	23,500	862	14,795	19,586	281,820	0	
CHIEF OF EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0	
4 JOHN FEUDO CHIEF DEVELOPMENT	(i)	183,655	0	699	11,019	12,905	208,278	0	
OFFICER	(ii)	0	0	0	0	0	0	0	
5 KARLEY AUSIELLO SENIOR VICE-PRESIDENT -	(i)	158,424	16,520	125	17,494	19,385	211,948	0	
COMMUNITY IMPACT	(ii)	0	0	0	0	0	0	0	
6 MARK LAMOTHE SENIOR VICE-PRESIDENT-	(i)	158,077	17,050	524	8,419	19,245	203,315	0	
MARKETING	(ii)	0	0	0	0	0	0	0	
7 MARIA TRINGALE VICE-PRESIDENT-MAJOR	(i)	176,874	0	346	10,612	19,340	207,172	0	
GIFTS	(ii)	0	0	0	0	0	0	0	
8 IMRAN ALRAI	(i)	170,914	0	143	10,255	19,308	200,620	0	
VICE-PRESIDENT- INFORMATION TECHNOLOGY	(ii)	0	0	0	0	0	0	0	
9 JANE TEWKSBURY EXECUTIVE DIRECTOR-	(i)	149,712	0	738	8,983	19,219	178,652	0	
THRIVE IN FIVE	(ii)	0	0	0	0	0	0	0	

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

Return Reference Explanation

Schedule J, Part I LINE 3 UWMB'S BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION, AS RECOMMENDED BY UWMB'S COMPENSATION COMMITTEE

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Idetermined annually by the Compensation Committee

Software ID: 15000238 Software Version: 2015v3.0

EIN: 04-2382233

Name: UNITED WAY OF MASSACHUSETTS BAY INC

Form 990, Schedule J, P	art:	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	d Highest Compen	sated Employees	5	
(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1MICHAEL DURKIN PRESIDENT AND CEO AND	(1)	340,000	48,500	10,045	34,000	19,947	452,492	0
ASSISTANT SECRETARY	(11)	0	0	0	0	-0	0	0
1PATRICIA LATIMORE CFO AND ASSISTANT TREASURER	(1)	196,100	21,000	1,122	17,368	19,740	255,330	0
TREASURER	(11)	0	0	0	0	0	0	0
2JEFFERY HAYWARD	(1)	223,077	23,500	862	14,795	19,586	281,820	0
CHIEF OF EXTERNAL AFFAIRS	(11)	0	0	0	0	- 0		0
3JOHN FEUDO CHIEF DEVELOPMENT	(1)	183,655	0	699	11,019	12,905	208,278	0
OFFICER	(11)	0	0	0	0	-		0
4KARLEY AUSIELLO SENIOR VICE-PRESIDENT -	(1)	158,424	16,520	125	17,494	19,385	211,948	0
COMMUNITY IMPACT	(11)	0	0	0	0	-		0
5MARK LAMOTHE SENIOR VICE-PRESIDENT-	(1)	158,077	17,050	524	8,419	19,245	203,315	0
MARKETING	(11)	0	О	o	0	-0		0
6MARIA TRINGALE VICE-PRESIDENT-MAJOR	(1)	176,874	0	346	10,612	19,340	207,172	0
GIFTS	(11)	0	0	0	0	-		0
7IMRAN ALRAI VICE-PRESIDENT-	(1)	170,914	0	143	10,255	19,308	200,620	0
INFORMATION TECHNOLOGY	(11)	0	0	0	0	-0		0
8JANE TEWKSBURY EXECUTIVE DIRECTOR-	(1)	149,712	0	738	8,983	19,219	178,652	0
THRIVE IN FIVE		0	0	0	0	-	-	0
						0	1 0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493046025197 OMB No 1545-0047

(Form 990 or 990-EZ)

Treasury				www.irs.go	<u>v /form990</u> . ´	•				Ir	ıspecti	on
Internal Revenue Se Name of the or	ganızatıon						En	nploye	r identii	ficatio	n numbei	·
UNITED WAY OF M	1ASSACHUSETTS BAY	INC					04	1-238	222			
Part I Exc	ess Benefit Tr	ansaction	S (section	501(c)(3), se	ection 501(c)	(4), and 501(c)	_			only)		
	olete if the organiz								•			
1 (a) Nan	ne of disqualified p	erson	(b) Rel		ween disqualii ganization	fied person and	(•	cription saction	of	(d) Corr	No No
											103	110
			'									
					1.6 4							
	amount of tax incu								section \$ \$			
	amount of tax, if a								> \$			
Part II Lo	ans to and/o	r From Int	tarastad	Darsons								
Co	mplete if the orga	nization ans	wered "Yes'	on Form 99		line 38a, or Foi	m 99	0, Par	t IV , lın	e 26, d	orıfthe	
org	janization reporte	d an amount	on Form 99	0, Part X, lin	e 5, 6, or 22							
(a) Name of	(b) Relationship		(d) Loan t	:0	(e)O rıgınal	(f)Balance	(g)	In	(h))	(i)Wri	tten
ınterested person	with organization	Purpose of Ioan	or from th organizatio		principal amount	due	defa	ult?	Appro		agreen	nent?
person	organization	10411	organizacio					by board or committee?				
			То	From			Yes	No	Yes	No	Yes	No
Total		▶ \$. Citi T-									
Part III Gra	ants or Assist mplete if the or	ance Bene ganization	eriting in answered	Terested F "Yes" on Fo	rersons. orm 990. Par	rt IV. line 27.						
(a) Name of	interested (b)	Relationshi	p between		of assistance			stance	e (e)	Purpos	se of ass	ıstance
perso	on Inte	erested pers organiza										
		organiza	cion									

Complete if the org	anızatıo	n answered "Yes" on I	Form 990, Part IV, li	ne 28a, 28b, or 28c.		
(a) Name of interested pers	on	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
					Yes	No
BLUE CROSS BLUE SHIELD OF (1) MASSACHUSETTS	F	KEY EMPLOYEE OF BCBS IS ALSO A DIRECTOR		HEALTH AND DENTAL BENEFITS FOR UWMB EMPLOYEES		No
					-	
Part V Supplemental Inf		on or responses to question:	s on Schedule L (see in	structions)		
Return Reference	Explanation					
Schedule L, Part IV PART IV	SEVERAL OTHER BOARD DIRECTORS ARE KEY EMPLOYEES OF ENTITIES THAT PROVIDE					E

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M

Noncash Contributions

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

Treasury

DLN: 93493046025197 OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233 Types of Property Part I (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Х 5,000 Market value Clothing and household 88,774 Market value X goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests 59 652,156 Market value 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . **14** Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . **25** Other ▶ (10,000 NONE Х 1 Software) 26 Other ▶ (**27** Other ▶ (___ **28** Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a Νo b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Page 2

Schedule M (Form 990) (2015)

Also complete this part for any additional information. Return Reference Explanation

Schedule M. Part I Explanations of Clothing and household goods - Number of Contributions Books and publications -Number of

Contributions Other - Software, Number of Contributions

reporting method for number of contributions

DLN: 93493046025197

SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** UNITED WAY OF MASSACHUSETTS BAY INC 04-2382233

Return Reference	Explanation
Form 990, Part III, Line 1 PART III	INTRODUCTION FOR OVER 70 YEARS, LAWAB HAS BROUGHT THE COMMUNITY TOGETHER TO HEP IMPROVE PEOPLES LIVES AND STRENGTHEN THE COMMUNITY TOGETHER TO HEP PEOPLES LYES AND STRENGTHEN THE COMMUNITY TOGETHER TO HEP PEOPLE FAMILES ARE SOCIETY'S GREST ASSET AND THAT BY BRINGING THE COMMUNITY TOGETHER WE LEAV THE FOUNDATION FOR A STRONG, STABLE REGION AND ROBUST ECONOMY THAT BENEFITS EVERY ONE OUR FOUNDING BELLET HAT TOGETHER WE CAN DO MORE THAN WE EVER COULD ALONE STILL DEPINES OUR MISSION, BUT TODAY THAT BELIEF HAS STRETCHED BEY OND FUNDRAISING AND CREATED A POWERFUL AND GROWING MOVEMENT TO GIVE, ADVOCATE OR VOLUNTEER, OUR RALLYING CRY, TO THE WE UNTER THAT MAY MOBILE DEPINES OUR MISSION, BUT TODAY THAT BELIEF HAS STRETCHED BEY OND FUNDRAISING AND CREATED A POWERFUL AND GROWING MOVEMENT TO GIVE, ADVOCATE OR VOLUNTEER, OUR RALLYING CRY, TO THE WE UNTER THAN MOBILE DEPINES OUR MISSION, BUT TODAY THAT BELIEF HAS STRETCHED BEY OND FUNDRAISING CRY, TO THE WE SUPPORT FOR OUR RALLYING CRY, TO THE WE WENT THE COMMON GOOD SO WE CAN PROVIDE NEEDED HELP TODAY. AND CREATE A STRONGER TOMORROW WE ALL WANT TO HAVE THE GREATEST POSSIBLE IMPACT ON COMMUNITY AND THE SUSSES THAT TWE CARE ABOUT LOWNED LEVERAGES THE RESOURCES AND TALENTS OF A REGIONAL NETWORK OF MORE THAN 160 PARTNER AGENCIES OF FOCUS ON SHARED GOALS, USING PROVEN STRATEGIES ACROSS OUR THREE MPACT AREAS, THESE AGENCIES CREATE A CONTINUUM OF SUPPORT FOR CHILDREN, VOUTH AND THEIR RAMED SHALE THAT EXTENDS WELL BEYOND THE READ-HO FAN SINGLE ORGANIZATION NO OTHER ORGANIZATION HAS THE SCOOPE, EXPERTISE, OR INFLUENCE TO BRING TOGETHER HUNDREDS OF HUMAN SERVICE AGENCIES, GOVERNMENT, BUSINESSES, PRIVATE FOUNDATIONS AND DEDICATED VOLUNTEERS AROUND A COMMON VISION OF CREATING MAXIMM IMPACT AND ACHIEVING LONG-LASTING RESULTS ORGANIZATIONAL OVERVIEW WINDS ENCOMPASSES OVER 130 CITIES AND TOWNS WITH HET ASSETS OF MORE THAN 360 MILLION AS A MORE INIBILE OF A NOTHING AND PRIVATE AGENCIES. SUBJECT TO THE SUBJECT AND THE SUBJECT AND THE SUBJECT AND THE SUBJECT AND THE SUBJECT AND THE SUBJECT AN

Return Reference	Explanation
Form 990, Part III, Line	(Expenses \$ 12,490,124 including grants of \$ 12,490,124)(Revenue \$ 0) DONORS TO THE CAMPAIGN MAY
4d Description of	DESIGNATE ALL OR PART OF THEIR CONTRIBUTIONS TO SPECIFIC AGENCIES SUCH AMOUNTS ARE NOT INCLUDED
other program	AS ALLOCATIONS TO AGENCIES AND ARE RECORDED AS A DEDUCTION FROM DONOR CONTRIBUTIONS IN THE
services	AUDITED FINANCIAL STATEMENT OF ACTIVITIES ALL DONOR DESIGNATIONS ARE VERIFIED FOR 501(C)(3)
	ELIGIBILITY AND COMPLIANCE WITH THE USA PATRIOT ACT

Return Reference	Explanation
Form 990, Part III, Line 4d	(Expenses \$ 2,294,242 including grants of \$ 0)(Revenue \$ 170,743) PROGRAMADMINISTRATION
Description of other program	INCLUDES UWMB'S INTERNAL RESOURCE ALLOCATION TO SUPPORT CHILDREN, YOUTH AND FAMILY
services	PROGRAMS PROGRAMS

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of	UWMB'S AUDIT COMMITTEE REVIEWS THE ANNUAL FORM 990 IN ADDITION, A DRAFT OF THE FORM
form 990 by governing body	990 IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	UWMB'S CODE OF ETHICS IS INTENDED TO GUIDE AND ADVANCE THE ETHICAL CONDUCT OF BOTH VOLUNTEERS AND STAFF IN CARRY ING OUT THEIR UWMB'S RESPONSIBILITIES AS PART OF THE CODE OF ETHICS, ALL VOLUNTEERS AND STAFF MUST AVOID ANY CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, WHICH COULD TARNISH THE REPUTATION OF UWMB OR UNDERMINE THE PUBLIC'S TRUST IN UWMB STAFF AND VOLUNTEERS TO ENSURE THAT THE BEST INTERESTS OF UWMB ARE SERVED ALL VOLUNTEERS AND STAFF UPON FIRST BEING ELECTED, APPOINTED, HIRED OR ASSIGNED, DISCLOSES IN WRITING, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY POTENTIAL BUSINESS OR AGENCY CONFLICTS OF INTERESTS THAT INVOLVE THE INDIVIDUAL, HIS OR HER IMMEDIATE RELATIVES, OR ANY ENTITY WITH WHICH HE OR SHE IS ASSOCIATED IN A SIGNIFICANT LEADERSHIP OR OWNERSHIP CAPACITY THEREAFTER, THESE DISCLOSURES ARE UPDATED ANNUALY, OR SOONER IF CHANGED CIRCUMSTANCES IN A PARTICULAR CASE MAY WARRANT THE TERMS OF ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY MANAGEMENT AND REPORTED TO UWMB'S AUDIT COMMITTEE ON AN ANNUAL BASIS THE COMMITTEE DEVELOPS RECOMMENDATIONS AS TO WHETHER, ALL FACTORS CONSIDERED, A POTENTIAL CONFLICT IS FAIR AND REASONABLE AND IN THE BEST INTEREST OF UWMB AND PROVIDES THESE RECOMMENDATIONS TO UWMB'S BOARD FOR APPROVAL

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Each year, the Compensation Committee, which is comprised of Board and non-Board members, review's compensation, benchmarks and performance metrics for the top five positions in the leadership of the organization including the President and Chief Executive Officer Every three years, the Compensation Committee also completes a review of the external compensation market by engaging an executive compensation consultant to review the compensation and benefits package and set benchmarks for each position. The last comprehensive compensation review by an external compensation consultant was completed in 2012. All compensation changes are review ed and approved each year by the Board of Directors following review and approvals by the Compensation Committee and the Executive Committee of the Board. This year the final Board approval was completed in October 2014 and documented in the meeting minutes. The Chairperson of the Compensation Committee who is also a member of the Board of Directors creates and maintains the documentation of the deliberations of the Committee meetings and decisions regarding the compensation decisions

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE PART VI, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Line 19	UWMB, UPON REQUEST, WILL PROVIDE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
Required documents available	AUDITED FINANCIAL STATEMENTS UWMB'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR
to the public	PUBLIC INSPECTION AT THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc revenue - Total Revenue 503053, Related or Exempt Function Revenue 503053, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Net Assets acquired in North Shore United Way merger - 2264669,