Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 2008.

► **Do not send to the IRS. Keep for your records.**
► **See instructions.**

OMB No. 1545-1878

2007

Return ID (20-digit number) ► 04310020082880700003

Name of exempt organization: UNITED WAY OF NORTH CENTRAL MASS, INC.

Employer identification number: 04-2233021

Name and title of officer: PHIL GRZEWINSKI PRESIDENT

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ►	[X]	**b Total revenue,** if any (Form 990, line 12)	1b 2,931,813.
2a Form 990-EZ check here ►	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ►	[ ]	**b Total tax** (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ►	[ ]	**b** Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ►	[ ]	**b Balance Due** (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize Marina Raher, CPA (ERO firm name) to enter my PIN 87994 (do not enter all zeros) as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ► 10/23/08

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 04310081753 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers.

ERO's signature ►

Date ►

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990**

Department of the Treasury
Internal Revenue Service(77)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C
UNITED WAY OF NORTH CENTRAL MASS, INC.
285 JOHN FITCH HIGHWAY, SUITE 1
FITCHURG, MA 01420

D Employer Identification Number: 04-2233021

E Telephone number: 508-345-1577

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes,' enter number of affiliates G

H (c) Are all affiliates included? [ ] Yes [ ] No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site: G N/A

J Organization type (check only one) G [X] 501(c) 3 H (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here G [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number G

M Check G [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 2,994,614.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a	1,159,485.		
	b Direct public support (not included on line 1a)	1b	1,528,401.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d	2,128.		
	e Total (add lines 1a through 1d) (cash $ 2,690,014. noncash $)			1e	2,690,014.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	202,815.
	4 Interest on savings and temporary cash investments			4	31,062.
	5 Dividends and interest from securities			5	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7 Other investment income (describe G)			7	

	(A) Securities		(B) Other
8a Gross amount from sales of assets other than inventory	56,133.	8a	
b Less: cost or other basis and sales expenses	56,358.	8b	
c Gain or (loss) (attach schedule) Statement 1	-225.	8c	

	d Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	-225.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here G [ ]				
	a Gross revenue (not including $ of contributions reported on line 1b)	9a	14,590.		
	b Less: direct expenses other than fundraising expenses	9b	6,443.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a Statement 2			9c	8,147.
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11 Other revenue (from Part VII, line 103)			11	
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,931,813.
EXPENSES	13 Program services (from line 44, column (B))			13	1,912,372.
	14 Management and general (from line 44, column (C))			14	322,721.
	15 Fundraising (from line 44, column (D))			15	205,186.
	16 Payments to affiliates (attach schedule) See Statement 3			16	29,391.
	17 Total expenses. Add lines 16 and 44, column (A)			17	2,469,670.
NET ASSETS	18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	462,143.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,104,880.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 4			20	-8,221.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	1,558,802.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) See Stmt 5 (cash $ 530,560. non-cash $) If this amount includes foreign grants, check here .. G ☐	22a	530,560.	530,560.		
22b Other grants and allocations (att sch) See Stm 6 (cash $ 1069417. non-cash $) If this amount includes foreign grants, check here .. G ☐	22b	1,069,417.	1,069,417.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	142,639.	80,243.	31,198.	31,198.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	337,660.	121,743.	160,291.	55,626.
27 Pension plan contributions not included on lines 25a, b, and c	27	37,170.	16,159.	14,065.	6,946.
28 Employee benefits not included on lines 25a - 27	28	53,949.	28,243.	20,917.	4,789.
29 Payroll taxes	29	39,812.	15,190.	17,591.	7,031.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,985.		1,985.	
32 Legal fees	32				
33 Supplies	33	26,997.	8,518.		18,479.
34 Telephone	34	9,331.	3,118.	2,905.	3,308.
35 Postage and shipping	35	3,650.	1,633.	1,415.	602.
36 Occupancy	36	5,397.	392.	4,713.	292.
37 Equipment rental and maintenance	37	22,501.	6,582.	6,631.	9,288.
38 Printing and publications	38	2,532.	194.	2,338.	
39 Travel	39	19,567.	8,595.	6,817.	4,155.
40 Conferences, conventions, and meetings	40	6,620.	6,620.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	21,381.	6,521.	6,949.	7,911.
43 Other expenses not covered above (itemize):					
a See Statement 7	43a	109,111.	8,644.	44,906.	55,561.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,440,279.	1,912,372.	322,721.	205,186.

Joint Costs. Check. G ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? G ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs $ _____; (ii) the amount allocated to Program services $ _____; (iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G See Statement 8 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Creation of funds by means of voluntary public subscriptions; funds expended by allocation to member agencies. (Grants and allocations $ 1,599,977.) If this amount includes foreign grants, check here G ☐	1,912,372.
b (Grants and allocations $) If this amount includes foreign grants, check here G ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here G ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here G ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here G ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) G	1,912,372.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
ASSETS					
45 Cash ' non-interest-bearing			197.	45	195.
46 Savings and temporary cash investments			723,878.	46	1,308,552.
47a Accounts receivable	47a	4,127.			
b Less: allowance for doubtful accounts	47b		64,696.	47c	4,127.
48a Pledges receivable	48a	1,179,971.			
b Less: allowance for doubtful accounts	48b	282,712.	988,398.	48c	897,259.
49 Grants receivable				49	
50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			7,295.	52	
53 Prepaid expenses and deferred charges			11,002.	53	19,359.
54a Investments ' publicly-traded securities G ☐ Cost ☒ FMV			247,181.	54a	238,960.
b Investments ' other securities (attach sch) G ☐ Cost ☒ FMV				54b	
55a Investments ' land, buildings, & equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments ' other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	259,530.			
b Less: accumulated depreciation (attach schedule) Statement 9	57b	187,342.	76,937.	57c	72,188.
58 Other assets, including program-related investments (describe G See Statement 10)			37,844.	58	40,753.
59 Total assets (must equal line 74). Add lines 45 through 58			2,157,428.	59	2,581,393.
LIABILITIES					
60 Accounts payable and accrued expenses			22,110.	60	29,609.
61 Grants payable			809,766.	61	700,826.
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe G See Statement 11)			220,672.	65	292,156.
66 Total liabilities. Add lines 60 through 65			1,052,548.	66	1,022,591.
NET ASSETS OR FUND BALANCES					
Organizations that follow SFAS 117, check here G ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			264,124.	67	324,747.
68 Temporarily restricted			838,756.	68	1,232,055.
69 Permanently restricted			2,000.	69	2,000.
Organizations that do not follow SFAS 117, check here G ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			1,104,880.	73	1,558,802.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73			2,157,428.	74	2,581,393.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	3,045,051.
b	Amounts included on line a but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2	113,238.		
	3 Recoveries of prior year grants	b3			
	4 Other (specify):	b4			
	Add lines b1 through b4			b	113,238.
c	Subtract line b from line a			c	2,931,813.
d	Amounts included on Part I, line 12, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12). Add lines c and d. G			e	2,931,813.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	2,582,908.
b	Amounts included on line a but not on Part I, line 17:				
	1 Donated services and use of facilities	b1	113,238.		
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify):	b4			
	Add lines b1 through b4			b	113,238.
c	Subtract line b from line a			c	2,469,670.
d	Amounts included on Part I, line 17, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add lines c and d. G			e	2,469,670.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 12		148,866.	28,743.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . G 24			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' G	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization G N/A and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI G		88b		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0. ; section 4912 G 0. ; section 4955 G 0.				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 G 0.				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization G 0.				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed G None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 0

91a The books are in care of G PHIL GRZEWINSKI Telephone number G (508)345-1577

Located at G 285 JOHN FITCH HWY FITCHBURG MA ZIP + 4 G 01420

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If 'Yes,' enter the name of the foreign country G			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If 'Yes,' enter the name of the foreign country G

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of *Form 1041* ' Check here N/A G ☐
and enter the amount of tax-exempt interest received or accrued during the tax year G 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments			1	202,815.	
95 Interest on savings & temporary cash invmnts			14	31,062.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-225.
101 Net income or (loss) from special events			1	8,147.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				242,024.	-225.
105 Total (add line 104, columns (B), (D), and (E)) G					241,799.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. F	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to *(b)*, file Form 8870 *and* Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

G Signature of officer — Date

G PHIL GRZEWINSKI, PRESIDENT
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	G Marina Raher, CPA	Date	Check if self-employed G ☐
Preparer's SSN or PTIN (See General Instruction X)	N/A		
Firm's name (or yours if self-employed), address, and ZIP + 4	G Marina Raher, CPA 50 Leominster Rd. Suite 15 Sterling, MA 01564	EIN G N/A	Phone no. G (978) 422-8180

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information ' (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

Name of the organization: UNITED WAY OF NORTH CENTRAL MASS, INC.

Employer identification number: 04-2233021

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 13		384,927.	72,419.	0.
Total number of other employees paid over $50,000 G	0			

Part II ' A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services G	0	

Part II ' B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services G	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Part III Statements About Activities (See instructions.)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities..... G $ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	

d Enter the total number of donor advised funds owned at the end of the tax year..... G N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year..... G N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts..... G 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year... G 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

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

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ..... G					0.

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,569,276.	3,219,359.	2,522,591.	2,479,592.	10,790,818.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975	33,795.	32,227.	19,051.	19,039.	104,112.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 14	200,103.	33,726.	23,804.	24,560.	282,193.
23 Total of lines 15 through 22	2,803,174.	3,285,312.	2,565,446.	2,523,191.	11,177,123.
24 Line 23 minus line 17	2,803,174.	3,285,312.	2,565,446.	2,523,191.	11,177,123.
25 Enter 1% of line 23	28,032.	32,853.	25,654.	25,232.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A G 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts G 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) G 26c

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ 26d

e Public support (line 26c minus line 26d total) G 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) G 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add: Amounts from column (e) for lines: 15 10,790,818. 16 _____ 17 _____ 20 _____ 21 _____ 27c 10,790,818.

d Add: Line 27a total 0. and line 27b total 0. 27d 0.

e Public support (line 27c total minus line 27d total) G 27e 10,790,818.

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) G 27f 11,177,123.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) G 27g 96.54 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) G 27h 0.93 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a ☐ if the organization belongs to an affiliated group. Check G b ☐ if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table			
If the amount on line 40 is — The lobbying nontaxable amount is			
Not over $500,000 — 20% of the amount on line 40			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must 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 instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) G	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? G ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization: UNITED WAY OF NORTH CENTRAL MASS, INC.

Employer identification number: 04-2233021

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year.) . . . . . G$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:	56,133.
Cost or Other Basis:	56,358.
Total Gain (Loss) Publicly Traded Securities	$ -225.
Total Net Gain (Loss) From Noninventory Sales	$ -225.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri-butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
VOLUNTEER EVENTS	14,590.	0.	14,590.	6,443.	8,147.
Total	$ 14,590.	$ 0.	$ 14,590.	$ 6,443.	$ 8,147.

Statement 3
Form 990, Part I, Line 16
Payments to Affiliates

Name and Address	Purpose of Payment	Amount
United Way of America	Dues	$ 29,391.
	Total	$ 29,391.

Statement 4
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

UNREALIZED LOSS ON INVESTMENTS	$ -8,221.
Total	$ -8,221.

Statement 5
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Name:	A SUITABLE IMAGE	
Donee's Address:	PO BOX 4806 FRAMINGHAM, MA 01704	
Amount Given:		$ 500.
Donee's Name:	ABBY'S HOUSE	
Donee's Address:	52 HIGH ST WORCESTER, MA 01609	
Amount Given:		250.
Donee's Name:	ACS FRAMINGHAM	
Donee's Address:	30 SPEEN ST FRAMINGHAM, MA 01701	
Amount Given:		1,000.
Donee's Name:	ADIGGA RACING	
Donee's Address:	51 LANES RD WESTMINSTER, MA 01473	
Amount Given:		5,000.
Donee's Name:	AMERICAN CANCER SOCIETY	
Donee's Address:	7 OAK ST WORCESTER, MA 01606	
Amount Given:		1,130.
Donee's Name:	AMERICAN LIVER FOUNDATION	
Donee's Address:	PO BOX 5218 TOMS RIVER, NH 08754	
Amount Given:		250.
Donee's Name:	AMERICAN RED CROSS	
Donee's Address:	200 CENTURY DR WORCESTER, MA 01606	
Amount Given:		15,000.
Donee's Name:	AMERICAN SUICIDE FOUNDATION	
Donee's Address:	1020 WALL ST NEW YORK, NY 10005	
Amount Given:		1,000.
Donee's Name:	ANNA MARIA COLLEGE	
Donee's Address:	50 SUNSET LANE PAXTON , MA 01612	
Amount Given:		550.
Donee's Name:	APPLEWILD SCHOOL	
Donee's Address:	120 PROSPECT ST FITCHBURG, MA 01420	
Amount Given:		65,000.
Donee's Name:	ARC COMMUNITY SERVICES	
Donee's Address:	564 MAIN ST FITCHBURG, MA 01420	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Amount Given:		$ 57,700.
Donee's Name:	ARCHANGEL ST. RAPHAEL	
Donee's Address:	12 FRANKLIN ST DANIELSON, CT 06239	
Amount Given:		1,000.
Donee's Name:	ARTHRITIS FOUNDATION	
Donee's Address:	29 CRAFTS ST, SUITE 450 NEWTON, MA 02158	
Amount Given:		250.
Donee's Name:	ASSUMPTION COLLEGE	
Donee's Address:	500 SALISBURY ST WORCESTER, MA 01609	
Amount Given:		5,000.
Donee's Name:	ATLANTIC CHALLENGE	
Donee's Address:	643 MAIN ST ROCKLAND, ME 04841	
Amount Given:		500.
Donee's Name:	BANCROFT SCHOOL	
Donee's Address:	110 SHORE DRIVE WORCESTER, MA 01605	
Amount Given:		6,000.
Donee's Name:	BATTEREDW WOMENS RESOURCES	
Donee's Address:	14 MANNING AVE LEOMINSTER, MA 01453	
Amount Given:		3,900.
Donee's Name:	BENTLEY COLLEGE	
Donee's Address:	175 FOREST ST WALTHAM, MA 02452	
Amount Given:		1,100.
Donee's Name:	BOSTON COLLEGE	
Donee's Address:	220 MORE HALL CHESTNUT HILL, MA 02467	
Amount Given:		500.
Donee's Name:	BOYS & GIRLS CLUB OF NCM	
Donee's Address:	365 LINDELL AVE LEOMINSTER, MA 01453	
Amount Given:		22,000.
Donee's Name:	CAMBRIDGE COLLEGE	
Donee's Address:	1000 MASS AVE CAMBRIDGE, MA 02138	
Amount Given:		2,000.
Donee's Name:	CARE NET	
Donee's Address:	PO BOX 511	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

	FTICHBURG, MA 01420	
Amount Given:		$ 500.
Donee's Name:	CHESTER MOSSMAN TEEN CENTER	
Donee's Address:	15 MEMORIAL DR LUNENBURG, MA 01462	
Amount Given:		100.
Donee's Name:	CHILD MEDICAL CONNECTIONS	
Donee's Address:	171 JOHNSTON ST., #212 LEOMINSTER, MA 01453	
Amount Given:		1,500.
Donee's Name:	CHILDREN'S CHRISTIAN FUND	
Donee's Address:	PO BOX 26507 RICHMOND, VA 23261	
Amount Given:		1,017.
Donee's Name:	CHILDREN UNLIMITED	
Donee's Address:	PO BOX 986 CONWAY, NH 03818	
Amount Given:		2,000.
Donee's Name:	CHILL FOUNDATION	
Donee's Address:	80 INDUSTRIAL PARKWAY BURLINGTON, MA 05401	
Amount Given:		1,000.
Donee's Name:	CHRISTIAN PERFORMING ARTS CTR	
Donee's Address:	914 MAIN ST FITCHBURG, MA 01420	
Amount Given:		500.
Donee's Name:	CLARK UNIVERSITY	
Donee's Address:	950 MAIN ST WORCESTER, MA 01610	
Amount Given:		5,000.
Donee's Name:	CLEGHORN NEIGHBORHOOD CTR	
Donee's Address:	2-18 FAIRMONT FITCHBURG, MA 01420	
Amount Given:		13,600.
Donee's Name:	COLLEGE OF THE HOLY CROSS	
Donee's Address:	ONE COLLEGE ST WORCESTER, MA 01610	
Amount Given:		250.
Donee's Name:	COMMUNITY FOUNDATION OF NCM	
Donee's Address:	285 JOHN FITCH HWY FITCHBURG, MA 01420	
Amount Given:		56,250.
Donee's Name:	COMMUNITY HEALTHLINK	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Address:	72 JACQUES AVE WORCESTER, MA 01610	
Amount Given:		$ 100.
Donee's Name:	CONCORD EDUCATIONAL FUND	
Donee's Address:	PO BOX 202 CONCORD, MA 01742	
Amount Given:		250.
Donee's Name:	CONCORD/CARLISLE COMMUNITY ACTION	
Donee's Address:	111 OLD RD TO 9 ACRE CORNER CONCORD, MA 01742	
Amount Given:		500.
Donee's Name:	CONGREATION AGUDAT ACHIM	
Donee's Address:	268 WASHINGTON ST LEOMINSTER, MA 01453	
Amount Given:		654.
Donee's Name:	COTY/HAITI	
Donee's Address:	PO BOX 745 NORTH ADAMS, MA 01247	
Amount Given:		1,500.
Donee's Name:	CREDIT UNION AFFORTABLE HOUSING	
Donee's Address:	845 DONALD LYNCH BLV MARLBORO, MA 01752	
Amount Given:		1,000.
Donee's Name:	DIVERSIFIED VNA	
Donee's Address:	25 TUCKER DRIVE LEOMINSTER, MA 01453	
Amount Given:		1,000.
Donee's Name:	DOCED RES	
Donee's Address:	101 MORSE ST WATERTOWN, MA 02472	
Amount Given:		250.
Donee's Name:	FIRST CONGREGATIONAL CHURCH	
Donee's Address:	14 MOUNTAIN RD PRINCETON, MA 01541	
Amount Given:		10,000.
Donee's Name:	FITCHBURG ART MUSEUM	
Donee's Address:	185 ELM ST FITCHBURG, MA 01420	
Amount Given:		4,350.
Donee's Name:	FITCHBURG HISTORICAL SOCIETY	
Donee's Address:	PO BOX 953 FITCHBURG, MA 01420	
Amount Given:		5,050.

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Name:	FITCHBURG POLICE	
Donee's Address:	20 ELM ST FITCHBURG, MA 01420	
Amount Given:		$ 500.
Donee's Name:	FITCHBURG RIVERFRONT PARK	
Donee's Address:	718 MAIN ST FITCHBURG, MA 01420	
Amount Given:		3,000.
Donee's Name:	FITCHBURG STATE COLLEGE	
Donee's Address:	160 PEARL ST FITCHBURG, MA 01420	
Amount Given:		23,433.
Donee's Name:	FLORENCE SAWYER SCHOOL	
Donee's Address:	100 MECHANIC ST BOLTON, MA 01740	
Amount Given:		400.
Donee's Name:	FRANCIS OUIMET SCHOLARSHIP FUND	
Donee's Address:	300 ARNOLD PALMER BLVD NORTON, MA 02766	
Amount Given:		675.
Donee's Name:	FRIENDS OF GROTON ELDERS	
Donee's Address:	PO BOX 289 GROTON, MA 01450	
Amount Given:		50.
Donee's Name:	GINNY'S HELPING HAND	
Donee's Address:	52 MECHANIC ST LEOMINSTER, MA 01453	
Amount Given:		700.
Donee's Name:	GINNY'S THRIFTSHOP	
Donee's Address:	52 MECHANIC ST LEOMINSTER, MA 01453	
Amount Given:		1,000.
Donee's Name:	GOAL SETTING INSTITUTE FOR YOUTH	
Donee's Address:	8 WEYMISSET RD GROTON, MA 01450	
Amount Given:		4,000.
Donee's Name:	GREATER GARDNER CDC	
Donee's Address:	175 CONNORS ST GARDNER, MA 01440	
Amount Given:		1,000.
Donee's Name:	GREYHOUND FRIENDS	
Donee's Address:	167 SADDLE HILL RD HOPKINTON, MA 01748	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Amount Given:		$ 1,000.
Donee's Name:	GROTON COMMUNITY FOUNDATION	
Donee's Address:	PO BOX 515 GROTON, MA 01450	
Amount Given:		500.
Donee's Name:	GROTON COMMUNITY SCHOOL	
Donee's Address:	110 BOLTON RD, GROTON, MA 01450	
Amount Given:		100.
Donee's Name:	GROTON CONSERVATION TRUST	
Donee's Address:	PO BOX 395 GROTON, MA 01450	
Amount Given:		100.
Donee's Name:	GROTON DUNSTABLE ALLIANCE FOR YOUTH	
Donee's Address:	PO BOX 328 GROTON, MA 01450	
Amount Given:		100.
Donee's Name:	GROTN DUNSTABLE EDUCATION FOUNDATION	
Donee's Address:	PO BOX 322 GROTON, MA 01450	
Amount Given:		500.
Donee's Name:	GROTON PUBLIC LIBRARY	
Donee's Address:	PO BOX 401 GROTON, MA 01450	
Amount Given:		100.
Donee's Name:	HABITAT FOR HUMANITY	
Donee's Address:	ONE OAK HILL RD FITCHBURG, MA 01420	
Amount Given:		1,000.
Donee's Name:	HCF	
Donee's Address:	ONE COLLEGE ST WORCESTER, MA 01604	
Amount Given:		100.
Donee's Name:	HEALTHALLIANCE HOSPITAL	
Donee's Address:	60 HOSPITAL RD LEOMINSTER, MA 01453	
Amount Given:		2,850.
Donee's Name:	HOLY FAMILY PARISH	
Donee's Address:	55 CHURCH ST CONCORD, MA 01742	
Amount Given:		1,000.
Donee's Name:	HOUSE FOR PEACE AND EDUCAITON	
Donee's Address:	20 BARTHEL ST	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

	GARDNER, MA 01440	
Amount Given:		$ 3,050.
Donee's Name:	HYDROCEPH ASSOCIATION	
Donee's Address:	151 BOUTELLE ST FITCHBURG, MA 01420	
Amount Given:		100.
Donee's Name:	INDIAN HILL MUSIC SCHOOL	
Donee's Address:	PO BOX 1484 LITTLETON, MA 01460	
Amount Given:		1,000.
Donee's Name:	INTERFAITH HOSPITALITY	
Donee's Address:	114 MAIN ST WORCESTER, MA 01608	
Amount Given:		500.
Donee's Name:	SHINE INITIATIVE @ CFNCM	
Donee's Address:	285 JOHN FITCH HWY FITCHBURG, MA 01420	
Amount Given:		12,901.
Donee's Name:	JENS FRIENDS CANCER FOUNDATION	
Donee's Address:	PO BOX 1842 NORTH CONWAY, NH 03860	
Amount Given:		2,000.
Donee's Name:	JIMMY FUND OF DANA FARBER	
Donee's Address:	44 BINNEY ST BOSTON, MA 02115	
Amount Given:		1,500.
Donee's Name:	KIMBALL	
Donee's Address:	PO BOX 188 MERIDEN, NH 03770	
Amount Given:		100.
Donee's Name:	LAWRENCE ACADEMY	
Donee's Address:	PO BOX 992 GROTON, MA 01450	
Amount Given:		23,725.
Donee's Name:	LEARNING CENTER FOR THE DEAF	
Donee's Address:	848 CENTRAL ST FRAMINGHAM, MA 01701	
Amount Given:		250.
Donee's Name:	LEOMINSTER DOWNTOWN ASSOCIATION	
Donee's Address:	14 MONUMENT SQ LEOMINSTER, MA 01453	
Amount Given:		2,600.
Donee's Name:	LEOMINSTER EDUCATION FOUNDATION	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Address:	24 CHURCH ST LEOMINSTER, MA 01453	
Amount Given:		$ 1,600.
Donee's Name:	LEOMINSTER FIRE DEPT	
Donee's Address:	19 CHURCH ST LEOMINSTER, MA 01453	
Amount Given:		1,000.
Donee's Name:	LEOMINSTER PUBLIC LIBRARY	
Donee's Address:	30 WEST ST LEOMINSTER, MA 01453	
Amount Given:		1,500.
Donee's Name:	LEUKEMIA & LYMPHOMA SOCIETY	
Donee's Address:	495 OLD CT PATH, SUITE 220 FRAMINGHAM, MA 01701	
Amount Given:		500.
Donee's Name:	LLANO CHRISTMAS TREE LIGHTING	
Donee's Address:	301 WEST MAIN LLANO, TX 78643	
Amount Given:		2,000.
Donee's Name:	LLANO MEMORIAL HOSPITAL	
Donee's Address:	200 WEST OLLIE LLANO, TX 78643	
Amount Given:		500.
Donee's Name:	LLANO POLICE DEPARTMENT	
Donee's Address:	301 WEST MAIN LLANO, TX 78643	
Amount Given:		2,500.
Donee's Name:	LLANO VOLUNTEER FIRE DEPT	
Donee's Address:	PO BOX 716 LLANO, TX 78643	
Amount Given:		2,500.
Donee's Name:	LLANO WOMEN'S CLUB	
Donee's Address:	301 WEST MAIN ST LLANO, TX 78643	
Amount Given:		500.
Donee's Name:	LOAVES & FISHES	
Donee's Address:	PO BOX 1 AYER, MA 01432	
Amount Given:		750.
Donee's Name:	LONGSJO CLASSIC	
Donee's Address:	PO BOX 923 FITCHBURG, MA 01420	
Amount Given:		1,000.

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Amount Given:		$ 25.
Donee's Name:	THE MUSC FOUNDATION	
Donee's Address:	PO BOX 250623 CHARLESTON, SC 29425	
Amount Given:		500.
Donee's Name:	THE OASIS SANCTUARY	
Donee's Address:	PO BOX 30502 PHOENIX, AZ 85046	
Amount Given:		250.
Donee's Name:	THE TOWN OF BARTLETT	
Donee's Address:	RR1 BOX 49 INTERVALE, NH 03845	
Amount Given:		1,000.
Donee's Name:	TOWNSEND UNITED METHODIST CHURCH	
Donee's Address:	PO BOX 497 TOWNSEND, MA 01469	
Amount Given:		2,000.
Donee's Name:	UNIVERSITY OF DELEWARE	
Donee's Address:	REES HALL NEWARK, DE 19716	
Amount Given:		500.
Donee's Name:	UNIVERSITY OF VERMONT	
Donee's Address:	411 MAIN ST BURLINGTON, VT 05401	
Amount Given:		1,000.
Donee's Name:	US SKI TEAM	
Donee's Address:	KEARNS BLVD PARK CITY , UT 84060	
Amount Given:		500.
Donee's Name:	VILLANOVA UNIVERSITY	
Donee's Address:	DEVELOPMENT OFFICE VILLANOVA, PA 19085	
Amount Given:		250.
Donee's Name:	WATCHEARTH	
Donee's Address:	PO BOX 593 HOLDEN, MA 01520	
Amount Given:		100.
Donee's Name:	WESTMINSTER COMMUNITY FOOD PANTRY	
Donee's Address:	138 MAIN ST WESTMINSTER, MA 01473	
Amount Given:		500.
Donee's Name:	WHY ME, INC.	
Donee's Address:	1152 PLEASANT ST	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Name:	LUK, INC	
Donee's Address:	545 WESTMINSTER ST FITCHBURG, MA 01420	
Amount Given:		$ 500.
Donee's Name:	LUNENBURG HIGH SCHOOL	
Donee's Address:	1079 MASS AVE LUNENBURG, MA 01462	
Amount Given:		300.
Donee's Name:	LUNENBURG POLICE RELIEF	
Donee's Address:	MASSACHUSETTS AVE LUNENBURG, MA 01462	
Amount Given:		500.
Donee's Name:	LUNENBURG TRACK & FIELD	
Donee's Address:	PO BOX 253 LUNENBURG, MA 01462	
Amount Given:		500.
Donee's Name:	MA BRAIN INJURY ASSOCIATION	
Donee's Address:	30 LYMAN ST, STE 10 WESTBOROUGH, MA 01581	
Amount Given:		250.
Donee's Name:	MA GOOD NEIGHBOR FUND	
Donee's Address:	147 BERKLEY ST BOSTON, MA 02116	
Amount Given:		500.
Donee's Name:	MA SOCIETY FOR THE PREV CRUELTY TO ANIMA	
Donee's Address:	286 LINCOLN ST WORCESTER, MA 01606	
Amount Given:		250.
Donee's Name:	MARIA MITCHELL ASSOCIATION	
Donee's Address:	10 OLD NORTH WHARF NANTUCKET, MA 02554	
Amount Given:		250.
Donee's Name:	MASS COMMOTION SOFTBALL	
Donee's Address:	7 JACOBSON RD SHREWSBURY, MA 01545	
Amount Given:		3,000.
Donee's Name:	MASS MELONOMA SOCIETY	
Donee's Address:	66 COMMONWEALTH AVE CONCORD, NH 01742	
Amount Given:		1,000.
Donee's Name:	MIAMI UNIVERSITY	
Donee's Address:	725 E CHESTNUT OXBORD, OH 45056	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Amount Given:		$ 1,000.
Donee's Name:	MIDDLESEX SCHOOL	
Donee's Address:	PO BOX 9122 CONCORD, MA 01742	
Amount Given:		500.
Donee's Name:	MISSION E-4	
Donee's Address:	40 MAVERICK ST FITCHBURG, MA 01420	
Amount Given:		1,500.
Donee's Name:	MONTACHUSETT REGIONAL HS	
Donee's Address:	1050 WESTMINSTER RD FITCHBURG, MA 01420	
Amount Given:		200.
Donee's Name:	MONTY TECH BUSINESS EDUCATION	
Donee's Address:	1050 WESTMINSTER RD FITCHUBRG, MA 01420	
Amount Given:		5,100.
Donee's Name:	MT. GRACE	
Donee's Address:	1461 OLD KEENE RD ATHOL, MA 01331	
Amount Given:		500.
Donee's Name:	MT. WACHUSETT COMMUNITY COLLEGE	
Donee's Address:	110 ERDMAN WAY LEOMINSTER, MA 01452	
Amount Given:		13,950.
Donee's Name:	MULTI SERVICE CENTER	
Donee's Address:	54 MANNING AVE LEOMINSTER, MA 01453	
Amount Given:		7,500.
Donee's Name:	MUSCULAR DYSTOPHY ASSOCIATION	
Donee's Address:	33 LYMAN ST WESTBOROUGH, MA 01581	
Amount Given:		100.
Donee's Name:	NARSD	
Donee's Address:	60 CUTTER MILL RD GREAT NECK, NY 11021	
Amount Given:		15,000.
Donee's Name:	NASHUA RIVER WATERSHED ASSOCIATION	
Donee's Address:	592 MAIN ST GROTON, MA 01450	
Amount Given:		250.
Donee's Name:	NASHUA VALLEY BOY SCOUTS	
Donee's Address:	1980 LUNENBURG RD	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

	LANCASTER, MA 01523	
Amount Given:		$ 1,050.
Donee's Name:	NATIONAL MULTIPLE SCHLOROSIS	
Donee's Address:	101 A FIRST AVE WALTHAM, MA 02454	
Amount Given:		100.
Donee's Name:	NCMAR CHARITABLE FOUNDATION	
Donee's Address:	256 SECOND AVE WALTHAM, MA 02451	
Amount Given:		500.
Donee's Name:	NEW ENGLAND ACQUARIUM	
Donee's Address:	CENTRAL WHARF BOSTON, MA 02110	
Amount Given:		300.
Donee's Name:	NORTH CENTRAL MASS CHAMBER SCHOLARSHIP	
Donee's Address:	SOUTH ST FITCHBURG, MA 01420	
Amount Given:		3,500.
Donee's Name:	NO COUNTY LAND TRUST	
Donee's Address:	MAIN ST FITCHBURG, MA 01420	
Amount Given:		50.
Donee's Name:	NORTHEASTERN UNIVERSITY	
Donee's Address:	360 HUNTINGTON AVE BOSTON, MA 02115	
Amount Given:		300.
Donee's Name:	OAKMONT POP WARNER	
Donee's Address:	PO BOX 332 WESTMINSTER, MA 01473	
Amount Given:		1,200.
Donee's Name:	OUR FATHER'S HOUSE	
Donee's Address:	PO BOX 7251 FITCHBURG, MA 01420	
Amount Given:		6,100.
Donee's Name:	PARTNERS IN CHARITY	
Donee's Address:	49 ELM ST WORCESTER, MA 01609	
Amount Given:		10,100.
Donee's Name:	PMC JIMMY FUND	
Donee's Address:	20 PARK AVE WORCESTER, MA 01605	
Amount Given:		1,900.
Donee's Name:	PRINCETON LAND TRUST	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Address:	PO BOX 271 PRINCETON, MA 01541	
Amount Given:		$ 1,000.
Donee's Name:	RCAP	
Donee's Address:	205 SCHOOL ST GARDNER, MA 01440	
Amount Given:		2,000.
Donee's Name:	ROTARY INTERNATIONAL FOUNDATION	
Donee's Address:	14280 COLLECTIONS CENTER CHICAGO, IL 60693	
Amount Given:		1,000.
Donee's Name:	RYAN JOUBERT MEMORIAL	
Donee's Address:	C/O IC CREDIT UNION 300 BEMIS RD FITCHBURG, MA 01420	
Amount Given:		500.
Donee's Name:	SACRED HEART CHURCH	
Donee's Address:	55 COMMERCIAL ST WEYMOUTH, MA 02188	
Amount Given:		2,000.
Donee's Name:	SERRA CLUB	
Donee's Address:	300 BEMIS RD FITCHBURG, MA 01420	
Amount Given:		50.
Donee's Name:	SPANISH AMERICAN CENTER	
Donee's Address:	112 SPRUCE ST LEOMINSTER, MA 01453	
Amount Given:		5,700.
Donee's Name:	ST. ANNA'S CHURCH	
Donee's Address:	LANCASTER ST LEOMINSTER, MA 01453	
Amount Given:		4,000.
Donee's Name:	ST. BENEDICT'S ABBEY	
Donee's Address:	252 STILL RIVER RD STILL RIVER , MA 01467	
Amount Given:		1,000.
Donee's Name:	ST. BERNARD'S CATHOLIC CHURCH	
Donee's Address:	240 WATER ST FITCHBURG, MA 01420	
Amount Given:		100.
Donee's Name:	ST. BERNARD'S ATHLETIC FACILITY	
Donee's Address:	45 HARVARD ST FITCHBURG, MA 01420	
Amount Given:		2,000.

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Donee's Name:	ST. JUDE'S CHILDREN'S HOSPITAL	
Donee's Address:	501 ST JUDE PLACE MEMPHIS, TN 38105	
Amount Given:		$ 500.
Donee's Name:	ST. LEO SCHOOL	
Donee's Address:	108 MAIN ST LEOMINSTER, MA 01453	
Amount Given:		300.
Donee's Name:	ST. MICHAEL'S	
Donee's Address:	ONE WINOOSKI PK COLCHESTER, VT 05439	
Amount Given:		1,000.
Donee's Name:	ST. PAUL SOCIETY	
Donee's Address:	49 ELM ST WORCESTER, MA 01609	
Amount Given:		5,000.
Donee's Name:	ST. PAUL'S CHURCH	
Donee's Address:	79 CROSS ST GARDNER, MA 01440	
Amount Given:		5,000.
Donee's Name:	STAY FOCUSED	
Donee's Address:	245 EAST 44TH ST NEW YORK, NY 10017	
Amount Given:		500.
Donee's Name:	SUDAR FOUNDATION	
Donee's Address:	PO BOX 1201 NEW YORK, NY 10021	
Amount Given:		500.
Donee's Name:	TEEN-AIDS PEER CORPS	
Donee's Address:	PO BOX 7114 FITCHBURG, MA 01420	
Amount Given:		1,500.
Donee's Name:	THAYER SYMPHONY ORCHESTRA	
Donee's Address:	14 MONUMENT SQ LEOMINSTER, MA 01453	
Amount Given:		4,000.
Donee's Name:	KESTREL TRUST	
Donee's Address:	PO BOX 1016 AMHERST , MA 01004	
Amount Given:		250.
Donee's Name:	THE KRISTIN FUND	
Donee's Address:	PO BOX 1016 AMHERST, MA 01004	

Statement 5 (continued)
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

	WORCESTER, MA 01604	
Amount Given:		$ 250.
Donee's Name:	WORCESTER ART MUSEAUM	
Donee's Address:	55 SALISBURY WORCESTER, MA 01604	
Amount Given:		6,200.
Donee's Name:	YOUNG LIFE	
Donee's Address:	PO BOX 520 COLORADO SPRINGS, CO 80901	
Amount Given:		100.
Donee's Name:	YOUTH OPPORTUNITIES	
Donee's Address:	81 PLANTATION WORCESTER, MA 01604	
Amount Given:		550.
Donee's Name:	MASSACHUSETTS GOLF FOUNDATION	
Donee's Address:	300 ARNOLD PALMER BLVD NORTON, MA 02766	
Amount Given:		250.
Donee's Name:	OUR FATHER'S TABLE	
Donee's Address:	PO BOX 2653 FITCHBURG, MA 01420	
Amount Given:		500.
Donee's Name:	MASS AUDUBON SOCIETY	
Donee's Address:	200 SOUTH GREAT RD LINCOLN, MA 01773	
Amount Given:		250.
	Total Grants and Allocations	$ 530,560.

Statement 6
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	UNITED WAY OF TRI COUNTY	
Donee's Address:	46 PARK ST FRAMINGHAM, MA 01702	
Amount Given:		$ 21,243.
Donee's Name:	MT. WACHUSETT COMM COLLEGE	
Donee's Address:	GREEN ST GARDNER, MA 01440	
Amount Given:		259,795.

Statement 6 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	GLOBAL GIVING FOUNDATION	
Donee's Address:	1816 12TH STREET NW #105 WASHINGTON, DC 20009	
Amount Given:		$ 15,000.
Donee's Name:	COMMUNITY WEALTH VENTURES	
Donee's Address:	1730 M ST, NW, SUITE 700 WASHINGTON, DC 20036	
Amount Given:		82,256.

Cash Approved But Not Paid

Donee's Name:	ARC OF NCM	
Donee's Address:	564 MAIN ST FITCHBURG, MA 01420	
Amount Given:		21,026.
Donee's Name:	BATTERED WOMEN'S RESOURCES	
Donee's Address:	14 MANNING AVE LEOMINSTER, MA 01453	
Amount Given:		39,874.
Donee's Name:	NASHUA VALLEY BOYS SCOUTS	
Donee's Address:	1980 LUNENBURG ST LANCASTER, MA 01523	
Amount Given:		6,709.
Donee's Name:	CATHOLIC CHARITIES	
Donee's Address:	196 MECHANIC ST LEOMINSTER, MA 01453	
Amount Given:		27,358.
Donee's Name:	CHILDREN'S AID & FAMILY SERVIC	
Donee's Address:	81 HOPE AVE WORCESTER, MA 01603	
Amount Given:		59,774.
Donee's Name:	GARDNER COMM ACTION	
Donee's Address:	294 PLEASANT ST GARDNER, MA 01440	
Amount Given:		15,451.
Donee's Name:	GARDNER VNA	
Donee's Address:	34 PEARLY LANE GARDNER, MA 01440	

Statement 6 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Approved But Not Paid

Amount Given:		$ 24,763.
Donee's Name:	GIRL SCOUTS MONT COUNCIL	
Donee's Address:	81 GOLD STAR BLVD WORCESTER, MA 01606	
Amount Given:		3,978.
Donee's Name:	GUILD OF ST AGNES	
Donee's Address:	133 GRANITE ST WORCESTER, MA 01606	
Amount Given:		14,820.
Donee's Name:	HOUSE FOR PEACE AND EDUCA	
Donee's Address:	20 BARTHEL ST GARDNER, MA 01440	
Amount Given:		14,991.
Donee's Name:	LITERACY VOLUNTEERS	
Donee's Address:	610 MAIN ST FITCHBURG, MA 01420	
Amount Given:		14,106.
Donee's Name:	LOAVES & FISHES	
Donee's Address:	PO BOX 1 AYER, MA 01432	
Amount Given:		18,755.
Donee's Name:	LUK CRISIS	
Donee's Address:	545 WESTINSTER ST FITCHBURG, MA 01420	
Amount Given:		18,393.
Donee's Name:	MASS ASSOC FOR THE BLIND	
Donee's Address:	799 W BOYLSTON ST WORCESTER, MA 01609	
Amount Given:		8,566.
Donee's Name:	MONT ADDICTION COUNCIL	
Donee's Address:	PO BOX 215 LEOMINSTER, MA 01453	
Amount Given:		37,429.
Donee's Name:	MONT HOME CARE CORP	
Donee's Address:	680 MECHANIC ST	

Statement 6 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Approved But Not Paid

	LEOMINSTER, MA 01453	
Amount Given:		$ 25,748.
Donee's Name:	MONT OPP COUNCIL	
Donee's Address:	133 PRICHARD ST FITCHBURG, MA 01420	
Amount Given:		37,364.
Donee's Name:	MULTI SERVICE CENTER	
Donee's Address:	54 MAIN ST LEOMINSTER, MA 01453	
Amount Given:		56,585.
Donee's Name:	PROJECT CONTACT	
Donee's Address:	5 WOOD ST SOUTHBORO, MA 01772	
Amount Given:		8,566.
Donee's Name:	RAPE CRISIS CENTER	
Donee's Address:	799 W BOYLSTON ST WORCESTER, MA 01607	
Amount Given:		23,444.
Donee's Name:	SALVATION ARMY	
Donee's Address:	WATER ST FITCHBURG, MA 01420	
Amount Given:		65,586.
Donee's Name:	SPANISH AMERICAN CENTER	
Donee's Address:	112 SPRUCE ST LEOMINSTER, MA 01453	
Amount Given:		36,355.
Donee's Name:	YMCA MONT REGION	
Donee's Address:	55 WALLACE AVE FITCHBURG, MA 01420	
Amount Given:		36,718.
Donee's Name:	TWIN CITY LATINO COALITION	
Donee's Address:	110 ERDMAN WAY LEOMINSTER, MA 01453	
Amount Given:		35,674.
Donee's Name:	MOUNT WACHUSETT COMM COLLEGE	

Statement 6 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Approved But Not Paid

Donee's Address: GREEN ST
GARDNER, MA 01440

Amount Given: $ 39,090.

Total Grants and Allocations $ 1,069,417.

Statement 7
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONTRACT SERVICES	80,345.	1,250.	37,550.	41,545.
EMERGENCY ASSISTANCE	2,832.	2,832.		
INSURANCE	2,454.		2,454.	
MISCELLANEOUS EXPENSES	5,594.	2,292.	1,100.	2,202.
OFFICE SUPPLIES	15,522.	2,270.	3,045.	10,207.
Total	$ 106,747.	$ 8,644.	$ 44,149.	$ 53,954.

Statement 8
Form 990 , Part III
Organization's Primary Exempt Purpose

United Way of North Central Massachusetts (UWNCM) is focused on the most critical health and human service priorities and the steps to fix them.
UWNCM conducts extensive study to prioritize needs and fund critical community programs. Last year, UWNCM delivered over 60,000 health and human services to a 19-town region by partnering with 26 agencies and 54 programs, such as Mass 211, a free information and referral assistance service.
In addition to identifying issues, fund raising and supporting critical community initiatives, UWNCM is engaging the community - residents, youth, nonprofits, and businesses and civic leaders - to get the results that no one can accomplish alone.
Through its extremely successful Community Builders program, UWNCM awarded 8 Fellowships, recognized 15 individuals and connected hundreds of individuals with volunteer opportunities in their community. This incredible initiative has resulted in 1,243 additional people donating 22,230 hours of volunteer service to the community.
In addition, United Way's Youth Venture program, which is designed to encourage youth involvement, continues to do well thanks to our strong partnerships with Leominster Public Schools, Shirley Public Schools, Fitchburg Public Schools, North Middlesex Public Schools, Gardner Public Schools, Winchendon Public Schools and Parker Charter Essential School. In total we have launched 48 Youth Venture Teams.

Statement 9
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	$ 7,414.	$ 7,414.	$ 0.
Machinery and Equipment	18,961.	18,864.	97.
Buildings	30,000.	25,128.	4,872.
Improvements	94,277.	79,461.	14,816.
Land	4,000.		4,000.
Miscellaneous	104,878.	56,475.	48,403.
Total	$ 259,530.	$ 187,342.	$ 72,188.

Statement 10
Form 990, Part IV, Line 58
Other Assets

INSURANCE RECEIVABLE	$ 40,753.
Total	$ 40,753.

Statement 11
Form 990, Part IV, Line 65
Other Liabilities

Designations Payable	$ 292,156.
Total	$ 292,156.

Statement 12
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
PHIL GRZEWINSKI 285 JOHN FITCH HIGHWAY FITCHBURG, MA 01420	PRESIDENT 40.00	$ 148,866.	$ 28,743.	$ 0.
STEVE STONE PO BOX 524 TOWNSEND, MA 01469	Chairman 2.00	0.	0.	0.
ROBERT ANTONUCCI 160 PEARL ST FITCHBURG, MA 01420	Director 1.00	0.	0.	0.

Statement 12 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
RICHARD NOBILE 300 BEMIS RD FITCHBURG, MA 01420	Clerk 1.00	$ 0.	$ 0.	$ 0.
CHARLES BOWLES 229 PARKER ST GARDNER, MA 01440	Director 1.00	0.	0.	0.
DANIEL ASQUINO 444 GREEN ST GARDNER, MA 01440	Assistant Treas 2.00	0.	0.	0.
JAMES JAVARAS 10 MONUMENT SQ LEOMINSTER, MA 01453	Director 2.00	0.	0.	0.
KARSON AUBUCHON PO BOX 276 PRINCETON, MA 01541	Director 2.00	0.	0.	0.
MATT JOHNSON 881 MAIN ST FITCHBURG, MA 01420	Director 3.00	0.	0.	0.
JOHN FLICK 307 CENTRAL ST GARDNER, MA 01440	Director 1.00	0.	0.	0.
HON. LUIS PEREZ 100 ELM ST FITCHBURG, MA 01420	Director 1.00	0.	0.	0.
NEFTALI PENA 11 PARK ST LEOMINSTER, MA 01453	President & CEO 1.00	0.	0.	0.
REINALDO LOPEZ 281 MAIN ST, STE 5 FITCHBURG, MA 01420	Director 1.00	0.	0.	0.
GEORGE GANTZ 6 LIBERTY LANE HAMPTON, NH 03842	Director 1.00	0.	0.	0.
SCOTT HOWARD PO BOX 717 SHIRLEY, MA 01464	Chairman 3.00	0.	0.	0.

Statement 12 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
YANNETH BERMUDEZ-CAMP PO BOX 269 LEOMINSTER, MA 01453	Director 1.00	$ 0.	$ 0.	$ 0.
THOMAS HUGHES 140 AMHOW RD FITCHBURG, MA 01420	Director 1.00	0.	0.	0.
SHEILA SYKES 160 PEARL ST FITCHBURG, MA 01420	Director 1.00	0.	0.	0.
ROBERT CHAUVIN 50 TECHNOLOGY DR WESTMINSTER, MA 01441	Director 1.00	0.	0.	0.
DAVID GARRISON 25 SAWYER PASSWAY FITCHBURG, MA 01420	Treasurer 2.00	0.	0.	0.
JOANNE TULONEN 14 MANNING AVE LEOMINSTER, MA 01453	Ex-OFFICIO DIRE 1.00	0.	0.	0.
KEITH BOISSONEAU 30 SCALES LANE, PO BOX 524 TOWNSEND, MA 01469	Director 1.00	0.	0.	0.
PATRICK MULDOON 60 HOSPITAL RD LEOMINSTER, MA 01453	Director 1.00	0.	0.	0.
BRUCE MAN 463 BURRAGE ST LUNENBURG, MA 01453	Vice Chair 1.00	0.	0.	0.
	Total	$ 148,866.	$ 28,743.	$ 0.

Statement 13
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen-sation	Contribut. EBP & DC	Expense Account
PHILIP GRZEWINSKI 195 COUNTY RD ASHBY, MA 01431	PRESIDENT 38.00	148,866.	28,743.	0.
NANCY DAIGLE	OFFICE MANAGER	64,007.	11,429.	0.

Statement 13 (continued)
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen-sation	Contribut. EBP & DC	Expense Account
39 SHIRE RD FITCHBURG, MA 01420	38.00			
SELENA JOHNSON 238 BALDWINVILLE STATE RD WINCHENDON, MA 01475	CAMPAIGN DIRECT 38.00	52,968.	4,846.	0.
MELISSA MARANDA 987 WATER ST FICHBURG, MA 01420	DIR OF GIFT PLA 38.00	66,715.	17,036.	0.
KATHY HEINZ 471 HUBBARDSTON RD TEMPLETON, MA 01468	DIR OF COMM INV 38.00	52,371.	10,365.	0.
	Total	$ 384,927.	$ 72,419.	$ 0.

Statement 14
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
ADMINSTRATIVE FEES	$ 26,976.	$ 33,726.	$ 23,804.	$ 24,560.	$ 109,066.
MANAGEMENT FEES	173,127.	0.	0.	0.	173,127.
Total	$ 200,103.	$ 33,726.	$ 23,804.	$ 24,560.	$ 282,193.