Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01 **, 2008, and ending** 6/30 **, 2009**

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.

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: 978-345-1577

G Gross receipts $ 2,824,134.

F Name and address of principal officer: PHIL GRZEWINSKI
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c) (3)◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.uwncm.org

H(c) Group exemption number ►

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1957

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: United Way of North Central Massachusetts is advancing the common good by creating opportunities for a better life for all by focusing on education, income and health, while continuing to provide safety net services, such as food and shelter to the 19 communities we

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	2,713
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,690,014.	2,504,330.
	9	Program service revenue (Part VIII, line 2g)	202,815.	12,680.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,062.	275,842.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,147.	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,931,813.	2,792,852.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,599,977.	2,091,532.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	571,418.	732,278.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 245,824.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	268,884.	28,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,469,670.	2,852,341.
	19	Revenue less expenses. Subtract line 18 from line 12	462,143.	-59,489.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,581,393.	2,365,417.
	21	Total liabilities (Part X, line 26)	1,022,591.	883,297.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,558,802.	1,482,120.

Part II Signature Block

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

Sign Here

► Signature of officer — Date 10/27/09

► PHIL GRZEWINSKI — PRESIDENT
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Marina Raher, CPA — Date 10/24/09 — Check if self-employed ► [✓] — Preparer's identifying number (see instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ►
Marina Raher, CPA
50 Leominster Rd. Suite 15
Sterling, MA 01564

EIN ► N/A

Phone no. ► (978) 422-8180

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,028,188. including grants of $ 1,922,664.) (Revenue $ 2,457,774.)
See Schedule O

4b (Code:) (Expenses $ 73,094. including grants of $) (Revenue $ 125,302.)
See Schedule O

4c (Code:) (Expenses $ 110,551. including grants of $ 110,551.) (Revenue $ 110,776.)
A special fund raising campaign was initiated in response to the increased need for Safety Net services. This campaign proved critical to our being able to respond to the devastating ice storm in the region in December 2008. 100% of all funds raised were granted to agencies that had the network capabilities to get food and energy assistance to those most in need. United Way partnered with 18 such agencies located in 19 communities. Approximately 40% of the funds were us to help over 2,200 families in the North Central Massachusetts region with food assistance and 60% of the funds went to heating assistance.

4d Other program services. (Describe in Schedule O.) See Schedule O
(Expenses $ 58,317. including grants of $ 58,317.) (Revenue $ 99,000.)

4e Total program service expenses ► $ 2,270,150. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35**		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	2			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If 'Yes,' enter the name of the foreign country: ►					
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Did the organization solicit any contributions that were not tax deductible?			6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from other members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a Enter the number of voting members of the governing body	1a	23		
b Enter the number of voting members that are independent	1b	14		
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? See Schedule O	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6			X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9a Does the organization have local chapters, branches, or affiliates?	9a			X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b			
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O	10		X	
11 Is there any officer, director or 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*	11			X

Section B. Policies

		Yes	No
12a Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a The organization's CEO, Executive Director, or top management official?	15a	X	
b Other officers of key employees of the organization? See Schedule O	15b	X	
Describe the process in Schedule O. (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosures

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

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

[X] Own website [X] Another's website [X] Upon request

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

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

► PHIL GRZEWINSKI 285 JOHN FITCH HWY FITCHBURG MA 01420 (508)345-1577

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
PHIL GRZEWINSKI PRESIDENT	40							0.	0.	0.
STEVE STONE Chairman	2							0.	0.	0.
ROBERT ANTONUCCI Director	1							0.	0.	0.
RICHARD NOBILE Clerk	1							0.	0.	0.
CHARLES BOWLES Director	1							0.	0.	0.
DANIEL ASQUINO Assistant Treas	2							0.	0.	0.
JAMES JAVARAS Director	2							0.	0.	0.
KARSON AUBUCHON Director	2							0.	0.	0.
MATT JOHNSON Director	3							0.	0.	0.
JOHN FLICK Director	1							0.	0.	0.
HON. LUIS PEREZ Director	1							0.	0.	0.
NEFTALI PENA President & CEO	1							0.	0.	0.
REINALDO LOPEZ Director	1							0.	0.	0.
GEORGE GANTZ Director	1							0.	0.	0.
SCOTT HOWARD Chairman	3							0.	0.	0.
YANNETH BERMUDEZ-CAMP Director	1							0.	0.	0.
THOMAS HUGHES Director	1							0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SHEILA SYKES Director	1							0.	0.	0.
ROBERT CHAUVIN Director	1							0.	0.	0.
DAVID GARRISON Treasurer	2							0.	0.	0.
JOANNE TULONEN Ex-OFFICIO DIRE	1							0.	0.	0.
KEITH BOISSONEAU Director	1							0.	0.	0.
PATRICK MULDOON Director	1							0.	0.	0.
BRUCE MAN Vice Chair	1							0.	0.	0.
PHILIP GRZEWINSKI PRESIDENT	38					X		162,515.	0.	0.
NANCY DAIGLE OFFICE MANAGER	38					X		64,005.	0.	0.
MELISSA MARANDA DIR OF GIFT PLA	38					X		73,559.	0.	0.
KATHY HEINZ DIR OF COMM INV	38					X		55,445.	0.	0.
1 b Total ►								355,524.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 42,680.				
	b Membership dues	1b				
	c Fundraising events	1c 4,733.				
	d Related organizations	1d 8,829.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,448,088.				
	g Noncash contribns included in lns 1a-1f: $					
	h Total. Add lines 1a-1f ►		2,504,330.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Fees & Contracts Gov Agencies		12,680.	12,680.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ►		12,680.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ►		22,124.	22,124.		
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties ►					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(ii) 285,000.				
	b Less: cost or other basis and sales expenses	(ii) 31,282.				
	c Gain or (loss)	(ii) 253,718.				
	d Net gain or (loss) ►		253,718.	253,718.		
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ►					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ►					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ►					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ►					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►		2,792,852.	288,522.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,091,532.	2,091,532.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	562,221.	278,133.	190,010.	94,078.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,983.	21,561.	16,108.	7,314.
9 Other employee benefits	81,914.	35,577.	31,492.	14,845.
10 Payroll taxes	43,160.	20,100.	15,610.	7,450.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,246.		5,246.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	78,605.		32,848.	45,757.
12 Advertising and promotion				
13 Office expenses	20,759.	4,255.	6,850.	9,654.
14 Information technology				
15 Royalties				
16 Occupancy	6,740.	687.	5,669.	384.
17 Travel	17,021.	6,456.	5,518.	5,047.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	26,200.			26,200.
22 Depreciation, depletion, and amortization	19,224.	5,767.	6,152.	7,305.
23 Insurance	2,029.		2,029.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CAMPAIGN SUPPLIES	24,409.	5,000.		19,409.
b Equipment Lease	22,368.	6,518.	12,006.	3,844.
c Telephone	9,567.	2,870.	3,109.	3,588.
d MISCELLANEOUS EXPENSES	3,026.	625.	2,185.	216.
e Dues & Subscriptions	2,641.	373.	1,535.	733.
f All other expenses	-209,304.	-209,304.		
25 **Total functional expenses.** Add lines 1 through 24f	2,852,341.	2,270,150.	336,367.	245,824.
26 **Joint Costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	195.	1	195.
	2	Savings and temporary cash investments	1,308,552.	2	881,179.
	3	Pledges and grants receivable, net	897,259.	3	873,523.
	4	Accounts receivable, net	4,127.	4	22,726.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,359.	9	14,632.
	10a	Land, buildings, and equipment: cost basis. 10a 127,223.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 95,260.	72,188.	10c	31,963.
	11	Investments – publicly-traded securities	238,960.	11	497,537.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	40,753.	15	43,662.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,581,393.	16	2,365,417.
LIABILITIES	17	Accounts payable and accrued expenses	29,609.	17	29,516.
	18	Grants payable	700,826.	18	752,290.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	292,156.	25	101,491.
	26	**Total liabilities.** Add lines 17 through 25	1,022,591.	26	883,297.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	324,747.	27	565,891.
	28	Temporarily restricted net assets	1,232,055.	28	914,229.
	29	Permanently restricted net assets	2,000.	29	2,000.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	**Total net assets or fund balances.**	1,558,802.	33	1,482,120.
	34	Total liabilities and net assets/fund balances	2,581,393.	34	2,365,417.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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

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

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

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

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

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

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

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

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

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

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

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

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

h Provide the following information about the organizations the organization supports.

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) ..... 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f ..... 15 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** 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 – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ..... ► ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ..... ► ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	2,522,591.	3,219,359.	2,569,276.	2,690,014.		11,001,240.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1-5	2,522,591.	3,219,359.	2,569,276.	2,690,014.	0.	11,001,240.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support** (Subtract line 7c from line 6.)						11,001,240.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2,522,591.	3,219,359.	2,569,276.	2,690,014.	0.	11,001,240.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	19,051.	32,227.	33,795.	31,062.		116,135.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	19,051.	32,227.	33,795.	31,062.	0.	116,135.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	23,804.	33,726.	200,103.	202,815.		460,448.
13 **Total support.** (add lns 9, 10c, 11, and 12.)						11,577,823.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.0 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	1.0 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.9 %

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Administrative Fees		21,736.	26,976.	33,726.	23,804.
MANAGEMENT FEES		181,079.	173,127.		
Total	$ 0.	$ 202,815.	$ 200,103.	$ 33,726.	$ 23,804.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer Identification number: 04-2233021

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		35
2 Aggregate contributions to (during year)		957,266.
3 Aggregate grants from (during year)		1,031,958.
4 Aggregate value at end of year		745,653.

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e.g., recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? [ ] Yes [ ] No

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items:

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

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

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

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

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

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

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	238,960.				
b Contributions	275,771.				
c Investment earnings or losses	-17,194.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	497,537.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		17,505.	14,501.	3,004.
d Equipment		18,961.	18,961.	0.
e Other		90,757.	61,798.	28,959.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				31,963.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990 Part X, col. (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *Column (b)(should equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *Column (b) Total (should equal Form 990, Part X, col.(B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Designations Payable	101,491.
Total. *Column (b) Total (should equal Form 990, Part X, col. (B) line 25)* ►	101,491.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,792,852.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,852,341.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-59,489.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-59,489.

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

1	Total revenue, gains, and other support per audited financial statements			1	3,075,867.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	73,711.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	209,304.		
e	Add lines 2a through 2d			2e	283,015.
3	Subtract line 2e from line 1			3	2,792,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	2,792,852.

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

1	Total expenses and losses per audited financial statements			1	3,135,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	73,711.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV) See Part XIV	2d	209,304.		
e	Add lines 2a through 2d			2e	283,015.
3	Subtract line 2e from line 1			3	2,852,341.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)			5	2,852,341.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information *(continued)*

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

Related Party Payroll Reimbursement	$ 209,304.
Total	$ 209,304.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Related Party Payroll	$ 209,304.
Total	$ 209,304.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ..... ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS THE REMILLARD BLDG 2000 CENTURY DR WORCESTER, MA 01606	04-2149331		6,000.	0.			Emergency assistance
APPLEWILD SCHOOL 120 PROSPECT FITCHBURG, MA 01420	04-2225643		199,039.	0.			Annual Appeal
ARC COMMUNITY SERVICES 564 MAIN ST FITCHBURG, MA 01420	04-2226199		199,676.	0.			Family Support, advocacy & Building Fund
BANCROFT SCHOOL 110 SHORE DRIVE WORCESTER, MA 01606	04-2103861		5,500.	0.			Annual Fund
BATTERED WOMENS CENTER 14 MONUMENT SQ LEOMINSTER, MA 01453	04-2650532		41,124.	0.			Community ed and crisis counseling
BOY SCOUTS OF NASHUA VALLEY 1980 LUNENBURG ST LANCASTER, MA 01523	04-2349692		14,908.	0.			Youth Programs
BOYS & GIRLS CLUB OF NCM 365 LINDELL AVE LEOMINSTER, MA 01453	04-3576700		18,900.	0.			Youth programs
CATHOLIC CHARITIES 196 MECHANIC ST LEOMINSTER, MA 01453	04-2103979		33,358.	0.			Emerg assist & basic life skills

2 Enter total number of section 501(c)(3) and government organizations ..... ► 154

3 Enter total number of other organizations ..... ► 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Part I, Line 2 - Grantmaker's Description of How Grants are Used

United Way of North Central Massachusetts monitors the 48 grants through its Community Impact Fund by performing hands-on site visits to all its funded agencies. In addition, semiannual reports are submitted detailing expenditures and program measurements and outcomes. Yearly, an additional review is done by United Way's Leadership Team. They review the recommendations from the individuals who performed the site visits and the semiannual reports to determine whether to continue to fund or defund the program based on the overall effectiveness and impact on the community. This thorough review by United Way staff and 50 community volunteers helps ensure that donors' contributions are creating long-lasting changes by addressing the underlying causes of problems in our community.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS AID & FAMILY SERVICES 81 HOPE ST WORCESTER, MA 01603	04-2161932		64,773.				Counseling, child care, education
CLEGHORN NEIGHBORHOOD CENTER 2-18 FAIRMONT FITCHBURG, MA 01420	04-2706755		5,500.				Program support
COMMUNITY FOUNDATION OF NCM 285 JOHN FITCH HWY FITCHBURG, MA 01420	04-3537449		32,356.				General support
FIRST UNITARIAN SOCIETY OF GARDN PO BOX 637 GARDNER, MA 01440	04-6063387		7,200.				General Support
FITCHBURG RIVERFRONT PARK FOUNDA 40 COMMERCIAL ST FTICHBURG, MA 01453	20-0604421		5,500.				Gen support for park renovation
FITCHBURG STATE COLLEGE FOUNDATI 160 PEARL ST FTICHBURG, MA 01420	04-2661048		13,933.				Annual appeal
GARDNER COMMUNITY ACTION CENTER 294 PLEASANT ST GARDNER, MA 01440	51-0140428		23,702.				Emerg assist, med services & transport
GARDNER VISITING NURSES 34 PEARLY GARDNER, MA 01440	04-2104246		26,021.				Comm & maternal child hlth
GINNY'S HELPING HANDS PO BOX 85 GARDNER, MA 01440	04-9556937		6,550.				Emergency support services

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILD OF ST. AGNES 133 GRANITE WORCESTER, MA 01650	04-2104267		14,280.				Child Care Services
HEYWOOD HOSPITAL 242 GREEN ST GARDNER, MA 01420			6,250.				Annual appeal
HOUSE FOR PEACE AND EDUCATION 20 BARTHEL ST GARDNER, MA 01440	04-3300490		26,240.				Programs for women and children
LEOMINSTER PUBLIC LIBRARY 30 WEST ST LEOMINSTER, MA 01453	04-6006004		9,600.				Building Fund
LITERACY VOLUNTEERS 610 MAIN ST FITCHBURG, MA 01420	23-7329115		14,106.				Literacy
LOAVES AND FISHES FOOD PANTRY 234 BARNUM RD DEVENS, MA 01434	01-0726924		25,228.				Food Pantry & emergency relief
LUK 545 WESTMINSTER ST FITCHBURG, MA 01420	22-2592809		18,393.				Program support
MASS ASSOCIATION FOR THE BLIND 799 WEST BOYLSTON ST WORCESTER, MA 01606	22-2592809		8,566.				Vision services
MIRAMAR CULTURAL, INC. 2300 CIVIC CTR PLACE 2ND FLOOR MIAMI, FL 33025	20-3879853		500,000.				Assist for individuals in need

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTACHUSETT ADDICTION COUNCIL 71 PLEASANT ST LEOMINSTER, MA 01453	04-2560051		37,429.				Alcoholism support
MONTACHUSETT HOME HEALTH CARE 680 MECHANIC ST LEOMINSTER, MA 01453	04-2551175		25,748.				Money mgmt & volunteer serv
MONTACHUSETT OPPORTUNITY COUNCIL 133 PRICHARD ST FITCHBURG, MA 01420	04-2401111		44,665.				Emerg food relief, head start, youth
MONTACHUSETT REGIONAL YMCA 55 WALLACE AVE FITCHBURG, MA 01420	04-2104224		40,618.				Teen center, youth, emerg relief serv
MOUNT WACHUSETT COMM COLLEGE FOU 444 GREEN ST GARDNER, MA 01440	23-7136083		22,120.				Annual fund, scholarships
MOUNT WACHUSETT COMMUNITY COLLEG 444 GREEN ST FITCHBURG, MA 01420	04-6002284		74,914.				Latino, youth venture programs
MULTI SERVICE CENTER 54 MAIN SUITE A5B LEOMINSTER, MA 01453	04-2585931		56,195.				Safety, women's, elderly prog
NEW ENGLAND FARM WORKERS COUNCIL 435 MAIN ST FITCHBURG, MA 01420	06-0872959		11,800.				Emergency services
OUR FATHER'S HOUSE PO BOX 7251 FITCHBURG, MA 01420	22-2515061		5,558.				Emergency services for the homeless

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT CONTACT AT BONNIE BRAE 5 WOOD ST SOUTHBORO, MA 01772	04-3300172		8,566.				Summer camp/ underprivileged
RAPE CRISIS CENTER 799 W. BOYLSTON ST WORCESTER, MA 01606	04-2734584		23,444.				Sexual assault youth education
ROOT CAPITAL 675 MASS AVE, 8TH FLOOR CAMBRIDGE, MA 02139	04-3478123		10,000.				Financing for rural communities
SALVATION ARMY MONTACHUSETT AREA 739 WATER ST FITCHBURG, MA 01420	04-2103624		73,084.				Emerg assist, youth summer prog
SPANISH AMERICAN CENTER SPRUCE ST LEOMINSTER, MA 01453	04-2761759		41,606.				Multicultural prog, advoc & referral serv
ST. PAUL CATHOLIC SCHOOL CONSORT 49 ELM ST WORCESTER, MA 01609	20-5964618		5,250.				Youth programming
TOWER HILL BOTANIC GARDENS 11 FRENCH DR BOYLSTON, MA 01469	04-1988945		8,000.				Annual appeal & programming
UNITED WAY OF BROWARD COUNTY ANSIN BLDG 1300 S ANDREWS AVE FT. LAUDERDALE, FL 33316	59-1624402		10,000.				Support of safety net programs
UNITED WAY OF MIAMI DADE ANSIN BLDG 3250 SW THIRD AVE MIAMI, FL 33129	59-0830840		10,000.				Support of safety net programs

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188		16,000.				Cap campaign and softball prog
WINCHENDON COMMUNITY ACTION CENT 273 CENTRAL ST WINCHENDON, MA 01475	04-2543492		5,800.				Emerg support serv for the needy
WORCESTER COUNTY FOOD BANK 474 BOSTON TURNPIKE SHREWSBURY, MA 01545	04-3071457		14,700.				Emerg support serv for the needy

2 Enter total number of Section 501(c)(3) and government organizations ► _____

3 Enter total number of other organizations ► _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number
04-2233021

Part I Questions Regarding Compensation

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
PHILIP GRZEWINSK	(i)	156,145.	0.	6,370.	0.	0.	162,515.	0
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	220,391.	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Community Foundation of North Central Ma 285 John Fitch Highway					
Fitchburg, MA 01420 04-3537449	Community Foundation		501 3 c		N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

			Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r	X	

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	Community Foundation of North Central Ma	n	209,304.
(2)	Community Foundation of North Central Ma	p	8,829.
(3)	Community Foundation of North Central Ma	q	32,356.
(4)	Community Foundation of North Central Ma	r	354,360.
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 04-2233021

Form 990, Part III, Line 1 - Organization Mission

For over 50 years, United Way of North Central Massachusetts has been an independent, non-profit corporation that is governed by local volunteers, with its mission to improve lives through innovative leadership which identifies and addresses community needs.

While we have pioneered many innovative strategies, we have never lost sight of our original purpose - of creating opportunities for a better life for all the individuals and families in our community.

It is our goal to create long-lasting changes by addressing the underlying causes of problems, while continuing to provide basic services, such as food and heating assistance, which we have been doing for over half of a century.

Form 990, Part III, Line 4a - Program Service Accomplishments

What is unique about United Way is that we conduct an extensive independent study to prioritize community needs, which helps identify and allow us to fund the most pressing issues in the community.

Last year, we delivered over 62,000 health and human service programs by funding 48 programs by partnering with 25 local agencies.

In the area of INCOME, we helped families become financially stable and independent by providing training and transitional services so they can re-enter the workforce. In addition, we kept seniors independent and in their own home by providing money management assistance.

The programs we funded in the area of EDUCATION helped thousands of children and youth achieve their full potential. United Way Youth Venture, a national program

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

Employer identification number: 04-2233021

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

that got its start right here, a program in 8 school systems is empowering young people to become "changemakers." We also provided high quality after school programs so at risk children achieve their full potential.

In the area of HEALTH we provided domestic violence prevention counseling to keep families safe and secure. In addition, we reduced substance abuse and dependency through the programs we funded.

We once again provided critical SAFETY NET services, which kept individuals safe, warm and feed.

We believe that it takes everyone in the community working together to create a brighter future. In addition to providing critical funding to 48 health and human service programs, we also promote civic engagement through a variety of programs.

Mass 211, an information and referral service that helps individuals find health and human services, experienced a 207% increase in call volume as more residents learn about this convenient and vital service.

We also partnered with the IRS and local agencies to promote their EITC (Earned Income Tax Credit) program. We helped recruit volunteers and coordinate training of volunteers so low-income individuals could secure federal income tax rebates they were entitled to.

In the fall of 2008 we hosted our 8th Annual Community Energy Forum for local nonprofit agencies to ensure providers are aware of fuel assistance programs.

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

Employer identification number: 04-2233021

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

Because of our relationship with a local company, we were able to secure a $300,000 donation of product for the Product Philanthropy program, which provides low or no cost goods to nonprofit agencies throughout the country.

To keep our administrative expenses as low as possible, we partnered with the Community Foundation of North Central Massachusetts, sharing office space and key personnel. This arrangement, the only one in the United States, helps us put more money into important programs. In addition, it offers a unique opportunity to meet a variety of donor giving needs.

Form 990, Part III, Line 4b - Program Service Accomplishments

Community Builders is an initiative of the United Way of North Central Ma, in partnership with Ashoka, Innovators for the Public, to build social capital by increasing the region's involvement in civic engagement and volunteer activities. Our mission is to educate, inform and inspire greater community involvement through new and innovative strategies. We focus on volunteer generation and recognition as as the portal to civic engagement and social entrepreneurism as the leverage for sustainable positive change throughout the region. Our signature program is the Fellowship Award Program. It is meant to foster a grassroots campaign of "change makers" that will fuel a self reliant region ow well connected citizens working together to build and maintain an inclusive, thriving community to live and work in. These fellows mobilized 1,009 volunteers that served 7,956 hours and benefited 25,000 residents.

Community members in North Central Massachusetts are inspired to give back to their communities, thereby increasing the social capital of our region and finding new

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

Employer identification number: 04-2233021

Form 990, Part III, Line 4b - Program Service Accomplishments (continued)

creative solutions to resolve our social, economic, cultural, political and environmental issues. This program mobilized 2,399 volunteers resulting in 13,300 volunteer hours generated. The volunteers impacted 60,407 members of the community.

Through our extremely successful Community Builders program, we continue to work closely with 26 Fellows, who have specific ideas on improving the community. In addition, nearly 400 individuals were recognized for their outstanding volunteerism. This incredible initiative, which also maintains a website that connects individuals with volunteer opportunities in the community, has resulted in 2,399 additional people donating 13,300 hours of volunteer service to our community.

500 volunteers participated in the Day of Caring, along with 1,000 students from area schools. Over 50 projects were completed for area agencies.

Form 990, Part III, Line 4d - Other Program Services Description

United Way of North Central Mass established an energy relief fund which provides shelter to individuals and families in extreme weather conditions. During the fiscal year, four agencies helped 59 individuals.

Our United Way Youth Venture program, which is designed to encourage youth involvement had over 900 students participate in the program. In addition, United Way Youth Venture teams participated in a regional conference held in Fitchburg, MA where they shared their ideas with other Youth Venture teams from NH and MA.

Young people involved in United Way Youth Venture, a youth led program, develop leadership skills, build confidence, provide countless services to their communities, and, most importantly, are given the chance to make long lasting

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

Employer identification number: 04-2233021

Form 990, Part III, Line 4d - Other Program Services Description (continued)

positive change on others, as well as themselves. At the same time, they learn how to confront problems, face them, and find creative solutions.

Young people involved in United Way Youth Venture, a youth led program, develop leadership skills, build confidence, provide countless services to their communities, and, most importantly, are given the chance to make long lasting positive change on others, as well as themselves. At the same time, they learn how to confront problems, face them, and find creative solutions.

United Way Youth Venture continues to capture the talent of a broad bandwidth of young people thanks to our local 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 United Way Youth Venture teams and inspired 10 United Ways nationwide to replicate the program based on the North Central Massachusetts model.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

There are board members who are co- workers at the same company and also serve on our board. One board member is vice-president of the company that donates space to our organization.

Form 990, Part VI, Line 10 - Form 990 Review Process

The finance committee is given a copy of the 990 to review and approve prior to filing it.

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

Employer identification number: 04-2233021

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A questionnaires is completed annually by each board member describing any conflicts of interest, if any, they may have.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

The executive committee reviews the president's performance annually. They make recommendations for salary increases based on the results.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Audited financial statements are available on the organization's website. In addition, a summary of the financial results are provided in an annual report, which is posted on the website in addition to being made available upon request.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009.

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

OMB No. 1545-1878

2008

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** 2,792,852.
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 2008 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 00001 (**Enter five numbers, but do not enter all zeros**) as my signature

on the organization's tax year 2008 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 2008 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 ► 10/27/09

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 2008 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 for Business Returns.

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.