

UNITED WAY OF GREATER
NEW BEDFORD, INC
CLIENT COPY
2021
YEAR ENDING JUNE 30, 2022

UNITED WAY OF GREATER NEW BEDFORD, INC
128 UNION STREET 105
NEW BEDFORD, MA 02740

UNITED WAY OF GREATER NEW BEDFORD, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2021 FORM 990

2021 MASSACHUSETTS FORM PC

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A TAXING AUTHORITY EXAMINE A RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JOLANTA TUCK, CPA

**IMPORTANT
PLEASE RESPOND IMMEDIATELY**

EFILE SIGNATURE AUTHORIZATION FORM(S)

****URGENT – NEW E-FILING RULE WITH MAJOR IMPACT****

DUE TO MORE STRINGENT STATE REQUIREMENTS REGARDING E-FILED RETURNS, WE MUST RECEIVE YOUR E-FILE FORMS WITHIN THE NEXT 5 DAYS OR BY RETURN'S DUE DATE IF EARLIER. IF NOT RECEIVED, YOUR E-FILING MAY BE DELAYED AND A HIGH LIKELIHOOD THAT WE WILL NEED YOU TO RE-SIGN AND DATE ONE OR MORE E-FILE FORMS.

PLEASE REVIEW YOUR TAX RETURN(S) IMMEDIATELY! YOUR TAX RETURN(S) CANNOT BE FILED BY US UNTIL WE RECEIVE THE ENCLOSED AUTHORIZATION FORM(S) FROM YOU AUTHORIZING US TO FILE THE ATTACHED FORMS!

**CURRENTLY, THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL
FEDERAL E-FILE FORMS.**

**AS THE STATE/LOCAL RULES MAY VARY, MANUAL SIGNATURES ARE
RECOMMENDED ON SUCH E-FILE AUTHORIZATION FORMS.**

RETURN THE SIGNED AND DATED AUTHORIZATION FORM(S) VIA:

- EMAIL: BRAIEFILE@COHNREZNICK.COM
- FAX: (781) 664-5500
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK [THIS LINK](#) TO ACCESS
USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK

IF AN ELECTRONIC PAYMENT IS BEING MADE WITH THE RETURN(S), PLEASE NOTIFY YOUR BANKING INSTITUTION OF THE PENDING WITHDRAWAL AND ENSURE THAT YOU HAVE VERIFIED YOUR BANK ACCOUNT NUMBER AND WITHDRAWAL AMOUNTS WITH YOUR ENGAGEMENT TEAM.

WE APPRECIATE YOUR EFFORTS TO RETURN THE COMPLETED ENCLOSED FORM(S) AS SOON AS POSSIBLE.

THANK YOU,

CohnReznick LLP

COHNREZNICK LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

UNITED WAY OF GREATER NEW BEDFORD, INC
128 UNION STREET 105
NEW BEDFORD, MA 02740

PREPARED BY:

COHNREZNICK LLP
10 FORBES ROAD, SUITE 200
BRAINTREE, MA 02184

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

UNITED WAY OF GREATER NEW BEDFORD, INC

EIN or SSN

04-2104264Name and title of officer or person subject to tax **MICHELLE N HANTMAN
PRESIDENT/CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 one line in Part I.**

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,464,840.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **COHNREZNICK LLP** to enter my PIN **55555**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04532322147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ **COHNREZNICK LLP**Date ▶ **02/13/23**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREATER NEW BEDFORD, INC	Taxpayer identification number (TIN) 04-2104264
	Number, street, and room or suite no. If a P.O. box, see instructions. 128 UNION STREET, 105	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW BEDFORD, MA 02740	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KATHERINE FURTADO

- The books are in the care of ► **128 UNION STREET SUITE 105 - NEW BEDFORD, MA 02740**

Telephone No. ► **508-994-9625**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO MAY 15, 2023

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF GREATER NEW BEDFORD, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

128 UNION STREET

Room/suite

105

City or town, state or province, country, and ZIP or foreign postal code

NEW BEDFORD, MA 02740**F** Name and address of principal officer: **MICHELLE N. HANTMAN****SAME AS C ABOVE****D** Employer identification number**04-2104264****E** Telephone number**508-994-9625****G** Gross receipts \$**5,207,955.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYOFGNB.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1953****M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO MOBILIZE PEOPLE, PARTNERSHIPS AND RESOURCES TO CATALYZE CHANGE THAT
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 16
	4	Number of independent voting members of the governing body (Part VI, line 1b) 16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 53
	6	Total number of volunteers (estimate if necessary) 587
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 6,050,083.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 104,090.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,931.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,152,242.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,501,408.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 173,304.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,914,437.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,820,583.
19		Revenue less expenses. Subtract line 18 from line 12 331,659.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 3,918,286.
	21	Total liabilities (Part X, line 26) 1,755,717.
	22	Net assets or fund balances. Subtract line 21 from line 20 2,162,569.

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			
	MICHELLE N. HANTMAN, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOLANTA TUCK, CPA	Preparer's signature JOLANTA TUCK, CPA	Date 02/13/23	Check <input type="checkbox"/> if self-employed	PTIN P01340068
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099	Phone no. 781-380-3520		
Firm's address ▶ 10 FORBES ROAD, SUITE 200 BRAINTREE, MA 02184					

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

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

OUR MISSION IS TO MOBILIZE PEOPLE, PARTNERSHIPS AND RESOURCES TO
CATALYZE CHANGE THAT STRENGTHENS THE COMMUNITIES SERVED.

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

4a (Code:) (Expenses \$ 1,240,922. including grants of \$) (Revenue \$)
YOUTH VIOLENCE PREVENTION AND REDUCTION PROGRAM - IN A CONCERTED EFFORT TO HELP ADDRESS THE ISSUE OF YOUTH VIOLENCE IN NEW BEDFORD, THE ORGANIZATION, WITH FUNDING FROM THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND SUPPORT FROM THE EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY, AND IN PARTNERSHIP WITH THE NEW BEDFORD POLICE DEPARTMENT, SERVES AS THE LEAD AGENCY FOR THE CITY OF NEW BEDFORD'S SAFE AND SUCCESSFUL YOUTH INITIATIVE (SSYI) AND ASSISTS IN OPERATING THE NEW BEDFORD'S SHANNON GRANT (NBS).

SAFE AND SUCCESSFUL YOUTH INITIATIVE (SSYI) - SSYI IS AN INTERAGENCY STRATEGY FOR REDUCING VIOLENCE. IT IS SPECIFICALLY FOCUSED ON YOUNG MEN, AGES 17-24 IDENTIFIED BY LOCAL ENFORCEMENT AS THE "PROVEN RISK"

4b (Code:) (Expenses \$ 938,383. including grants of \$) (Revenue \$)
COMMUNITY SERVICES PROGRAM - THE COMMUNITY SERVICES PROGRAM PROVIDES VOLUNTEER PLACEMENT THROUGH ITS ONLINE VOLUNTEER MATCHING DATABASE, CONDUCTS EVENTS FOR INDIVIDUALS TO ENGAGE IN COMMUNITY SERVICE THROUGH VARIOUS SERVICE EVENTS, WORKS WITH GRASSROOTS GROUPS THROUGH THE COMMUNITY BUILDING MINI-GRANTS PROGRAM AND PROMOTES AWARENESS, EDUCATION AND EFFECTIVENESS OF COVID-19 VACCINES THROUGHOUT THE COMMUNITY THROUGH THE VACCINE CONNECT PROGRAM. ALSO, THROUGH IT'S HUNGER COMMISSION, IT PROVIDES FOOD AND LOGISTICAL SUPPORT FREE OF CHARGE TO ESTABLISHED PANTRIES, SHELTERS, SOUP KITCHENS AND COUNCILS ON AGING AND PROVIDES WORKING FAMILIES WITH FREE, FRESH PRODUCE THROUGH MOBILE MARKETS.

4c (Code:) (Expenses \$ 851,136. including grants of \$) (Revenue \$)
FAMILY SUPPORT PROGRAM - THIS PROGRAM IS FUNDED THROUGH TWO COST-REIMBURSEMENT CONTRACTS AND AN ACCOMMODATION RATE CONTRACT FROM THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILIES (DCF). ULTIMATELY, THE GOAL OF THIS WORK IS TO STRENGTHEN FAMILIES, PREVENT CHILD ABUSE AND NEGLECT AND BUILD A HEALTHIER COMMUNITY.

FAMILY RESOURCE AND DEVELOPMENT CENTER (FRC) - THE FAMILY RESOURCE CENTER OFFERS AN ARRAY OF SERVICES FOR FAMILIES WHOSE CHILDREN RANGE FROM BIRTH TO 18 YEARS OF AGE. WITH BEHAVIORAL HEALTH PARTNER, CHILD AND FAMILY SERVICES, THE FRC PROVIDES A RANGE OF SERVICES AND SUPPORTS FOR FAMILIES IN NEED, INCLUDING ASSESSMENT SERVICES AND INFORMATION AND REFERRAL RESOURCES FOR SUCH THINGS AS HOUSING SERVICES, FOOD AND

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

(Expenses \$ 603,679. including grants of \$ 440,475.) (Revenue \$)

4e Total program service expenses **▶** 3,634,120.Form **990** (2021)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	57
b Enter the number of Forms W-2G included on 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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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	53
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		16		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?				X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on 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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **KATHERINE FURTADO - 508-994-9625**
128 UNION STREET SUITE 105, NEW BEDFORD, MA 02740

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE N. HANTMAN PRESIDENT/CEO	37.50			X				118,059.	0.	29,790.
(2) JENNIFER BATES VP OF FINANCE & HR	37.50			X				92,319.	0.	537.
(3) ROLAND A. GIROUX CHAIR	1.00	X		X				0.	0.	0.
(4) SHANNA HOWELL VICE CHAIR	1.00	X		X				0.	0.	0.
(5) JENNIFER OLIVIER TREASURER	1.00	X		X				0.	0.	0.
(6) JENNIFER ST. PIERRE CLERK	1.00	X		X				0.	0.	0.
(7) NICOLE ALMEIDA DIRECTOR	0.50	X						0.	0.	0.
(8) STARLENE ALVES DIRECTOR	0.50	X						0.	0.	0.
(9) ANN AUGER DIRECTOR (UNTIL 10/21)	0.50	X						0.	0.	0.
(10) HEATHER M. BONNET-HERBERT DIRECTOR	0.50	X						0.	0.	0.
(11) CHRISTOPHER CASSARA DIRECTOR (UNTIL 10/21)	0.50	X						0.	0.	0.
(12) FRANCINE FERGUSON DIRECTOR	0.50	X						0.	0.	0.
(13) MONTE FERRIS DIRECTOR	0.50	X						0.	0.	0.
(14) CHRISTOPHER FORTIER DIRECTOR	0.50	X						0.	0.	0.
(15) DAVID GOMES DIRECTOR	0.50	X						0.	0.	0.
(16) DONALD HARTLEY DIRECTOR	0.50	X						0.	0.	0.
(17) ROSEMARIE LOPES DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAEGAN POWERS DIRECTOR	0.50	X						0.	0.	0.
(19) JACKIE SOMERVILLE DIRECTOR	0.50	X						0.	0.	0.
(20) RAY SUPERENANT DIRECTOR	0.50	X						0.	0.	0.
(21) AJ TAVARES DIRECTOR (UNTIL 1/22)	0.50	X						0.	0.	0.
1b Subtotal								210,378.	0.	30,327.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								210,378.	0.	30,327.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	98,773.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,797,438.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,440,787.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 496,044.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			40,457.			40,457.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)			102,473.			102,473.
	8 a Gross income from fundraising events (not including \$ 98,773. of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events			-15,088.			-15,088.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,464,840.	0.	0.	127,842.	

Part IX Statement of Functional Expenses

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

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

☒ X

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 domestic organizations and domestic governments. See Part IV, line 21	440,475.	440,475.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	275,621.	60,559.	171,806.	43,256.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	962,663.	851,499.	30,748.	80,416.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,030.	14,981.	3,124.	1,925.
9 Other employee benefits	90,210.	81,331.	4,815.	4,064.
10 Payroll taxes	104,867.	78,415.	16,369.	10,083.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,320.		21,320.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,963.		15,963.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	729,937.	682,817.	46,668.	452.
12 Advertising and promotion	1,215.	1,205.	10.	
13 Office expenses	76,746.	27,744.	34,049.	14,953.
14 Information technology	19,726.	11,500.	8,147.	79.
15 Royalties				
16 Occupancy	179,002.	139,762.	28,853.	10,387.
17 Travel	19,719.	19,185.	154.	380.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,622.		1,197.	425.
20 Interest	118.	118.		
21 Payments to affiliates	51,975.		51,975.	
22 Depreciation, depletion, and amortization	12,800.	12,800.		
23 Insurance	33,641.	25,605.	8,036.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	643,723.	643,723.		
b MEALS	525,762.	524,142.	1,228.	392.
c STAFF TRAINING	21,229.	18,259.	220.	2,750.
d EVENT EXPENSES	3,742.			3,742.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,252,106.	3,634,120.	444,682.	173,304.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	72.	1	72.
	2 Savings and temporary cash investments	1,192,115.	2	1,004,805.
	3 Pledges and grants receivable, net	326,092.	3	253,598.
	4 Accounts receivable, net	379,987.	4	415,049.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,677.	9	17,733.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 182,744.		
	b Less: accumulated depreciation	10b 152,865.		
	11 Investments - publicly traded securities	42,679.	10c	29,879.
	12 Investments - other securities. See Part IV, line 11	1,962,664.	11	1,775,794.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,918,286.	15		
Liabilities	17 Accounts payable and accrued expenses	204,418.	16	3,496,930.
	18 Grants payable		17	124,226.
	19 Deferred revenue	12,766.	18	
	20 Tax-exempt bond liabilities		19	93,211.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,538,533.	24	
	26 Total liabilities. Add lines 17 through 25	1,755,717.	25	1,299,302.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	1,516,739.
	27 Net assets without donor restrictions	2,093,095.		
	28 Net assets with donor restrictions	69,474.	27	1,938,776.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		28	41,415.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	2,162,569.	31	
	33 Total liabilities and net assets/fund balances	3,918,286.	32	1,980,191.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,464,840.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,252,106.
3	Revenue less expenses. Subtract line 2 from line 1	3	212,734.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,162,569.
5	Net unrealized gains (losses) on investments	5	-395,112.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,980,191.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2925693.	3069936.	3759620.	6050083.	4336998.	20142330.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2925693.	3069936.	3759620.	6050083.	4336998.	20142330.
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)						1075335.
6 Public support. Subtract line 5 from line 4.						19066995.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2925693.	3069936.	3759620.	6050083.	4336998.	20142330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,210.	49,057.	45,351.	42,046.	40,457.	219,121.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,050.	28,787.	19,060.	16,676.	19,137.	104,710.
11 Total support. Add lines 7 through 10						20466161.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	93.16	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	94.32	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**GROSS FUNDRAISING INCOME**

2017 AMOUNT: \$ 21,050.

2018 AMOUNT: \$ 28,787.

2019 AMOUNT: \$ 19,060.

2020 AMOUNT: \$ 16,676.

2021 AMOUNT: \$ 19,137.

2021

*** Not Open to Public Inspection ***

123171 04-01-21

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

UNITED WAY OF GREATER NEW BEDFORD, INC

04-2104264

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF CHILDREN AND FAMILIES 600 WASHINGTON STREET, 6TH FLOOR BOSTON, MA 02111	\$ 998,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF NEW BEDFORD 133 WILLIAM STREET NEW BEDFORD, MA 02740	\$ 1,299,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICORPS/ MASSACHUSETTS SERVICE ALLIANCE 100 N WASHINGTON STREET, 3RD FLOOR BOSTON, MA 02114	\$ 167,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BLOUNT FINE FOODS 630 CURRANT ROAD FALL RIVER, MA 02720	\$ 318,041.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON, DC 20416	\$ 221,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF GREATER NEW BEDFORD, INC**04-2104264****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public Inspection****Name of the organization**

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

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

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		45,365.	45,365.	0.
d Equipment		137,379.	107,500.	29,879.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,879.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATIONS PAYABLE	147,467.
(3) PROGRAM INITIATIVES PAYABLE -	
(4) SHORT TERM	823,827.
(5) PROGRAM INITIATIVES PAYABLE - LONG	
(6) TERM	328,008.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,299,302.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2021

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,136,844.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-395,112.
b	Donated services and use of facilities	2b	48,854.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	34,225.
e	Add lines 2a through 2d	2e	-312,033.
3	Subtract line 2e from line 1	3	4,448,877.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,963.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,963.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,464,840.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,319,222.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,854.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	34,225.
e	Add lines 2a through 2d	2e	83,079.
3	Subtract line 2e from line 1	3	4,236,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,963.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,963.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,252,106.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSSED TO REVENUE 34,225.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSSED TO REVENUE 34,225.

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

UNITED WAY OF GREATER NEW BEDFORD, INC

04-2104264

Part I

Fundraising Activities.

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

- d** ☐ In-person solicitations

- ☐
- No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	117,910.			117,910.
	2 Less: Contributions	98,773.			98,773.
	3 Gross income (line 1 minus line 2)	19,137.			19,137.
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	614.			614.
	6 Rent/facility costs	1,781.			1,781.
	7 Food and beverages	18,023.			18,023.
	8 Entertainment	500.			500.
	9 Other direct expenses	13,307.			13,307.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,225.
11 Net income summary. Subtract line 10 from line 3, column (d)				-15,088.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule C (Form 990)		2014	
Part IV	Supplemental Information <i>(continued)</i>		

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER NEW BEDFORD, INC** Employer identification number **04-2104264**

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? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEOPLE ACTING IN COMMUNITY ENDEAVORS, INC. - 166 WILLIAM STREET - NEW BEDFORD, MA 02740	04-2777810	501(C)(3)	50,000.	0.			CHILDREN AND YOUTH
YMCA SOUTHCOAST, INC. 25 WATER STREET NEW BEDFORD, MA 02740	04-2104749	501(C)(3)	33,000.	0.			CHILDREN AND YOUTH
BOYS & GIRLS CLUB OF GNB 166 JENNY STREET NEW BEDFORD, MA 02740	04-2104754	501(C)(3)	25,000.	0.			CHILDREN AND YOUTH
THE FAMILY PANTRY - DAMIEN'S PLACE CORP - PO BOX 111 - FAIRHAVEN, MA 02719	22-3278832	501(C)(3)	25,000.	0.			BASIC HUMAN NEEDS
DENNISON MEMORIAL COMMUNITY CTR. INC - 755 SOUTH FIRST STREET - NEW BEDFORD, MA 02740	04-2103806	501(C)(3)	25,000.	0.			CHILDREN AND YOUTH
HEALTH IMPERATIVES 651 ORCHARD STREET SUITE 100 NEW BEDFORD, MA 02744	04-2609177	501(C)(3)	25,000.	0.			BASIC HEALTH NEEDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **17.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMIGRANTS ASSISTANCE CENTER 58 CRAPO STREET NEW BEDFORD, MA 02740	04-2530908	501(C)(3)	25,000.	0.			BASIC HUMAN NEEDS
COMMUNITY ECONOMIC DEVELOPMENT CENTER OF SOUTHEASTERN MASS - 1285 ACUSHNET AVE - NEW BEDFORD, MA 02740	04-3371170	501(C)(3)	25,000.	0.			BASIC HUMAN NEEDS
WAREHAM AREA COMMITTEE FOR THE HOMELESS, INC./TURNING POINT - 6 ROGERS AVE - WAREHAM, MA 02571	41-2079668	501(C)(3)	25,000.	0.			BASIC HUMAN NEEDS
YWCA OF SOUTHEASTERN MA, INC. 20 SOUTH SIXTH STREET NEW BEDFORD, MA 02740	04-2104747	501(C)(3)	25,000.	0.			CHILDREN AND YOUTH
CHILDRENS ADVOCACY CENTER 58 ARCH STREET FALL RIVER, MA 02724	04-3135548	501(C)(3)	25,000.	0.			CHILDREN AND YOUTH
SOUTHCOAST LGBTQ NETWORK INC P.O. BOX 8473 NEW BEDFORD, MA 02740	00-1286207	501(C)(3)	25,000.	0.			BASIC HUMAN NEEDS
CHILD & FAMILY SERVICES, INC. 1061 PLEASANT STREET NEW BEDFORD, MA 02740	04-2104754	501(C)(3)	20,000.	0.			CHILDREN AND YOUTH
SOUTHEASTERN MA COUNCIL ON ADDICTION - 100 NO. FRONT STREET - NEW BEDFORD, MA 02740	23-7161463	501(C)(3)	15,000.	0.			HEALTH
DISCOVERY LANGUAGE ACADEMY 128 UNION ST, NEW BEDFORD, MA 02740	04-2725417	501(C)(3)	15,000.	0.			CHILDREN AND YOUTH

Schedule I (Form 990)

(a) Name and address of organization or government

(b) EIN

(c) IRC section
if applicable

(d) Amount of cash grant

(e) Amount of noncash assistance

(f) Method of valuation
(book, FMV,
appraisal, other)

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

STEPPINGSTONE
522 NORTH MAIN STREET
FALL RIVER, MA 02720

04-2505146

501(C)(3)

15,000.

0.

BASIC HUMAN NEEDS

OUR SISTER'S SCHOOL
145 BROWNWELL AVENUE
NEW BEDFORD, MA 02740

26-0367118

501(C)(3)

7,500.

0.

CHILDREN AND YOUTH

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM MANAGERS ARE RESPONSIBLE FOR ENSURING FULL PROGRAMMATIC AND FISCAL COMPLIANCE FOR ALL GRANTS RECEIVED. THEY ACCOMPLISH THIS THROUGH THE FOLLOWING:

- FILES FOR EACH GRANT ARE MAINTAINED WHICH INCLUDE GRANT APPLICATION, GRANT AWARD NOTIFICATIONS, CORRESPONDENCE, REPORTS (FISCAL, PERFORMANCE, MONITORING, ETC.)

- TERMS AND CONDITIONS ARE REVIEWED AND COMPLIED WITH THROUGHOUT THE FISCAL

Part IV Supplemental Information

YEAR.

- RECORDS ARE MAINTAINED THAT DOCUMENT GRANT EXPENDITURES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
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 ▶ (FOOD, SUPPLIE)	X	2,135	496,044.	FAIR MARKET VALUE
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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

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

STRENGTHENS THE COMMUNITIES SERVED.

FORM 990, PART I, LINE 1

OUR MISSION IS TO MOBILIZE PEOPLE, PARTNERSHIPS AND RESOURCES TO
CATALYZE CHANGE THAT STRENGTHENS THE COMMUNITIES SERVED.

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

INDIVIDUALS IN NEW BEDFORD ON THE BASIS THAT A DISPROPORTIONATELY SMALL
NUMBER OF INDIVIDUALS DRIVE THE MAJORITY OF VIOLENT CRIME IN
COMMUNITIES.

SSYI IS DESIGNED TO SUPPORT A CONTINUUM OF SERVICES THAT INCLUDES THE
FOLLOWING: STREET OUTREACH AND ENGAGEMENT, NEEDS ASSESSMENTS, INTENSIVE
CASE MANAGEMENT, MENTAL HEALTH COUNSELING AND EDUCATION AND EMPLOYMENT
SERVICES.

NBS SUPPORTS EFFORTS TO STEER AT RISK YOUTH AGES 10-24 AWAY FROM GANGS
AND PREVENT YOUTH VIOLENCE, BY INTERVENING WITH APPROPRIATE SERVICES
AND SUPPORTS BEFORE EARLY PROBLEM BEHAVIORS TURN INTO SERIOUS JUVENILE
DELINQUENCY AND GANG INVOLVEMENT.

NBS PROVIDES A RANGE OF PREVENTION AND INTERVENTION SERVICES INCLUDING
MANAGEMENT AND STREET OUTREACH AND INTERVENTION, POSITIVE YOUTH
DEVELOPMENT AND RECREATION, EDUCATION AND EMPLOYMENT OPPORTUNITIES AND

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

Schedule O (Form 990) 2021

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

A COORDINATED LAW ENFORCEMENT RESPONSE THROUGH TARGETED SUPPRESSION AND PROSECUTION.

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

NUTRITION SERVICES, TRANSPORTATION AND EMPLOYMENT AND CHILD CARE. THE FRC ALSO PROVIDES PARENT EDUCATIONAL GROUPS, PARENT-CHILD ACTIVITIES, EDUCATIONAL CLASSES AND WORKSHOPS FOR BOTH PARENTS AND TEENS. IN ADDITION, THE FRC PROVIDES SPECIFIC SERVICES FOR PARENTS AND CHILDREN WHO ARE DEALING WITH SERIOUS PROBLEMS AT HOME AND AT SCHOOL, KNOWN AS CHILDREN REQUIRING ASSISTANCE (CRA). THESE SERVICES INCLUDE ACCESS TO A RANGE OF VOLUNTARY MENTAL HEALTH SERVICES AND WRAP-AROUND SUPPORT SERVICES.

NEW BEDFORD COMMUNITY CONNECTIONS COALITION (NBCCC) - THE MAIN FOCUS OF THE COALITION IS TO FACILITATE THE ORGANIZATION OF A COMPREHENSIVE FAMILY SUPPORT SYSTEM THROUGHOUT THE CITY OF NEW BEDFORD WHILE PROMOTING A COMMUNITY CENTERED CHILD WELFARE BEST PRACTICES APPROACH.

PATCH - CO-LOCATED IN THE FAMILY RESOURCE CENTER, ALONG WITH NBCCC STAFF, IS THE DCF PATCH UNIT. PATCH IS A TEAM OF DCF SOCIAL WORKERS WORKING CLOSELY WITH OUR NBCCC STAFF TO PROMOTE SHARED OWNERSHIP OF THE PROBLEM OF CHILD PROTECTION WITHIN OUR COMMUNITY. BEING CO-LOCATED WITH NBCCC ENABLES DCF SOCIAL WORKERS TO CONNECT FAMILIES INVOLVED WITH DCF TO COMMUNITY RESOURCES MORE QUICKLY, MINIMIZING THE NEED FOR LENGTHY DCF INTERVENTION, AND PROVIDES FAMILIES ACCESS TO AN ARRAY OF RESOURCES TO HELP PREVENT REPEAT CHILD MALTREATMENT.

THE NEW BEDFORD STRENGTHENING FAMILIES (NBSF) AMERICORPS PROGRAM - AN

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

AMERICORPS STATE PROGRAM LED BY UNITED WAY OF GREATER NEW BEDFORD.

AMERICORPS IS A NATIONAL SERVICE PROGRAM WHERE MEMBERS PROVIDE SERVICE

TO MAKE PEOPLE SAFER, STRONGER, AND HEALTHIER TO STRENGTHEN THEIR

COMMUNITIES. AMERICORPS MEMBERS SERVING AT DIFFERENT HOST SITES

IMPLEMENT EVIDENCE-BASED INTERVENTIONS THAT STRENGTHEN FAMILIES, WITH A

FOCUS ON PREVENTING CHILD ABUSE AND NEGLECT. THE NBSF AMERICORPS

PROGRAM IS BASED IN THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

FRAMEWORK THAT CENTERS ON FIVE INTERRELATED FAMILY PROTECTIVE FACTORS:

KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT, CONCRETE SUPPORTS IN

TIMES OF NEED, SOCIAL CONNECTIONS, SOCIAL AND EMOTIONAL COMPETENCE OF

CHILDREN, AND PARENTAL RESILIENCE.

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

COMMUNITY INVESTMENT PROGRAM - THROUGH ITS COMMUNITY IMPACT GRANTS AND

A CITIZENS REVIEW PROCESS, UNDESIGNATED FUNDING IS GRANTED TO LOCAL

AGENCIES AND PUBLIC ENTITIES DELIVERING SERVICES WITHIN THE UNITED WAY

STRATEGIC PRIORITY AREAS OF HEALTH, EDUCATION, FINANCIAL STABILITY, AND

BASIC NEEDS.

THROUGH THE COMMUNITY BUILDING MINI-GRANTS PROGRAM, THE ORGANIZATION

AWARDS SMALL GRANTS TO ALL VOLUNTEER, GRASSROOTS GROUPS DOING PROJECTS

IN THE STRATEGIC PRIORITY AREAS.

THE INNOVATION FUND FUNDS HIGHER RISK, HIGHER REWARD PROJECTS THAT AIM

TO BE BREAKTHROUGHS IN THE AREAS OF HEALTH, EDUCATION, FINANCIAL

STABILITY AND BASIC NEEDS. ELIGIBLE PROJECTS MUST REIMAGINE THE DESIGN

OF A PROGRAM, USE TECHNOLOGY IN A NEW WAY, OR TEST NEW COMMUNICATIONS

TOOLS.

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

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04-2104264

WOMEN UNITED FUNDED INITIATIVES SUPPORTS PROJECTS AND PROGRAMS FOCUSED ON EARLY CHILDHOOD DEVELOPMENT AND EARLY LITERACY. IT STRIVES TO PROVIDE FAMILIES ACCESS TO THE NECESSARY TOOLS, RESOURCES, AND OPPORTUNITIES TO ENGAGE IN QUALITY EARLY LEARNING EXPERIENCES WITH THEIR YOUNG CHILDREN BY INVESTING IN INNOVATIVE PROGRAMS AND SERVICES.

THE EMERGING NEEDS & OPPORTUNITIES FUND ALLOWS THE ORGANIZATION TO FUND PROJECTS THAT FALL OUTSIDE OF THE SCOPE AND TIMING OF OTHER FUNDING STREAMS, INCLUDING PROJECTS THAT ARISE DUE TO EMERGENCIES AND CRISES AND AS TIME SENSITIVE OPPORTUNITIES THAT HAVE THE POTENTIAL FOR GREAT IMPACT.

THE HELP UNITED FUND PROVIDES FINANCIAL SUPPORT, SUCH AS RENT, MORTGAGE AND UTILITY PAYMENTS, TO INDIVIDUALS IN GREATER NEW BEDFORD WHOSE LIVES AND WELFARE HAVE BEEN DIRECTLY IMPACTED BY THE COVID-19 CRISIS.

THE HOLIDAY UNITED FUND WILL OFFER SMALL GRANTS TO HELP LOCAL NON-PROFIT ORGANIZATIONS BRIGHTEN THE HOLIDAYS FOR INDIVIDUALS AND FAMILIES WHO ARE IN NEED WITH HOLIDAY ASSISTANCE OFFERINGS SUCH AS TOYS, GIFTS, CLOTHING, OR FOOD.

THE DIVERSITY, EQUITY AND INCLUSION (DEI) CAPACITY BUILDING FUND WILL SUPPORT LOCAL NONPROFITS TO STRENGTHEN OR DEVELOP THEIR OWN DEI AGENDA. THE FUND WILL OFFER GRANTS TO DEVELOP THEIR AGENCY SPECIFIC EQUITY LENS IN GOVERNANCE AND OPERATIONAL PRACTICES.

ALL APPLICATIONS AND PROPOSALS ARE REVIEWED FOR THEIR ARTICULATION OF

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

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04-2104264

THE IMPORTANCE OF THE CHALLENGE THEY ARE TARGETING IN THE COMMUNITY,
 THE APPROPRIATENESS AND CREDIBILITY OF THE PROPOSED STRATEGY TO ADDRESS
 THE CHALLENGE, THE CAPABILITY AND CAPACITY OF THEIR ORGANIZATION OR
 GROUP TO CARRY OUT THE PROGRAM STRATEGY AND THE MEASURABLE BENEFIT PER
 DOLLAR INVESTED.

EXPENSES \$ 603,679. INCLUDING GRANTS OF \$ 440,475. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

THE EXECUTIVE COMMITTEE FUNCTIONS IN PLACE OF THE BOARD OF DIRECTORS (BOD)
 IN BETWEEN MEETINGS IF NECESSARY. AT ITS NEXT REGULAR MEETING, THE BOD
 SHALL REVIEW AND RATIFY ALL ACTIONS AND DECISIONS OF THE EXECUTIVE
 COMMITTEE, WHICH ARE DOCUMENTED IN THE BOD MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE FINANCE AND EXECUTIVE COMMITTEE AND FILED
 WITH THE IRS AFTER FINAL APPROVAL BY THE BOARD TREASURER. THE FORM 990 IS
 ALSO DISTRIBUTED TO THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL BOARD MEMBERS AND KEY
 EMPLOYEES ON AN ANNUAL BASIS. THE PRESIDENT MONITORS AND ENFORCES
 COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

UPON HIRE OF THE PRESIDENT AND OTHER KEY EMPLOYEES, THE FOLLOWING FACTORS
 ARE TAKEN INTO CONSIDERATION: EXPERIENCE OF CANDIDATE, SALARIES OF SIMILAR
 POSITIONS IN THE AREA AND UNITED WAY WORLDWIDE HUMAN CAPITAL STUDY/STAFF
 SALARY REPORT, WHICH DETAILS SALARIES BY UW SIZE, REGION, AND POSITION.

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

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04-2104264

COMPENSATION IS DISCUSSED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND APPROVED BY THE FINANCE COMMITTEE. SUBSEQUENTLY, THE COMPENSATION IS INCLUDED IN THE ORGANIZATION'S BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE VIA THE SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS CORPORATE DATABASE AND UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE COMMONWEALTH OF MA DIVISION OF PUBLIC CHARITIES, OR UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACTED DIRECT CARE:

PROGRAM SERVICE EXPENSES	110,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	110,000.

DIRECT CARE CONSULTANT:

PROGRAM SERVICE EXPENSES	506,943.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	506,943.

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	17,514.
MANAGEMENT AND GENERAL EXPENSES	46,668.

Name of the organization

UNITED WAY OF GREATER NEW BEDFORD, INC

Employer identification number

04-2104264

FUNDRAISING EXPENSES	452.
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TOTAL EXPENSES	64,634.
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PROSECUTION SERVICES:

PROGRAM SERVICE EXPENSES	48,360.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	48,360.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	729,937.
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TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

UNITED WAY OF GREATER NEW BEDFORD, INC
128 UNION STREET 105
NEW BEDFORD, MA 02740

PREPARED BY:

COHNREZNICK LLP
10 FORBES ROAD, SUITE 200
BRAINTREE, MA 02184

AMOUNT OF TAX:

BALANCE DUE OF \$500

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

NON-PROFIT ORG/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2023

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE
COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

[HTTPS://WWW.PAYBILL.COM/MAAGOCHARITIES](https://www.paybill.com/maagocharities)

ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC
BEFORE FILING.

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/21 to 06/30/22AG Account #: 009070 Federal ID #: 04-2104264

Electronic Payment Confirmation #: _____

Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in
charitable work in Massachusetts? 08/17/1953Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter:08/17/1953

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ No**Organization Data**Name: UNITED WAY OF GREATER NEW BEDFORD, INCMailing Address: 128 UNION STREET, 105City: NEW BEDFORD State: MA ZIP: 02740Phone Number: 508-994-9625 Fax Number: 508-994-9667Email: FINANCE@UNITEDWAYOFGNB.ORG Website: WWW.UNITEDWAYOFGNB.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
 Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	3	Organization Purpose Code 1	61
Type of Organization (Table 2)	16	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐**Check all items attached**

(if applicable)

- ☒ Filing Fee or Printout of
Electronic Payment
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 08/17/1953

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	4,336,998.
B.	Gross support and revenue	4,362,367.
C.	Program services and similar amounts paid out	3,634,120.
D.	Fundraising expenses	173,304.
E.	Management and general expenses	444,682.
F.	Payments to affiliates	51,975.
G.	Total expenses	4,252,106.
H.	Net assets or fund balances at the end of the year	1,980,191.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	MICHELLE HANTMAN PRESIDENT & CEO	37.50	141,828.	31,196.	0.
2.	JENNIFER BATES VP OF FINANCE & HR	37.50	100,630.	1,966.	0.
3.	PAM CRUZ VP OF SPECIAL INITIATIVES	37.50	88,449.	4,335.	0.
4.	VICTORIA GRASELA VP OF MARKETING & COMMUNITY ENG.	37.50	77,132.	12,347.	0.
5.	STANLEY BRAJER DIRECTOR OF NBCCC	37.50	62,971.	11,535.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CHILD & FAMILY SERVICES, INC	110,000.	LICENSED CLINICAL SERVICES AND CASE
2.	FERREIRA GROUP	19,726.	IT SERVICES
3.	BRISTOL COUNTY DISTRICT ATTORNEY	48,360.	SHANNON PROSECUTION
4.	UNGER LEBLANC	24,000.	MARKETING SERVICES
5.	COHNREZNICK LLP	21,320.	AUDIT SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
BAYCOAST BANK	23 ELM STREET, NEW BEDFORD, MA 02740	(508) 999-0327
PLIMOTH INVESTMENT ADVISORS	38 RESNIK ROAD, SUITE 202, PLYMOUTH, MA 02360	(508) 591-6203

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: KATHERINE FURTADO

Street Address: 128 UNION STREET, SUITE 105

City: NEW BEDFORD State: MA ZIP Code: 02740

Phone Number: 508-994-9625

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☐ Yes ☒ No

If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
---------	---------------------------------------	-------------

NAME AND ADDRESS

PHONE NUMBER

NONE

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT 2
---------	----------------------------------------------	-------------

NAME AND ADDRESS

TITLE

MICHELLE N. HANTMAN
128 UNION STREET, 105
NEW BEDFORD, MA 02740

PRESIDENT/CEO

JENNIFER BATES
128 UNION STREET, 105
NEW BEDFORD, MA 02740

VP OF FINANCE & HR

ROLAND A. GIROUX
128 UNION STREET, 105
NEW BEDFORD, MA 02740

CHAIR

SHANNA HOWELL
128 UNION STREET, 105
NEW BEDFORD, MA 02740

VICE CHAIR

JENNIFER OLIVIER
128 UNION STREET, 105
NEW BEDFORD, MA 02740

TREASURER

JENNIFER ST. PIERRE
128 UNION STREET, 105
NEW BEDFORD, MA 02740

CLERK

NICOLE ALMEIDA
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

STARLENE ALVES
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

ANN AUGER
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR (UNTIL 10/21)

HEATHER M. BONNET-HERBERT
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

CHRISTOPHER CASSARA
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR (UNTIL 10/21)

FRANCINE FERGUSON
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

MONTE FERRIS
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

CHRISTOPHER FORTIER
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

DAVID GOMES
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

DONALD HARTLEY
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

ROSEMARIE LOPES
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

MAEGAN POWERS
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

JACKIE SOMERVILLE
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

RAY SUPERENANT
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR

AJ TAVARES
128 UNION STREET, 105
NEW BEDFORD, MA 02740

DIRECTOR (UNTIL 1/22)

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESS

AREA OF RESPONSIBILITY

JENNIFER BATES
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

RESPONSIBLE FOR CUSTODY OF FUNDS

JENNIFER BATES
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

CUSTODY OF FINANCIAL RECORDS

MICHELLE HANTMAN
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

AUTHORIZED TO SIGN CHECKS

JENNIFER OLIVIER
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

AUTHORIZED TO SIGN CHECKS

MICHELLE N. HANTMAN
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

RESPONSIBLE FOR CUSTODY OF FUNDS

MICHELLE N. HANTMAN
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

MICHELLE HANTMAN
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

RESPONSIBLE FOR FUNDRAISING

ROLAND GIROUX
128 UNION ST. SUITE 105
NEW BEDFORD, MA 02740

AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?

☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

MICHELLE N. HANTMAN
128 UNION STREET, SUITE 105
NEW BEDFORD, MA 02740

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

AMOUNT INVOLVED

173,024.

PROCEDURE FOLLOWED

GENERAL PAYROLL DISBURSEMENT PROCEDURES

NAME AND ADDRESS

COASTAL FINANCIAL
62 STATE ROAD
NORTH DARTMOUTH, MA 02747

NATURE OF TRANSACTION

24G) PAYMENT FOR DENTAL INSURANCE FROM COMPANY OWNED BY
BOARD MEMBER

AMOUNT INVOLVED

4,601.

PROCEDURE FOLLOWED

NORMAL BUSINESS PROCEDURES

NAME AND ADDRESS

JENNIFER BATES
128 UNION STREET, SUITE 105
NEW BEDFORD, MA 02740

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

AMOUNT INVOLVED

102,596.

PROCEDURE FOLLOWED

GENERAL PAYROLL DISBURSEMENT PROCEDURES

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: MICHELLE N. HANTMAN

Title: PRESIDENT/CEO

Name of Preparer: COHNREZNICK LLP

Address 10 FORBES ROAD, SUITE 200

City BRAINTREE State MA ZIP Code 02184

Phone Number 781-380-3520

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MICHELLE HANTMAN

Name and Title: PRESIDENT/CEO

Address 128 UNION STREET SUITE 105

City NEW BEDFORD

State MA

ZIP Code 02740

JENNIFER BATES

Name and Title: VP OF FINANCE & HUMAN RESOURCES

Address 128 UNION STREET SUITE 105

City NEW BEDFORD

State MA

ZIP Code 02740

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MICHELLE HANTMAN

Name and Title: PRESIDENT/CEO

Address 128 UNION STREET SUITE 105

City NEW BEDFORD

State MA

ZIP Code 02740

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Schedule A-2**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MICHELLE HANTMAN

Name and Title: PRESIDENT/CEO

Address 128 UNION STREET SUITE 105

City NEW BEDFORD

State MA

ZIP Code 02740

KATHERINE FURTADO

Name and Title: CHIEF FINANCE & HUMAN RESOURCE OFF.

Address 128 UNION STREET SUITE 105

City NEW BEDFORD

State MA

ZIP Code 02740

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MICHELLE HANTMAN

Name and Title: PRESIDENT/CEO

Address 128 UNION STREET

City NEW BEDFORD

State MA

ZIP Code 02740

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: MICHELLE N. HANTMAN

Title: PRESIDENT/CEO

Signature: _____ Date: _____

Printed Name: _____

Title: _____

United Way of Greater New Bedford, Inc.

**Uniform Financial Statements
and Supplemental Data**

June 30, 2022

UNITED WAY OF GREATER NEW BEDFORD, INC.

Index

June 30, 2022

Independent Auditor's Report

**Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with *Government Auditing Standards***

Financial Statements:

Statement of Financial Position as of June 30, 2022
with Comparative Totals as of June 30, 2021

Statement of Activities for the Year Ended June 30, 2022
with Comparative Totals for the Year Ended June 30, 2021

Statement of Cash Flows for the Year Ended June 30, 2022

Statement of Functional Expenses for the Year Ended June 30, 2022

Notes to Financial Statements

Schedule of Findings and Responses

Supplemental Information Required by the Operational Services Division:

UFR Cover Page for the Year Ended June 30, 2022

Schedule A - Organization Supplemental Information for the Year Ended June 30, 2022

Schedule B - Program Supplemental Information for the Year Ended June 30, 2022

Schedule C - UFR Addendum for the Year Ended June 30, 2022

Acknowledgement of the Board of Directors

Independent Auditor's Report

To the Board of Directors of
United Way of Greater New Bedford, Inc

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of United Way of Greater New Bedford, Inc (a nonprofit organization), (the Organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

The financial statements of the Organization for the year ended June 30, 2021 were audited by another auditor whose report dated October 28, 2021, included an emphasis-of-matter indication that the Organization has adopted ASU No. 2014-09, *Revenue from Contracts with Customers*, and expressed an unmodified opinion on those statements. The prior year summarized comparative information is not intended to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements. In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Disclaimer of Opinion on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Information Required by the Operational Services Division including the Uniform Financial Report (UFR) Cover Page, Schedule A - Organization Supplemental Information Schedule, Schedule B - Program Supplemental Information Schedule and Scheduled C - UFR Addendum, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements and accordingly, we do not express an opinion or provide assurance on it.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 3, 2022, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



Fall River, Massachusetts
November 3, 2022

Independent Auditor's Report on Internal Control over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards*

To the Board of Directors of
United Way of Greater New Bedford, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of United Way of Greater New Bedford, Inc. (a nonprofit organization), (the Organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 3, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance. Accordingly, this communication is not suitable for any other purpose.



Fall River, Massachusetts
November 3, 2022

ORGANIZATION : United Way of Greater New Bedford, Inc.

FEIN: 042104264

STATEMENT OF FINANCIAL POSITION AS OF
(BALANCE SHEET)

06/30/2022

WITH COMPARATIVE TOTALS AS OF

6/30/2021

	CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
ASSETS						
1 Cash and Cash Equivalents	1,004,877				1,004,877	1,192,187
2 Accounts Receivable, Program Services	415,049				415,049	379,987
3 Allowance for Doubtful Accounts						
4 Net Accounts Receivable, Program Services	415,049				415,049	379,987
5 Contributions Receivable	253,598				253,598	326,092
6 Notes Receivable						
7 Prepaid Expenses	17,733				17,733	14,677
8 Other Accounts Receivable						
9 Other Current Assets						
10 Short-Term Investments	560,323				560,323	537,170
11 TOTAL CURRENT ASSETS	2,251,580				2,251,580	2,450,113
12 Land, Buildings, and Equipment		182,744			182,744	182,744
13 Accumulated Depreciation		(152,865)			(152,865)	(140,065)
14 Net Land, Buildings and Equipment		29,879			29,879	42,679
15 Long-Term Investments	1,215,471				1,215,471	1,425,494
16 Other Assets						
17 Due From Other Funds						
18 TOTAL ASSETS	3,467,051	29,879			3,496,930	3,918,286
LIABILITIES AND NET ASSETS						
19 Accounts Payable	35,937				35,937	45,183
20 Subcontract Payable						
21 Accrued Expenses	88,289				88,289	159,235
22 Current Notes Payable						221,454
23 Current Portion Long-Term Debt						
24 Deferred Revenue	93,211				93,211	12,766
25 Other Current Liabilities	971,294				971,294	935,651
26 TOTAL CURRENT LIABILITIES	1,188,731				1,188,731	1,374,289
27 Long-Term Notes & Mortgage Payable						
28 Other Liabilities	328,008				328,008	381,428
29 Due to Other Funds						
30 TOTAL LIABILITIES	1,516,739				1,516,739	1,755,717
NET ASSETS						
31 Without Donor Restrictions	1,908,897	29,879			1,938,776	2,093,095
32 With Donor Restrictions	41,415				41,415	69,474
33						
34 TOTAL NET ASSETS	1,950,312	29,879			1,980,191	2,162,569
35 TOTAL LIABILITIES AND NET ASSETS	3,467,051	29,879			3,496,930	3,918,286

See Accompanying Notes to the Financial Statements

ORGANIZATION : United Way of Greater New Bedford, Inc

FEIN: 042104264

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED

06/30/2022 WITH COMPARATIVE TOTALS FOR THE YEAR ENDED

06/30/2021

	Without Donor Restrictions	With Donor Restrictions		TOTAL THIS YEAR	TOTAL LAST YEAR
REVENUES, GAINS, AND OTHER SUPPORT					
1 Contributions, Gifts, Legacies, Bequests & Special Events	772,670	139,983		912,653	1,232,969
2 In-Kind Contributions	544,898			544,898	2,207,878
3 Grants	317,834			317,834	502,014
4 Program Service Fees	2,408,150			2,408,150	2,151,081
5 Federated Fundraising Organization Allocation					
6 Investment Revenue	(268,145)			(268,145)	402,317
7 Revenue from Commercial Products & Services					
8 Other	221,454			221,454	
9 Net Assets Released From Restrictions:					
10 Satisfaction of Program Restrictions	168,042	(168,042)			
11 Satisfaction of Equipment Acquisition Restrictions					
12 Expiration of Time Restrictions					
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT	4,164,903	(28,059)		4,136,844	6,496,259
EXPENSES AND LOSSES					
14 Administration (Management & General)	428,719			428,719	365,104
15 Fundraising	256,383			256,383	247,989
16 Total Program Services	3,634,120			3,634,120	5,238,578
17 TOTAL EXPENSES	4,319,222			4,319,222	5,851,671
18 Losses					
19 TOTAL EXPENSES AND LOSSES	4,319,222			4,319,222	5,851,671
CHANGES IN NET ASSETS:					
20 Property & Equipment Acquisitions from Unrestricted Funds					
21 Transfer of Realized Endowment Fund Appreciation					
22 Return to Donor					
23 Other Increases (Decreases)					
24 TOTAL CHANGES IN NET ASSETS	(154,319)	(28,059)		(182,378)	644,588
25 NET ASSETS AT BEGINNING OF YEAR	2,093,095	69,474		2,162,569	1,517,981
26 NET ASSETS AT END OF YEAR	1,938,776	41,415		1,980,191	2,162,569

See Accompanying Notes to Financial Statements

ORGANIZATION : United Way of Greater New Bedford, IFEIN: 042104264

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2022

INDIRECT METHOD

		TOTAL
Cash Flows from Operating Activities:		
1 Changes in Net Assets		(182,378)
Adjustments to Reconcile Change In Net Assets to Net		
Cash provided by/(used in) Operating Activities:		
2 Depreciation		12,800
3 Losses		
4 Increase/Decrease in Net Accounts Receivable		(35,062)
5 Increase/Decrease in Prepaid Expenses		(3,056)
6 Increase/Decrease in Contributions Receivable		72,494
7 Increase/Decrease in Accounts Payable		(9,246)
8 Increase/Decrease in Accrued Expenses		(70,946)
9 Increase/Decrease in Deferred Revenue		80,445
10 Increase/Decrease in Subcontract Payable		
11 Contributions Restricted for Long-Term Investment		
12 Net Unrealized and Realized Gains on Long-Term Investments		292,639
13 Other Cash Used in/Provided by Operating Activities		(239,231)
14 Net Cash Provided by/(used in) Operating Activities		(81,541)
Cash Flows from Investing Activities:		
15 Insurance Proceeds		
16 Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)		
17 Proceeds from Sale(s) of Investments		811,363
18 Purchase(s) of Investments		(877,970)
19 Purchase(s) of Assets Restricted To Long-Term Investment		
20 Other Investing Activities		(39,162)
21 Net Cash Provided by/(used in) Investing Activities		(105,769)
Cash from Financing Activities:		
Proceeds from Contributions Restricted For:		
22 Investment in Endowment		
23 Investment in Term Endowment		
24 Investment in Plant (Land Bldgs. & Equip.)		
Other Financing Activities:		
25 Contributions Restricted for Long-Term Investment		
26 Interest and Dividends Restricted for Reinvestment		
27 Payments on Notes Payable		
28 Payments on Long-Term Debt		
29 Other Finance Payments/Receipts		
30 Net Cash Provided by/(used in) Financing Activities		

See Accompanying Notes to the Financial Statements

ORGANIZATION : United Way of Greater New Bedford, I

FEIN: 042104264

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2022

INDIRECT METHOD

31	Net Increase/(Decrease) in Cash and Cash Equivalents	(187,310)
32	Cash and Cash Equivalents at Beginning of Year	1,192,187
33	Cash and Cash Equivalents at End of Year	1,004,877

Supplemental Disclosure of Cash Flow Information:

34	Cash Paid During the Year for Interest	
35	Cash Paid During the Year for Taxes/Other	

Supplemental Data for Noncash Investing and Financing Activities:

36	Gifts of Equipment	
37	Other Noncash Investing and Financing Activities	
38		
39		
40		

See Accompanying Notes to the Financial Statements

ORGANIZATION : United Way of Greater New Bedford, Inc.

FEIN: 042104264

Statement of Functional Expenses for the Year Ended: 06/30/2022

	TOTALS	SUPPORTING SERVICES		PROGRAM SERVICES
		ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
1. Employee Compensation & Related Expenses	1,453,391	226,862	139,744	1,086,785
2. Occupancy	156,062	22,478	10,387	123,197
3. Other Program / Operating Expense	1,286,973	1,602	3,522	1,281,849
4. Subcontract Expense	110,000			110,000
5. Direct Administrative Expense	321,939	90,943	531	230,465
6. Other Expenses	978,057	86,834	102,199	789,024
7. Depreciation of Buildings and Equipment	12,800			12,800
8. TOTAL EXPENSES	4,319,222	428,719	256,383	3,634,120

See Accompanying Notes to Financial Statements

ORGANIZATION : United Way of Greater New Bedford, Inc. FEIN: 042104264

Statement of Functional Expenses for the Year Ended: 06/30/22

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	1	2	3	4	39
1. Employee Compensation & Related Expenses	45,253	94,812	579,948	44,682	322,090
2. Occupancy	18,078	13,319	58,842	5,100	27,858
3. Other Program / Operating Expense	3,712	17,672	1,197,036	20,279	43,150
4. Subcontract Expense					110,000
5. Direct Administrative Expense	23,955	50,074	78,175	8,720	69,541
6. Other Expenses	2,205	1,755	689,915	87,487	7,662
7. Depreciation of Buildings and Equipment			12,800		
8. TOTAL EXPENSES	93,203	177,632	2,616,716	166,268	580,301

See Accompanying Notes to Financial Statements

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The significant accounting policies followed by United Way of Greater New Bedford, Inc. (the Organization) are described below to enhance the usefulness of the financial statements to the reader.

(a) Nature of Activities

The Organization is an independent, not-for profit corporation and a member of United Way Worldwide. The Organization's mission is to mobilize people, partnerships, and resources to catalyze change that strengthens the communities served. The geographic focus is the City of New Bedford and eight surrounding towns: Acushnet, Dartmouth, Fairhaven, Freetown, Marion, Mattapoisett, Rochester and Wareham. Since its inception, it has encouraged local philanthropy at all levels and invested in quality programs. Unlike other traditional United Ways that focus on a fundraising campaign and the allocations of dollars raised, the Organization's approach is unique. In addition to grant-making with dollars raised, the Organization also operates its own programs as well as supports strategic community partnerships, initiatives and cross-sector collaboratives.

The majority of the Organization's services are provided to Greater New Bedford residents. The following program divisions are:

Community Services Program - The Community Services program provides volunteer placement through its online volunteer matching database, conducts events for individuals to engage in community service through various service events, distributes donated food through the Hunger Commission, works with grassroots groups through the Changemaker Grants program and promotes awareness, education and effectiveness of COVID-19 vaccines throughout the community through the Vaccine Connect program.

Community Services Program accounted for 26% of total program expenditures for the year ended June 30, 2022.

Community Investment Program - Through its Community Impact Grants and a Citizens Review process, undesignated funding is granted to local agencies and public entities delivering services within United Way strategic priority areas of Health, Education, Financial Stability and Basic Needs.

Through the Changemaker Grants Program, the Organization awards small grants to all volunteer, grassroots groups doing projects in the strategic priority areas.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(a) *Nature of Activities - continued*

The Innovation Fund funds higher risk, higher reward projects that aim to be breakthroughs in the areas of Health, Education, Financial Stability and Basic Needs. Eligible projects must reimagine the design of a program, use technology in a new way, or test new communications tools.

Women United funded initiatives will support projects and programs focused on Early Childhood Development and Early Literacy. It strives to provide families access to the necessary tools, resources and opportunities to engage in quality early learning experiences with their young children by investing in innovative programs and services.

The Emerging Needs & Opportunities Fund allows the Organization to fund projects that fall outside of the scope and timing of other funding streams, including projects that arise due to emergencies and crises and as time sensitive opportunities that have the potential for great impact.

The Holiday United Fund will offer small grants to help local non-profit organizations brighten the holidays for individuals and families who are in need with holiday assistance offerings such as toys, gifts, clothing, or food.

The Diversity, Equity and Inclusion (DEI) Capacity Building Fund will support local nonprofits to strengthen or develop their own DEI agenda. The fund will offer grants to develop their agency specific equity lens in governance and operational practices.

All applications and proposals are reviewed for their articulation of the importance of the challenge they are targeting in the community, the appropriateness and credibility of the proposed strategy to address the challenge, the capability and capacity of their organization or group to carry out the program strategy and the measurable benefit per dollar invested.

Community Investment Program accounted for 17% of total program expenditures for the year ended June 30, 2022.

Family Support Program: This program is funded through two cost-reimbursement contracts and an accommodation rate contract from the Commonwealth of Massachusetts Department of Children and Families (DCF) and a cost reimbursement grant with the Massachusetts Service Alliance. Ultimately, the goal of this work is to strengthen families, prevent child abuse and neglect and build a healthier community.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(a) *Nature of Activities - continued*

Family Resource and Development Center (FRC) - The Family Resource Center offers an array of services for families whose children range from birth to 18 years of age. With behavioral health partner, Child and Family Services, the FRC provides a range of services and supports for families in need, including assessment services and information and referral resources for such things as housing services, food and nutrition services, transportation and employment and child care. The FRC also provides parent educational groups, parent-child activities, educational classes and workshops for both parents and teens. In addition, the FRC provides specific services for parents and children who are dealing with serious problems at home and at school, known as Children Requiring Assistance (CRA). These services include access to a range of voluntary mental health services and wrap-around support services.

New Bedford Community Connections Coalition (NBCCC) - The main focus of the coalition is to facilitate the organization of a comprehensive family support system throughout the City of New Bedford while promoting a community centered child welfare best practices approach.

PATCH - Co-located in the Family Resource Center, along with NBCCC staff, is the DCF PATCH Unit. Patch is a team of DCF social workers working closely with our NBCCC staff to promote shared ownership of the problem of child protection within our community. Being co-located with NBCCC enables DCF social workers to connect families involved with DCF to community resources more quickly, minimizing the need for lengthy DCF intervention, and provides families access to an array of resources to help prevent repeat child maltreatment.

The New Bedford Strengthening Families (NBSF) AmeriCorps Program - An AmeriCorps State program led by United Way of Greater New Bedford. AmeriCorps is a national service program where members provide service to make people safer, stronger, and healthier to strengthen their communities. AmeriCorps members serving at different host sites implement evidence-based interventions that strengthen families, with a focus on preventing child abuse and neglect. The NBSF AmeriCorps program is based in the Strengthening Families Protective Factors Framework that centers on five interrelated family protective factors: knowledge of parenting and child development, concrete supports in times of need, social connections, social and emotional competence of children, and parental resilience.

Family Support Program accounted for 23% of total program expenditures for the year ended June 30, 2022.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(a) *Nature of Activities - continued*

Youth Violence Prevention and Reduction Program: In a concerted effort to help address the issue of youth violence, the Organization, with funding from the Massachusetts Executive Office of Health and Human Services and support from the Executive Office of Public Safety and Security and in partnership with the New Bedford Police Department, serves as Lead Agency for the City of New Bedford's Safe and Successful Youth Initiative (SSYI) and assists in operating the New Bedford's Shannon grant (NBS).

Safe and Successful Youth Initiative (SSYI) - SSYI is an interagency strategy for reducing violence. It is specifically focused on young men, ages 17-24 identified by local enforcement as the "proven risk" individuals in New Bedford on the basis that a disproportionately small number of individuals drive the majority of violent crime in communities.

SSYI is designed to support a continuum of services that includes the following: street outreach and engagement, needs assessments, intensive case management, mental health counseling and education and employment services.

NBS supports efforts to steer at risk youth ages 10-24 away from gangs and prevent youth violence, by intervening with appropriate services and supports before early problem behaviors turn into serious juvenile delinquency and gang involvement.

NBS provides a range of prevention and intervention services including management and street outreach and intervention, positive youth development and recreation, education and employment opportunities and a coordinated law enforcement response through targeted suppression and prosecution.

Youth Violence Prevention and Reduction Program accounted for 34% of total program expenditures for the year ended June 30, 2022.

(b) *Basis of Presentation*

The Statement of Activities reports all changes in net assets, including changes in net assets without donor restrictions from operating activities. Operating revenues consist of those monies received and other contributions attributable to the Organization's ongoing efforts.

The financial statements are presented in a format prescribed by the Commonwealth of Massachusetts, Operational Services Division.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(c) *Standards of Accounting and Reporting*

The Organization's net assets (excess of its assets over liabilities) and its revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

The Statement of Financial Position presents two classes of net assets (net assets without donor restrictions and net assets with donor restrictions) and the Statement of Activities displays the change in each class of net assets.

The classes of net assets applicable to the Organization are presented as follows:

Net Assets Without Donor Restrictions - Net assets that are not subject to donor imposed restrictions. Net assets without donor restrictions consist of assets and contributions available for the support of operations. Net assets without donor restrictions may be designated for specific purposes by management or the Board of Directors. Gains and losses on investments are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or law.

Net Assets With Donor Restrictions - Net assets that are subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or passage of time. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Contributions, gains and investment income that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the reporting period in which the contributions are recognized.

(d) *Operating Fund and Plant Fund*

To ensure observance of limitations and restrictions placed on use of resources available to the Organization, the accounts of the Organization are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified for accounting and reporting purposes into funds established according to their nature and purposes. Separate accounts are maintained for each fund. Accordingly, all financial transactions have been recorded and reported by fund group.

The assets, liabilities and fund balances of the Organization are reported in two self-balancing fund groups as follows:

Current Operations Fund - Includes unrestricted and restricted resources. The unrestricted fund represents resources currently available for use, while the restricted fund represents funds available for use under certain conditions.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(d) Operating Fund and Plant Fund - continued

Plant Fund - Represents resources both unrestricted and restricted for acquiring or replacing land, buildings or equipment and the accumulated net investment in property and equipment.

(e) Cash and Cash Equivalents

The Organization considers all highly liquid investments purchased with an original maturity of three months or less, which are neither held for nor restricted by donors for long-term purposes, to be cash equivalents. Cash and highly liquid financial instruments restricted to building projects, endowments that are perpetual in nature, or other long-term purposes are excluded from this definition.

The Organization maintains its cash balances at two financial institutions located in Massachusetts. Certain cash balances are insured by the Federal Deposit Insurance Corporation. At times these balances may exceed the federal insurance limits; however, the Organization has not experienced any losses with respect to its bank balances in excess of government provided insurance. Management believes that no significant concentration of credit risk exists with respect to these cash balances as of June 30, 2022.

(f) Investments

The Organization records investment purchases at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the statement of financial position. Interest and dividends are recorded when earned. Gains and losses are recognized as incurred or based on fair value changes during the period. Net investment return/(loss) is reported in the Statement of Activities and consists of interest and dividend income, realized and unrealized capital gains and losses, less external and direct investment expenses. Investments are exposed to risks such as interest rate, credit and overall market volatility.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(g) Revenue Recognition

The Organization earns revenue as follows:

Program Service Fees and Contracts - Federal and state contracts that are considered reciprocal transactions or purchases of services, the results of which are turned over to the grantor, are recognized as the work under the contract is performed. Contracts that are considered nonreciprocal transactions that further the programs of the Organization are recorded when the Organization receives notification of the contract, or if, conditions for performance are imposed, revenue is recognized when conditions have been met. All contracts consist of two types, unit-rate and cost-reimbursement contracts, all with ceiling amounts. Unit-rate contracts provide that revenue is to be earned and recognized at a negotiated or class rate for each unit-of-service that is provided under the terms of the contract. Under the cost-reimbursement contracts, revenue recognition takes place as costs related to the services provided are incurred. Billings on the contracts are subject to final approval by the governmental agencies. For the year ended June 30, 2022, predominantly all program service fees of the Organization represent nonreciprocal transactions.

Contributions and Grants - In accordance with ASC Sub Topic 958-605, *Revenue Recognition*, the Organization must determine whether a contribution (or a promise) is conditional or unconditional for transactions deemed to be a contribution. A contribution is considered to be a conditional contribution if an agreement includes a barrier that must be overcome and either a right of return of assets or a right of release of a promise to transfer assets exists. Indicators of a barrier include measurable performance-related barrier or other measurable barrier, a stipulation that limits discretion by the recipient on the conduct of an activity and stipulations that are related to the purpose of the agreement. Topic 958 prescribes that the Organization should not consider probability of compliance with the barrier when determining if such awards are conditional and should be reported as conditional grant advance liabilities until such conditions are met.

Contributions without donor restrictions are recognized as revenue when received or unconditionally pledged. Contributions with donor restrictions are recorded as revenues and net assets with donor restrictions when received or unconditionally pledged. Transfers are made to net assets without donor restrictions as services are performed and costs are incurred pro-rata over the period covered by the grant or contribution as time restrictions lapse. Contributions with donor restrictions received and satisfied in the same period are included in grants and contributions without donor restrictions.

Special Events - Special events revenue is recognized when earned. Special events are incidental to the Organization's operations and the related direct expenses have been reported with fundraising expense in the accompanying Statement of Activities.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(g) Revenue Recognition - continued

Donated Goods, Materials and Services - Donations other than cash (securities) are recorded at their estimated fair market value at the date of the gift. Such donations are reported as without donor restrictions unless the donor has restricted the donated asset to a specific purpose.

Donated goods, materials and services are recognized in the financial statements if the services received require specialized skills provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. Certain services donated to the Organization by community volunteers do not meet the above criteria and, therefore, are not recognized in the financial statements.

Deferred revenue represents program service fee income received prior to year-end. These amounts are deferred and recognized over the periods to which the fees relate.

Substantially all of the Organization's revenue is derived from its activities in Massachusetts. During the year ended June 30, 2022, the Organization derived approximately 62% from governmental agencies, 26% from corporations and individual donors and 12% from other sources. All revenue is recorded at the estimated net realizable amounts.

(h) Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. As of June 30, 2022, management has determined any allowance would be immaterial.

The Organization does not have a policy to accrue interest on accounts receivable. The Organization has no policies requiring collateral or other security to secure the accounts receivable. As of June 30, 2022, the Organization's accounts receivable is 98% from state and local agencies and 2% from state and local agencies.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(i) *Promises to Give*

Conditional promises to give are not recognized in the financial statements until the conditions are substantially met. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date.

Unconditional promises to give are periodically reviewed to estimate an allowance for doubtful accounts. Management estimates the allowance by review of historical experience and a specific review of collections trends, applied as a percentage to gross campaign revenues. As of June 30, 2022, the allowance for uncollectible pledges was \$48,666.

(j) *Public Support and Revenue*

An annual fundraising campaign is conducted each fall to obtain donations and pledges to fund the subsequent year's operations. As further described in these notes, contributions received that are intended to be used in a subsequent year are time-restricted and/or purpose restricted contributions and are recorded as net assets with donor restrictions until the time expires or the purpose is fulfilled. Substantially all of the pledges receivable at June 30, 2022 are from corporations and individual donors. The Organization maintains reserves for potential uncollectible pledges that in the aggregate have not exceeded management's expectations.

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Pledges for contributions are recorded as received and allowances are provided for amounts estimated to be uncollectible.

Contributions received are recorded as net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions.

The Organization offers a donor designation option to enable donors to specifically designate their contribution to specific agencies, programs, or targeted care areas. Contributions that have been designated by the donor to agencies and individuals amounted to \$53,223 for the year ended June 30, 2022, of which \$22,903 is outstanding and included in other current liabilities on the Statement of Financial Position as of June 30, 2022, and will be paid within the coming year from current cash balances and from collections on campaign pledge receivables. Those amounts are not accounted for as revenue by the Organization, but are reported as part of Gross Campaign Results from which the amounts are then reduced to arrive at Net Campaign Results. For Uniform Financial Reporting purposes, net campaign results are reported with contributions in the Statement of Activities.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(k) Land, Building and Equipment

Land, building and equipment are recorded at cost or if donated, fair value on the date of receipt. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives. Improvements, including planned major maintenance activities are capitalized, while expenditures for routine maintenance and repairs are charged to expense as incurred. Upon disposal of depreciable property, the appropriate property accounts are reduced by the related costs and accumulated depreciation. The resulting gains and losses are reflected in the Statement of Activities.

The Organization computes depreciation using the straight-line method over the following estimated lives:

Leasehold improvements	4-5 years
Vehicles	5 years
Office equipment	3-5 years

(l) Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are allocated to programs and supporting services. Administration expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization. Payroll and associated costs are allocated to functions based upon time studies. Occupancy costs are allocated based upon allocations of salary.

(m) Fair Value Measurements

U.S. GAAP defines fair value as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Additionally, the inputs used to measure fair value are prioritized based on a three-level hierarchy. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels used to measure fair value are as follows:

Level 1: Quoted prices for identical instruments traded in active markets.

Level 2: Observable inputs other than quoted prices included in Level 1. Assets and liabilities included in this level are valued using quoted prices for similar assets and liabilities in active markets or other inputs that are observable or can be corroborated by observable market data.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(m) Fair Value Measurements - continued

Level 3: Significant inputs to the valuation model are unobservable.

Recurring Measurements

The following section describes the valuation methodologies used to measure financial assets at fair value on a recurring basis:

Investments in Debt, Equity Securities, Common Stock, Exchange Traded Funds and Mutual Funds, see Note 3. Quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 securities primarily include publicly traded debt and equity securities.

The Organization had no liabilities measured at fair value on a recurring basis as of June 30, 2022.

Non-recurring Measurements

Certain assets are measured at fair value on a non-recurring basis. These assets are not measured at fair value on an ongoing basis, but are subject to fair value adjustments only in certain circumstances. Assets that are written down to fair value when impaired are not subsequently adjusted to fair value unless further impairment occurs. The Organization had no assets or liabilities measured at fair value on a non-recurring basis as of June 30, 2022.

(n) Fundraising Expense

Fundraising expense relates to the activities of raising general and specific contributions to the Organization and promoting special events. Fundraising expenses as a percentage of total contribution and special event revenue was 13% for the year ended June 30, 2022. The ratio of expenses to amounts raised is computed using actual expenses and related revenue on an accrual basis.

(o) Use of Estimates

In preparing the Organization's financial statements in conformity with U.S. GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(p) Income Taxes

The Organization qualifies as an organization formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC) and is generally not subject to income tax. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. In addition, the Organization is not a private foundation under Section 509(a)(1) of the IRC.

Generally, the Organization's information returns remain open for possible examination for three years after the filing date. While no income tax returns are currently being examined by the Internal Revenue Service, tax years since 2019 remain open. As of June 30, 2022, the Organization believes that there are no uncertain tax positions with any of its open tax years.

(q) Summarized Financial Information for 2021

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Also, there is no presentation of the Statement of Cash Flows or the Statement of Functional Expenses for the year ended June 30, 2021. In addition, the financial statements do not include full financial statement disclosures for the prior year. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2021, from which the summarized information is derived.

(r) Recent Accounting Standard Adopted

During the year ended June 30, 2022, the Organization adopted ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This standard provides guidance on the presentation of contributed nonfinancial assets in the statement of activities and additional disclosure requirements for each type of contributed nonfinancial asset. The ASU provides transparency on the measurement of the contributed nonfinancial assets of the organization and will not change existing recognition and measurement requirements. The Organization has implemented the provisions of ASU 2020-07 applicable to all contributed nonfinancial assets, which has been applied retrospectively to all periods presented.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(1) Summary of Significant Accounting Policies - continued

(s) *Recent Accounting Standards*

In February 2016, FASB issued ASU 2016-02, *Leases (Topic 842)* which sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principle of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today.

The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sales-type leases, direct financing leases and operating leases. The ASU was set to be effective on January 1, 2021, with early adoption permitted. The effective date was extended to fiscal years beginning after December 15, 2021. The Organization is currently evaluating the impact the adoption of this new standard will have on its financial statements.

In July 2018, FASB issued ASU 2018-10, *Codification Improvements to Topic 842, Leases* and ASU 2018-11, *Leases (Topic 842), Targeted Improvements*. In December 2019, FASB issued ASU 2018-20, *Leases (Topic 842), Narrow-Scope Improvements for Lessors*. Adoption of these ASUs will run concurrent with the Organization's adoption of ASU 2016-02.

In June 2016, FASB issued ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326), Measurement of Credit Losses on Financial Instruments*. The ASU adds to U.S. GAAP an impairment model (known as the current expected credit loss (CECL) model) that is based on expected losses rather than incurred losses. Under the new guidance, the Organization recognizes as an allowance its estimate of expected credit losses. The ASU is effective fiscal years beginning after December 15, 2021. The Organization is currently evaluating the impact the adoption of this new standard will have on its financial statements.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(2) Pledges Receivable

The Organization has received unconditional pledges related to their annual fall fundraising campaigns. All unconditional pledges receivable are expected to be collected within one year and are recorded at net realizable value.

The following is an analysis of the pledges receivable as of June 30, 2022:

Campaign pledges receivable	\$ 302,264
Less: allowance for uncollectible pledges	<u>(48,666)</u>
Campaign pledges receivable, net	\$ <u>253,598</u>

(3) Investments

Investments are valued at fair value using Level 1 inputs, unadjusted quoted prices in active markets, and are comprised of the following as of June 30, 2022:

	<u>Long-Term</u>	<u>Current</u>
Domestic:		
Corporate bonds	\$ 291,453	\$ -
Mutual funds	326,719	-
Common stock	342,281	560,523
Exchange traded funds	120,411	-
International:		
Equity	26,061	-
Exchange traded funds	<u>108,346</u>	<u>-</u>
Total	\$ <u>1,215,271</u>	\$ <u>560,523</u>

Corporate bonds consist of four bonds from high quality U.S. New York Stock Exchange companies, bearing interest at 2.125% and 3.875%. Mutual funds consist primarily of diversified portfolio of established domestic and international mutual funds investing in relatively conservative debt and equity securities. Exchange traded funds consist of index funds investing primarily in stocks and bonds. Marketable equity securities consist primarily of U.S. stock in large, publicly traded American companies. Investment management fees were \$15,963 for the year ended June 30, 2022, and are included with investment return on the accompanying Statement of Activities. Investments totaling \$1,215,271 are classified as long term as it is management's intention to hold them for the long term stability of the Organization.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(4) Land, Buildings and Equipment

Land, buildings and equipment consists of the following as of June 30, 2022:

Leasehold improvements	\$ 45,365
Office equipment	28,685
Vehicles	<u>108,694</u>
Total	<u>182,744</u>
Less: accumulated depreciation	<u>(152,865)</u>
Land, buildings and equipment, net	<u>\$ 29,879</u>

(5) Line of Credit

The Organization has available a demand line of credit with Baycoast Bank of \$200,000 to be drawn upon as needed with an interest rate of 5%. The line is subject to renewal on November 30, 2022. The line is secured by the Organization's general business assets. There was no outstanding amounts as of June 30, 2022.

(6) Operating Lease Commitments

The Organization occupies space under tenant at will agreements. The minimum property rental payments are subject to adjustments based on increases in taxes, insurance and maintenance costs.

The Organization has entered into several non-cancelable, operating lease agreements for equipment with varying expiration dates through 2025.

The minimum annual operating lease commitments are as follows:

2023	\$ 6,113
2024	5,714

Lease expense for the year ended June 30, 2022 amounted to \$140,834.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(7) Contributed Nonfinancial Assets

For the year ended June 30, 2022, contributed nonfinancial assets recognized within the statement of activities included:

	Revenue Recognized	Utilization in Programs/Activities	Donor Restrictions	Valuation Techniques and Inputs
Donated books	\$ 4,409	Program services	None	Value of the books
Donated marketing	30,794	Fundraising	None	Fair market value of the asset at the date of donation
Donated event services	18,060	Fundraising	None	Fair market value of the asset at the date of donation
Donated food	<u>491,635</u>	Program services	None	Fair market value of the asset at the date of donation
Total	<u>\$ 544,898</u>			

(8) Net Assets With Donor Restrictions

Net assets with donor restrictions consist of resources available to meet future obligations, but only in compliance with the restrictions specified by donors. As of June 30, 2022, net assets with donor restrictions are restricted for the following purposes or periods:

Subject to expenditure for a specified purpose:	
Program Support	\$ <u>41,415</u>

Net assets released from restrictions during the year ended June 30, 2022 were \$168,042, of which all was from program restrictions.

(9) Employee Benefits

The Organization has a defined contribution pension plan that qualifies as a tax-sheltered account under Section 403(b) of the IRC for the benefit of eligible employees. Full-time employees meeting certain requirements are eligible to participate in the plan. The Organization matches 100% of the participant's deferral up to 5% of his or her compensation. The Organization's contributions under this plan amounted to \$27,703 for the year ended June 30, 2022.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(10) Commitments and Contingencies

The Organization receives a portion of its funding from governmental agencies. The ultimate determination of amounts received under these programs generally is based upon allowable costs reported to and audited by the governmental agencies. Until such audits have been completed, if any, and final settlement reached, there exists a contingency to refund any amount received in excess of allowable costs. Management is of the opinion that no material liability will result from such audits.

The Organization's operations are concentrated in the social service provider field. As such, the Organization operates in a heavily regulated environment. The operations of the Organization are subject to administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to the Massachusetts Department of Children and Families and the City of New Bedford.

Such administrative directives, rules and regulations are subject to change by an act of Congress, act of the state and local legislature or an administrative change mandated by the Massachusetts Department of Children and Families. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change. Additionally, contractual funding may decrease or be withdrawn with little notice.

(11) Paycheck Protection Program Loan

The Organization received a Paycheck Protection Plan loan from BayCoast Bank during the fiscal year ended June 30, 2020 in the original amount of \$221,454 with a maturity date of April 16, 2022. The loan bore interest at a rate of 1%, which was deferred for the first 10 months following the end of the covered period. Management expected that the loan would be substantially forgiven during the year ended June 30, 2022 and as such the loan had been presented as a current liability on the Statement of Financial Position. The SBA had disclosed criteria for forgiveness which include but not limited to maintaining the full-time equivalent number of employees over certain time period and expending the funds on eligible expenses over the covered period. The Organization recognized forgiveness of the loan in full as of June 30, 2022.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(12) Program Initiatives/Grant Awards

The following is a list of grants awarded and designated to various agencies and program initiatives for the year ended June 30, 2022, approved by the Board of Directors. As of June 30, 2022, these awards and designations are included in both other current liabilities and other long-term liabilities on the Statement of Financial Position and the corresponding program/operating expenses on the Statement of Functional Expenses.

	<u>Short Term</u>	<u>Long Term</u>
Grant Awards:		
Community Impact Grants	\$ 450,000	\$ -
Emerging Community Needs	10,000	11,550
Innovation Fund	100,000	78,203
Changemaker Grants	<u>28,198</u>	<u>25,000</u>
Total Grant Awards	588,198	114,753
Program Initiatives:		
Impact Initiative	100,000	213,255
DEI Capacity Building	25,000	-
Holiday Fund Payable	20,000	-
Women United	<u>90,629</u>	<u>-</u>
Total Program Initiatives	235,629	213,255
Donor Designated Allocations Payable:		
Help United Fund	124,564	-
Donor Designations	<u>22,903</u>	<u>-</u>
	<u>147,467</u>	<u>-</u>
Total	\$ <u>971,294</u>	\$ <u>328,008</u>

(13) Related Party Transactions

During the year ended June 30, 2022, a board member works for the insurance agency that brokers the groups dental insurance. The Organization paid \$4,601 in dental insurance premiums directly to the dental insurance provider for the year ended June 30, 2022. During the year ended June 30, 2022, a board member works for the insurance agency that brokers the health, liability, auto, workman's compensation, cyber liability and accident insurance for the Organization. The Organization paid \$163,062 in insurance premiums directly to the insurance providers for the year ended June 30, 2022, of which \$2,846 was paid directly to the board member's insurance agency.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(14) Liquidity and Availability of Resources

The following reflects the Organization's financial assets as of June 30, 2022, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year from the statement of financial position date.

Financial assets at year end	
Cash and cash equivalents	\$ 1,004,877
Investments	560,523
Accounts and contributions receivable, net	<u>668,647</u>
Total	<u>2,234,047</u>
Less amounts unavailable for general expenditures within one year, due to:	
Restricted by donors for specific purposes	<u>41,415</u>
Financial assets available to meet cash needs for general expenditures within one year	\$ <u>2,192,632</u>

The Organization's financial assets are reduced by amounts not available for general use because of donor-imposed restrictions within one year from the statement of financial position date. Amounts not available also include amounts set aside for long-term investment that could be liquidated and drawn upon at the board of directors' discretion.

In addition, as part of our liquidity management, the Organization regularly monitor liquidity required to meet operating needs, commitments and other obligations as they become due. In the event of an unanticipated liquidity need, the Organization has the ability to draw upon the available line of credit.

(15) Not-for-Profit Provider Surplus Revenue Retention

The Organization has no liability to the Commonwealth of Massachusetts under the Division of Purchased Services "Surplus Revenue Retention Policy" pursuant to 808 CMR 1.19(3). In accordance with this policy, the Organization is entitled to retain an annual net surplus of up to twenty percent (20%) per year of the total revenue attributable to Commonwealth purchasing agencies.

Such surplus may be retained as net assets without donor restrictions to further the Organization's charitable purposes, provided that no portion of the surplus may be used for any non-reimbursable cost set forth in 808 CMR 1.05.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Notes to Financial Statements

June 30, 2022

(16) COVID-19 - Risks and Uncertainties

In early 2020, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. As a result, events have occurred including mandates from federal, state and local authorities leading to an overall decline in economic activity. At this stage, the limited impact to the Organization resulted in a loss of revenues and other adverse effects to the Organization's financial position, results of operations, and cash flows. As described in Note 11, the Organization received a PPP loan. Further, the Organization's liquidity as of June 30, 2022 is documented at Note 14. The Organization is not able to estimate the length or severity of this outbreak and the related financial impact. Management plans to adjust its operations accordingly and will continue to assess and monitor the situation as it evolves. If the length of the outbreak and related effects on the Organization's operations continue for an extended period of time the Organization may have to seek alternative measures to finance its operations. The Organization does not believe that the impact of COVID-19 would have a material adverse effect on its financial condition or liquidity.

(17) Subsequent Events

The Organization has performed an evaluation of subsequent events through November 3, 2022, which is the date the Organization's financial statements were available to be issued. No material subsequent events have occurred, other than the item noted below, since June 30, 2022 that required recognition or disclosure in these financial statements.

On July 1, 2022, the Organization transferred the management of the SSYI and NBS programs to an unrelated agency.

UNITED WAY OF GREATER NEW BEDFORD, INC.

Schedule of Findings and Responses

June 30, 2022

(1) Current Year Audit Findings

No significant deficiencies or material weaknesses reported.

(2) Status of Prior Year Audit Findings

No significant deficiencies or material weaknesses reported.

**Supplemental Information Required
by the Operational Services Division**

Note: If your agency is exempt from filling this report (see instructions) complete this cover page only and submit it along with documentation to support the basis of the exemption.

ORGANIZATION: United Way of Greater New Bedford, Inc.

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2022

FEIN: 042104264

UFR Program Number: 1

Program Name: PATCH

Description: DCF workers partnering with NBCCC and FRC to promote family support and reduce child maltreatment

Catalog of Federal Domestic Assistance #: 93.556 B

<http://www.cfda.gov/default.htm>

*Program Type: 27

Program Address: 128 Union Street, Suite 105

New Bedford

MA

02740

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 37.50

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE		0S STAFFING # hours/yr = 1.00 FTE: 1950	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1R Contrib., Gifts, Leg., Bequests, Spec. Ev.		1S Program Director (UFR Title 102)	0.35	22,040	1E Total Direct Program Staff = 39S	0.73	39,441		%
2R Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Title 101)	0.05	4,422	2E Chief Executive Officer				
3R Private IN-Kind		3S Asst. Program Director (UFR Title 103)			3E Chief Financial Officer				
4R Total Contribution and In-Kind		4S Supervising Professional (UFR Title 104)			4E Actgng/Clerical Support		87		
5R Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 105 & 121)			5E Admin Maint/House-Grndskeeping				
6R Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)			6E Total Admin Employee		87		
7R Total Grants		7S N. Midwife, N.P., Psych N.,N.A., R.N.- MA (Title 107)			7E Commerical products & Svcs/Mkting				
8R Dept. of Mental Health (DMH)		8S R.N. - Non Masters (UFR Title 108)			8E Total FTE/Salary/Wages	0.73	39,528		
9R Dept. of Developmental Services(DDS/DMR)		9S L.P.N. (UFR Title 109)			9E Payroll Taxes 150		3,265		
10R Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)			10E Fringe Benefits 151		4,465		
11R Dept. of Children and Families (DCF/DSS)	102,750	11S Occupational Therapist (UFR Title 111)			11E Accrual Adjustments		(2,005)		
12R Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)			12E Total Employee Compensation & Rel. Exp.		45,253		%
13R Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFR Title 113)			13E Facility and Prog. Equip.Expenses 301,390		18,078		
14R Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)			14E Facility & Prog. Equip. Depreciation 301				
15R Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 115)			15E Facility Operation/Maint./Furn.390				
16R MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)			16E Facility General Liability Insurance 390				
17R MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)			17E Total Occupancy		18,078		%
18R MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118)			18E Direct Care Consultant 201				
19R MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)			19E Temporary Help 202				
20R Dept. of Early Educ. & Care (EEC)-Contract		20S Day Care Asst. Teacher / Aide (UFR Title 120)			20E Clients and Caregivers Reimb./Stipends 203				
21R Dept. of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title 122)			21E Subcontracted Direct Care 206				
22R Dept. of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UFR Title 123)			22E Staff Training 204		350		
23R Dept. of Elementary & Secondary Educ. (DOE)		23S Social Worker - L.I.C.S.W., (UFR Title 124)			23E Staff Mileage / Travel 205				
24R Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)			24E Meals 207		1,220		
25R Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)			25E Client Transportation 208				
26R Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title 128)			26E Vehicle Expenses 208				
27R Div. of Housing & Community Develop(OCDD)		27S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)			27E Vehicle Depreciation 208				
28R POS Subcontract		28S Counselor (UFR Title 130)			28E Incidental Medical /Medicine/Pharmacy 209				
29R Other Mass. State Agency POS		29S Case Worker / Manager - Masters (UFR Title 131)			29E Client Personal Allowances 211				
30R Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132)	0.09	4,492	30E Provision Material Goods/Svs./Benefits 212				
31R Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (UFR Title 133)			31E Direct Client Wages 214				
32R Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title 134)			32E Other Commercial Prod. & Svs. 214				
33R Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 135)			33E Program Supplies & Materials 215		2,142		
34R Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 136)			34E Non Charitable Expenses				
35R Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR Title 137)	0.24	8,487	35E Other Expense		2,205		
36R Medicare		36S Maintenance, House/Groundskeeping, Cook 138			36E Total Other Program Expense		5,917		%
37R Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 138)			42E Other Professional Fees & Other Admin. Exp. 410		266		
38R Client Resources		38S Direct Care Overtime, Shift Differential and Relief	XXXXXX		43E Leased Office/Program Office Equip.410,390				
39R Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	0.73	39,441	44E Office Equipment Depreciation 410				
40R Other Publicly sponsored client offsets					48E Program Support 216		22,990		
41R Private Client Fees (excluding 3rd Pty)					49E Professional Insurance 410		699		
42R Private Client 3rd Pty/other offsets					50E Working Capital Interest 410				
43R Total Assistance and Fees	102,750				51E Total Direct Administrative Expense		23,955		%
44R Federated Fundraising					52E Admin (M&G) Reporting Center Allocation		15,803		%
45R Commercial Activities					53E Total Reimbursable Expense		109,006		%
46R Non-Charitable Revenue					54E Direct State/Federal Non-Reimbursable Expense				%
47R Investment Revenue					55E Allocation of State/Fed Non-Reimbursable Expense				%
48R Other Revenue					56E TOTAL EXPENSE		109,006		%
49R Allocated Admin (M&G) Revenue					57E TOTAL REVENUE = 53R		102,750		%
50R Released Net Assets-Program					58E OPERATING RESULTS		(6,256)		%
51R Released Net Assets-Equipment					CRE Preliminary Calculation of Cost Reimb. Excess Rev. *				*(subject to OSD adjustment)
52R Released Net Assets-Time									
53R Total Revenue = 57E	102,750								

SERVICE STATISTICS

1SS Enter defined unit of service: Individual
2SS Enter total unit capacity:

Undup # # service units
Clients delivered
313
313

Publicly sponsored clients:

Privately sponsored clients:

Free Care clients:

Total:

3SS
4SS OSD's Program
5SS Performance Report (D-1
6SS Internet filing system)
7SS suspended for FY '08 filings.

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID -11 Characters	MMARS Code
1C DSS	09952019148	FBSS
2C		
3C		
4C		
5C		

POS SUBCONTRACT INFORMATION

State Dept	Payor Name	Payor's FEIN
1PS		
2PS		
3PS		

NON-REIMBURSABLE EXPENSE DETAIL

Description	
1N Direct Employee Compensation & Related Exp.	
2N Direct Occupancy	
3N Direct Other Program/Operating	
4N Direct Subcontract Expense	
5N Direct Administrative Expense	
6N Direct Other Expense	
7N Direct Depreciation	
8N Total Direct Non-Reimbursable (Tie to 54E)	
9N Total Direct and Allocated Non-Reimb. (54E+55E)	
10N Eligible Non-Reimbursable Exp. Revenue Offsets	
11N Capital Budget Revenue Adjustment	
12N Excess of Non-Reimbursable Expense Over Offsets	

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: United Way of Greater New Bedford, Inc.

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2022

FEIN: 042104264

UFR Program Number: 2

Program Name: New Bedford Community Connection

Description: Facilitate the organization of a family support coalition

Catalog of Federal Domestic Assistance #: 93.556

B

<http://www.cfda.gov/default.htm>

*Program Type: 27

Program Address: 128 Union Street, Suite 105

(Number/Street)

New Bedford

(City)

MA

(State)

02740

(Zipcode)

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 37.50

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE	STAFFING # hours/yr = 1.00 FTE:	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1R Contrib., Gifts, Leg., Bequests, Spec. Ev.	1S Program Director (UFR Title 102)	0.65	40,931	1E Total Direct Program Staff = 39S	1.32	78,787		%
2R Gov. In-Kind/Capital Budget	2S Program Function Manager (UFR Title 101)	0.20	17,690	2E Chief Executive Officer				
3R Private In-Kind	3S Asst. Program Director (UFR Title 103)			3E Chief Financial Officer				
4R Total Contribution and In-Kind	4S Supervising Professional (UFR Title 104)			4E Accting/Clerical Support	0.06	4,030		
5R Mass Gov. Grant	5S Physician & Psychiatrist (UFR Title 105 & 121)			5E Admin Maint/House-Grndskeeping				
6R Other Grant (exclud. Fed.Direct)	6S Physician Asst. (UFR Title 106)			6E Total Admin Employee	0.06	4,030		
7R Total Grants	7S N. Midwife, N.P., Psych N.N.A., R.N. - MA (Title 107)			7E Commerical products & Svs/Mkting				
8R Dept. of Mental Health (DMH)	8S R.N. - Non Masters (UFR Title 108)			8E Total FTE/Salary/Wages	1.38	82,817		
9R Dept. of Developmental Services(DDS/DMR)	9S L.P.N. (UFR Title 109)			9E Payroll Taxes 150		6,841		
10R Dept. of Public Health (DPH)	10S Pharmacist (UFR Title 110)			10E Fringe Benefits 151		9,355		
11R Dept. of Children and Families (DCF/DSS)	11S Occupational Therapist (UFR Title 111)			11E Accrual Adjustments		(4,201)		
12R Dept. of Transitional Assist (DTA/WEL)	12S Physical Therapist (UFR Title 112)			12E Total Employee Compensation & Rel. Exp.		94,812		%
13R Dept. of Youth Services (DYS)	13S Speech / Lang. Pathol., Audiologist (UFR Title 113)			13E Facility and Prog. Equip.Expenses 301,390		13,319		
14R Health Care Fin & Policy (HCF)-Contract	14S Dietician / Nutritionist (UFR Title 114)			14E Facility & Prog. Equip. Depreciation 301				
15R Health Care Fin & Policy (HCF)-UCP	15S Spec. Education Teacher (UFR Title 115)			15E Facility Operation/Maint./Furn.390				
16R MA. Comm. For the Blind (MCB)	16S Teacher (UFR Title 116)			16E Facility General Liability Insurance 390				
17R MA. Comm. for Deaf & H H (MCD)	17S Day Care Director (UFR Title 117)			17E Total Occupancy		13,319		%
18R MA. Rehabilitation Commission (MRC)	18S Day Care Lead Teacher (UFR Title 118)			18E Direct Care Consultant 201				
19R MA. Off. for Refugees & Immigr.(ORI)	19S Day Care Teacher (UFR Title 119)			19E Temporary Help 202				
20R Dept. of Early Educ. & Care (EEC)-Contract	20S Day Care Asst. Teacher / Aide (UFR Title 120)			20E Clients and Caregivers Reimb./Stipends 203				
21R Dept. of Early Educ. & Care (EEC)-Voucher	21S Psychologist - Doctorate (UFR Title 122)			21E Subcontracted Direct Care 206				
22R Dept of Correction (DOC)	22S Clinician-(formerly Psych.Masters)(UFR Title 123)			22E Staff Training 204		2,149		
23R Dept. of Elementary & Secondary Educ. (DOE)	23S Social Worker - L.I.C.S.W. (UFR Title 124)			23E Staff Mileage / Travel 205		12		
24R Parole Board (PAR)	24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)			24E Meals 207		6,211		
25R Veteran's Services (VET)	25S Licensed Counselor (UFR Title 127)			25E Client Transportation 208				
26R Ex. Off. of Elder Affairs (ELD)	26S Cert. Voc. Rehab. Counselor (UFR Title 128)			26E Vehicle Expenses 208				
27R Div. of Housing & Community Develop(OCDD)	27S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)			27E Vehicle Depreciation 208				
28R POS Subcontract	28S Counselor (UFR Title 130)			28E Incidental Medical /Medicine/Pharmacy 209				
29R Other Mass. State Agency POS	29S Case Worker / Manager - Masters (UFR Title 131)			29E Client Personal Allowances 211				
30R Mass State Agency Non - POS	30S Case Worker / Manager (UFR Title 132)	0.15	7,648	30E Provision Material Goods/Svs./Benefits 212				
31R Mass. Local Govt/Quasi-Govt. Entities	31S Direct Care / Prog. Staff Superv. (UFR Title 133)			31E Direct Client Wages 214				
32R Non-Mass. State/Local Government	32S Direct Care / Prog. Staff III (UFR Title 134)			32E Other Commercial Prod. & Svs. 214				
33R Direct Federal Grants/Contracts	33S Direct Care / Prog. Staff II (UFR Title 135)			33E Program Supplies & Materials 215		9,300		
34R Medicaid - Direct Payments	34S Direct Care / Prog. Staff I (UFR Title 136)			34E Non Charitable Expenses				
35R Medicaid - MBHP Subcontract	35S Prog. Secretarial / Clerical Staff (UFR Title 137)	0.32	12,518	35E Other Expense		1,755		
36R Medicare	36S Maintenance, House/Groundskeeping, Cook 138			36E Total Other Program Expense		19,427		%
37R Mass. Govt. Client Stipends	37S Direct Care / Driver Staff (UFR Title 138)			42E Other Professional Fees & Other Admin. Exp. 410		531		
38R Client Resources	38S Direct Care Overtime, Shift Differential and Relief	XXXXXX		43E Leased Office/Program Office Equip.410,390				
39R Mass. spon.client SF/3rd Pty offsets	39S Total Direct Program Staff = 1E	1.32	78,787	44E Office Equipment Depreciation 410				
40R Other Publicly sponsored client offsets				48E Program Support 216		48,498		
41R Private Client Fees (excluding 3rd Pty)				49E Professional Insurance 410		1,045		
42R Private Client 3rd Pty/other offsets				50E Working Capital Interest 410				
43R Total Assistance and Fees	1SS Enter defined unit of service: Individual			51E Total Direct Administrative Expense		50,074		%
44R Federated Fundraising	2SS Enter total unit capacity:			52E Admin (M&G) Reporting Center Allocation		33,109		%
45R Commercial Activities				53E Total Reimbursable Expense		210,741		%
46R Non-Charitable Revenue				54E Direct State/Federal Non-Reimbursable Expense				%
47R Investment Revenue	3SS Publicly sponsored clients:			55E Allocation of State/Fed Non-Reimbursable Expense				%
48R Other Revenue	4SS OSD's Program Privately sponsored clients:			56E TOTAL EXPENSE		210,741		%
49R Allocated Admin (M&G) Revenue	5SS Performance Report (D-1 Free Care clients:			57E TOTAL REVENUE = 53R		194,897		%
50R Released Net Assets-Program	6SS Internet filing system) Total:		2,473	58E OPERATING RESULTS		(15,844)		
51R Released Net Assets-Equipment	7SS suspended for FY '08 filings.			CRE Preliminary Calculation of Cost Reimb. Excess Rev. * (subject to OSD adjustment)				
52R Released Net Assets-Time								
53R Total Revenue = 57E								

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID -11 Characters	MMARS Code
1C DSS	09952019148	FBSS
2C		
3C		
4C		
5C		

POS SUBCONTRACT INFORMATION

State Dept	Payor Name	Payor's FEIN
1PS		
2PS		
3PS		

NON-REIMBURSABLE EXPENSE DETAIL

Description
1N Direct Employee Compensation & Related Exp.
2N Direct Occupancy
3N Direct Other Program/Operating
4N Direct Subcontract Expense
5N Direct Administrative Expense
6N Direct Other Expense
7N Direct Depreciation
8N Total Direct Non-Reimbursable (Tie to 54E)
9N Total Direct and Allocated Non-Reimb. (54E+55E)
10N Eligible Non-Reimbursable Exp. Revenue Offsets
11N Capital Budget Revenue Adjustment
12N Excess of Non-Reimbursable Expense Over Offsets

Description

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: United Way of Greater New Bedford, Inc.

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2022

FEIN: 042104264

UFR Program Number: 3

Program Name: Program Services

Description: Provides program oversight, volunteers and distributes food and funding to local agencies

Catalog of Federal Domestic Assistance #: B

<http://www.cfda.gov/default.htm>

*Program Type: N/A

Program Address: 128 Union Street, Suite 105
(Number/Street)New Bedford
(City)MA
(State)02740
(Zipcode)

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 37.50

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE		0S STAFFING, # hours/yr = 1.00 FTE: 1950	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1R Contrib., Gifts, Leg., Bequests, Spec. Ev.	611,503	1S Program Director (UFR Title 102)	2.00	120,701	1E Total Direct Program Staff = 39S	8.00	398,098		%
2R Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Title 101)	0.53	46,436	2E Chief Executive Officer	0.35	49,640		
3R Private IN-Kind	496,044	3S Asst. Program Director (UFR Title 103)			3E Chief Financial Officer				
4R Total Contribution and In-Kind	1,107,547	4S Supervising Professional (UFR Title 104)			4E Accting/Clerical Support	0.85	58,835		
5R Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 105 & 121)			5E Admin Maint/House-Grndskeeping				
6R Other Grant (exclud. Fed.Direct)	35,000	6S Physician Asst. (UFR Title 106)			6E Total Admin Employee	1.20	108,475		
7R Total Grants	35,000	7S N. Midwife, N.P., Psych N.N.A., R.N. - MA (Title 107)			7E Commerical products & Svs/Mkting				
8R Dept. of Mental Health (DMH)		8S R.N. - Non Masters (UFR Title 108)			8E Total FTE/Salary/Wages	9.20	506,573		
9R Dept. of Developmental Services(DDS/DMR)		9S L.P.N. (UFR Title 109)			9E Payroll Taxes 150		41,845		
10R Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)			10E Fringe Benefits 151		57,222		
11R Dept. of Children and Families (DCF/DSS)	5,296	11S Occupational Therapist (UFR Title 111)			11E Accrual Adjustments		(25,692)		
12R Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)			12E Total Employee Compensation & Rel. Exp.		579,948		%
13R Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFR Title 113)			13E Facility and Prog. Equip.Expenses 301,390		38,634		
14R Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)			14E Facility & Prog. Equip. Depreciation 301				
15R Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 115)			15E Facility Operation/Maint./Furn.390		20,208		
16R MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)			16E Facility General Liability Insurance 390				
17R MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)			17E Total Occupancy		58,842		%
18R MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118)			18E Direct Care Consultant 201		506,943		
19R MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)			19E Temporary Help 202				
20R Dept. of Early Educ. & Care (EEC)-Contract		20S Day Care Asst. Teacher / Aide (UFR Title 120)			20E Clients and Caregivers Reimb./Stipends 203				
21R Dept. of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title 122)			21E Subcontracted Direct Care 206				
22R Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UFR Title 123)			22E Staff Training 204		750		
23R Dept. of Elementary & Secondary Educ. (DOE)		23S Social Worker - L.I.C.S.W. (UFR Title 124)			23E Staff Mileage / Travel 205		1,605		
24R Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)			24E Meals 207		7,278		
25R Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)			25E Client Transportation 208				
26R Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title 128)			26E Vehicle Expenses 208		17,297		
27R Div. of Housing & Community Develop(OCDD)		27S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)			27E Vehicle Depreciation 208		12,800		
28R POS Subcontract		28S Counselor (UFR Title 130)			28E Incidental Medical /Medicine/Pharmacy 209				
29R Other Mass. State Agency POS		29S Case Worker / Manager - Masters (UFR Title 131)			29E Client Personal Allowances 211				
30R Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132)	4.24	180,934	30E Provision Material Goods/Svs./Benefits 212		596,408		
31R Mass. Local Govt/Quasi-Govt. Entities	1,409,802	31S Direct Care / Prog. Staff Superv. (UFR Title 133)			31E Direct Client Wages 214				
32R Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title 134)			32E Other Commercial Prod. & Svs. 214				
33R Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 135)			33E Program Supplies & Materials 215		66,755		
34R Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 136)			34E Non Charitable Expenses				
35R Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR Title 137)	0.45	18,390	35E Other Expense		193,871		
36R Medicare		36S Maintenance, House/Groundskeeping, Cook 138	0.78	27,053	36E Total Other Program Expense		1,403,707		%
37R Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 138)			42E Other Professional Fees & Other Admin. Exp. 410		63,605		
38R Client Resources		38S Direct Care Overtime, Shift Differential and Relief	XXXXXX	4,584	43E Leased Office/Program Office Equip.410,390				
39R Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	8.00	398,098	44E Office Equipment Depreciation 410				
40R Other Publicly sponsored client offsets					48E Program Support 216				
41R Private Client Fees (excluding 3rd Pty)					49E Professional Insurance 410		14,570		
42R Private Client 3rd Pty/other offsets					50E Working Capital Interest 410				
43R Total Assistance and Fees	1,415,098				51E Total Direct Administrative Expense		78,175		%
44R Federated Fundraising					52E Admin (M&G) Reporting Center Allocation		202,524		%
45R Commercial Activities					53E Total Reimbursable Expense		2,323,196		%
46R Non-Charitable Revenue					54E Direct State/Federal Non-Reimbursable Expense		496,044		%
47R Investment Revenue					55E Allocation of State/Fed Non-Reimbursable Expense				
48R Other Revenue					56E TOTAL EXPENSE		2,819,240		%
49R Allocated Admin (M&G) Revenue					57E TOTAL REVENUE = 53R		2,725,687		%
50R Released Net Assets-Program	168,042				58E OPERATING RESULTS		(93,553)		
51R Released Net Assets-Equipment					CRE Preliminary Calculation of Cost Reimb. Excess Rev. *				*(subject to OSD adjustment)
52R Released Net Assets-Time									
53R Total Revenue = 57E	2,725,687								

SERVICE STATISTICS

1SS Enter defined unit of service:
2SS Enter total unit capacity:Undup # # service units
Clients delivered

Publicly sponsored clients:

Privately sponsored clients:

Free Care clients:

Total:

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID -11 Characters	MMARS Code
1C		NPOS
2C		
3C		
4C		
5C		

POS SUBCONTRACT INFORMATION

State Dept	Payor Name	Payor's FEIN
1PS		
2PS		
3PS		

NON-REIMBURSABLE EXPENSE DETAIL

1N Direct Employee Compensation & Related Exp.	
2N Direct Occupancy	
3N Direct Other Program/Operating	
4N Direct Subcontract Expense	
5N Direct Administrative Expense	
6N Direct Other Expense	496,044
7N Direct Depreciation	
8N Total Direct Non-Reimbursable (Tie to 54E)	496,044
9N Total Direct and Allocated Non-Reimb. (54E+55E)	496,044
10N Eligible Non-Reimbursable Exp. Revenue Offsets	1,310,589
11N Capital Budget Revenue Adjustment	
12N Excess of Non-Reimbursable Expense Over Offsets	(814,545)

Description

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: United Way of Greater New Bedford, Inc.

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2022

FEIN: 042104264

UFR Program Number: 4

Program Name: Strengthening Families Americorps

Description: Provide interventions to strengthen families and prevent child abuse and neglect

Catalog of Federal Domestic Assistance #: 94.006 B

<http://www.cfda.gov/default.htm>

*Program Type: 27

Program Address: 128 Union Street, Suite 105

New Bedford

MA

02740

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 37.50

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE		0S STAFFING # hours/yr = 1.00 FTE:	1950	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
1R Contrib., Gifts, Leg., Bequests, Spec. Ev.		1S Program Director (UFR Title 102)		0.83	39,028	1E Total Direct Program Staff = 39S	0.83	39,028		%
2R Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Title 101)				2E Chief Executive Officer				
3R Private In-Kind		3S Asst. Program Director (UFR Title 103)				3E Chief Financial Officer				
4R Total Contribution and In-Kind		4S Supervising Professional (UFR Title 104)				4E Accting/Clerical Support				
5R Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 105 & 121)				5E Admin Maint/House-Grndskeeping				
6R Other Grant (exclud. Fed.Direct)	167,834	6S Physician Asst. (UFR Title 106)				6E Total Admin Employee				
7R Total Grants	167,834	7S N. Midwife, N.P., Psych N.N.A., R.N. - MA (Title 107)				7E Commerical products & Svs/Mkting				
8R Dept. of Mental Health (DMH)		8S R.N. - Non Masters (UFR Title 108)				8E Total FTE/Salary/Wages	0.83	39,028		
9R Dept. of Developmental Services(DDS/DMR)		9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		3,224		
10R Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		4,409		
11R Dept. of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 111)				11E Accrual Adjustments		(1,979)		
12R Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)				12E Total Employee Compensation & Rel. Exp.		44,682		%
13R Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFR Title 113)				13E Facility and Prog. Equip.Expenses 301,390		4,500		
14R Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip. Depreciation 301				
15R Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 115)				15E Facility Operation/Maint./Furn.390		600		
16R MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Liability Insurance 390				
17R MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		5,100		%
18R MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118)				18E Direct Care Consultant 201				
19R MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)				19E Temporary Help 202				
20R Dept. of Early Educ. & Care (EEC)-Contract		20S Day Care Asst. Teacher / Aide (UFR Title 120)				20E Clients and Caregivers Reimb./Stipends 203				
21R Dept. of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title 122)				21E Subcontracted Direct Care 206				
22R Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UFR Title 123)				22E Staff Training 204		14,637		
23R Dept. of Elementary & Secondary Educ. (DOE)		23S Social Worker - L.I.C.S.W. (UFR Title 124)				23E Staff Mileage / Travel 205		225		
24R Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)				24E Meals 207				
25R Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation 208				
26R Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title 128)				26E Vehicle Expenses 208				
27R Div. of Housing & Community Develop(OCDD)		27S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)				27E Vehicle Depreciation 208				
28R POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /Medicine/Pharmacy 209				
29R Other Mass. State Agency POS		29S Case Worker / Manager - Masters (UFR Title 131)				29E Client Personal Allowances 211				
30R Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132)				30E Provision Material Goods/Svs./Benefits 212				
31R Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (UFR Title 133)				31E Direct Client Wages 214				
32R Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title 134)				32E Other Commercial Prod. & Svs. 214				
33R Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 135)				33E Program Supplies & Materials 215		5,417		
34R Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 136)				34E Non Charitable Expenses				
35R Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR Title 137)				35E Other Expense		87,487		
36R Medicare		36S Maintenance, House/Groundskeeping, Cook 138				36E Total Other Program Expense		107,766		%
37R Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 138)				42E Other Professional Fees & Other Admin. Exp. 410		4,665		
38R Client Resources		38S Direct Care Overtime, Shift Differential and Relief		XXXXXX		43E Leased Office/Program Office Equip.410,390				
39R Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		0.83	39,028	44E Office Equipment Depreciation 410				
40R Other Publicly sponsored client offsets						48E Program Support 216				
41R Private Client Fees (excluding 3rd Pty)						49E Professional Insurance 410		3,937		
42R Private Client 3rd Pty/other offsets						50E Working Capital Interest 410		118		
43R Total Assistance and Fees						51E Total Direct Administrative Expense		8,720		%
44R Federated Fundraising						52E Admin (M&G) Reporting Center Allocation		15,603		%
45R Commercial Activities						53E Total Reimbursable Expense		181,871		%
46R Non-Charitable Revenue						54E Direct State/Federal Non-Reimbursable Expense				%
47R Investment Revenue						55E Allocation of State/Fed Non-Reimbursable Expense				%
48R Other Revenue						56E TOTAL EXPENSE		181,871		%
49R Allocated Admin (M&G) Revenue						57E TOTAL REVENUE = 53R		167,834		%
50R Released Net Assets-Program						58E OPERATING RESULTS		(14,037)		
51R Released Net Assets-Equipment						CRE Preliminary Calculation of Cost Reimb. Excess Rev. *				
52R Released Net Assets-Time						* (subject to OSD adjustment)				
53R Total Revenue = 57E	167,834									

SERVICE STATISTICS

1SS Enter defined unit of service:

2SS Enter total unit capacity:

Undup # # service units
Clients delivered

Publicly sponsored clients:

Privately sponsored clients:

Free Care clients:

Total:

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID -11 Characters	MMARS Code
1C		NPOS
2C		
3C		
4C		
5C		

POS SUBCONTRACT INFORMATION

State Dept	Payor Name	Payor's FEIN
1PS		
2PS		
3PS		

NON-REIMBURSABLE EXPENSE DETAIL

Description		
1N Direct Employee Compensation & Related Exp.		
2N Direct Occupancy		
3N Direct Other Program/Operating		
4N Direct Subcontract Expense		
5N Direct Administrative Expense		
6N Direct Other Expense		
7N Direct Depreciation		
8N Total Direct Non-Reimbursable (Tie to 54E)		
9N Total Direct and Allocated Non-Reimb. (54E+55E)		
10N Eligible Non-Reimbursable Exp. Revenue Offsets	167,834	
11N Capital Budget Revenue Adjustment		
12N Excess of Non-Reimbursable Expense Over Offsets	(167,834)	

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: United Way of Greater New Bedford, Inc.

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2022

FEIN: 042104264

UFR Program Number: 39

Program Name: Family Resource Center

Description: Provides services for families with children ages 0-18

Catalog of Federal Domestic Assistance #: 21.027

B

<http://www.cfda.gov/default.htm>

*Program Type: 24

Program Address: 128 Union Street, Suite 105

(Number/Street)

New Bedford

(City)

MA

(State)

02740

(Zipcode)

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 37.50

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

REVENUE		0S	STAFFING # hours/yr = 1.00 FTE:	1950	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var	
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.		1S	Program Director (UFR Title 102)	0.86	61,748	1E	Total Direct Program Staff = 39S	5.91	272,334		%
2R	Gov. In-Kind/Capital Budget		2S	Program Function Manager (UFR Title 101)	0.23	19,901	2E	Chief Executive Officer				
3R	Private IN-Kind		3S	Asst. Program Director (UFR Title 103)			3E	Chief Financial Officer				
4R	Total Contribution and In-Kind		4S	Supervising Professional (UFR Title 104)			4E	Acting/Clerical Support	0.13	9,005		
5R	Mass Gov. Grant		5S	Physician & Psychiatrist (UFR Title 105 & 121)			5E	Admin Maint/House-Grndskeeping				
6R	Other Grant (exclud. Fed.Direct)		6S	Physician Asst. (UFR Title 106)			6E	Total Admin Employee	0.13	9,005		
7R	Total Grants		7S	N. Midwife, N.P., Psych N..N.A., R.N. - MA (Title 107)			7E	Commerical products & Svs/Mkting				
8R	Dept. of Mental Health (DMH)		8S	R.N. - Non Masters (UFR Title 108)			8E	Total FTE/Salary/Wages	6.04	281,339		
9R	Dept.of Developmental Services(DDS/DMR)		9S	L.P.N. (UFR Title 109)			9E	Payroll Taxes 150		23,240		
10R	Dept. of Public Health (DPH)		10S	Pharmacist (UFR Title 110)			10E	Fringe Benefits 151		31,780		
11R	Dept.of Children and Families (DCF/DSS)	695,405	11S	Occupational Therapist (UFR Title 111)			11E	Accrual Adjustments		(14,269)		
12R	Dept. of Transitional Assist (DTA/WEL)		12S	Physical Therapist (UFR Title 112)			12E	Total Employee Compensation & Rel. Exp.		322,090		%
13R	Dept. of Youth Services (DYS)		13S	Speech / Lang. Pathol., Audiologist (UFR Title 113)			13E	Facility and Prog. Equip.Expenses 301,390		27,858		
14R	Health Care Fin & Policy (HCF)-Contract		14S	Dietician / Nutritionist (UFR Title 114)			14E	Facility & Prog. Equip. Depreciation 301				
15R	Health Care Fin & Policy (HCF)-UCP		15S	Spec. Education Teacher (UFR Title 115)			15E	Facility Operation/Maint./Furn.390				
16R	MA. Comm. For the Blind (MCB)		16S	Teacher (UFR Title 116)			16E	Facility General Liability Insurance 390				
17R	MA. Comm. for Deaf & H H (MCD)		17S	Day Care Director (UFR Title 117)			17E	Total Occupancy		27,858		%
18R	MA. Rehabilitation Commission (MRC)		18S	Day Care Lead Teacher (UFR Title 118)			18E	Direct Care Consultant 201				
19R	MA. Off. for Refugees & Immigr.(ORI)		19S	Day Care Teacher (UFR Title 119)			19E	Temporary Help 202				
20R	Dept.of Early Educ. & Care (EEC)-Contract		20S	Day Care Asst. Teacher / Aide (UFR Title 120)			20E	Clients and Caregivers Reimb./Stipends 203		750		
21R	Dept.of Early Educ. & Care (EEC)-Voucher		21S	Psychologist - Doctorate (UFR Title 122)			21E	Subcontracted Direct Care 206		110,000		
22R	Dept of Correction (DOC)		22S	Clinician-(formerly Psych.Masters)(UFR Title 123)			22E	Staff Training 204		373		
23R	Dept. of Elementary & Secondary Educ. (DOE)		23S	Social Worker - L.I.C.S.W. (UFR Title 124)			23E	Staff Mileage / Travel 205		46		
24R	Parole Board (PAR)		24S	Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126)			24E	Meals 207		12,639		
25R	Veteran's Services (VET)		25S	Licensed Counselor (UFR Title 127)			25E	Client Transportation 208				
26R	Ex. Off. of Elder Affairs (ELD)		26S	Cert. Voc. Rehab. Counselor (UFR Title 128)			26E	Vehicle Expenses 208				
27R	Div.of Housing & Community Develop(OCDD)		27S	Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129)			27E	Vehicle Depreciation 208				
28R	POS Subcontract		28S	Counselor (UFR Title 130)			28E	Incidental Medical /Medicine/Pharmacy 209				
29R	Other Mass. State Agency POS		29S	Case Worker / Manager - Masters (UFR Title 131)			29E	Client Personal Allowances 211				
30R	Mass State Agency Non - POS		30S	Case Worker / Manager (UFR Title 132)	3.53	146,817	30E	Provision Material Goods/Svs./Benefits 212				
31R	Mass. Local Govt/Quasi-Govt. Entities		31S	Direct Care / Prog. Staff Superv. (UFR Title 133)			31E	Direct Client Wages 214				
32R	Non-Mass. State/Local Government		32S	Direct Care / Prog. Staff III (UFR Title 134)			32E	Other Commercial Prod. & Svs. 214				
33R	Direct Federal Grants/Contracts		33S	Direct Care / Prog. Staff II (UFR Title 135)			33E	Program Supplies & Materials 215		29,342		
34R	Medicaid - Direct Payments		34S	Direct Care / Prog. Staff I (UFR Title 136)			34E	Non Charitable Expenses				
35R	Medicaid - MBHP Subcontract		35S	Prog. Secretarial / Clerical Staff (UFR Title 137)	1.29	43,868	35E	Other Expense		7,662		
36R	Medicare		36S	Maintenance, House/Groundskeeping, Cook 138			36E	Total Other Program Expense		160,812		%
37R	Mass. Govt. Client Stipends		37S	Direct Care / Driver Staff (UFR Title 138)			42E	Other Professional Fees & Other Admin. Exp. 410		13,125		
38R	Client Resources		38S	Direct Care Overtime, Shift Differential and Relief	XXXXXX		43E	Leased Office/Program Office Equip.410,390				
39R	Mass. spon.client SF/3rd Pty offsets		39S	Total Direct Program Staff = 1E	5.91	272,334	44E	Office Equipment Depreciation 410				
40R	Other Publicly sponsored client offsets						48E	Program Support 216		51,062		
41R	Private Client Fees (excluding 3rd Pty)						49E	Professional Insurance 410		5,354		
42R	Private Client 3rd Pty/other offsets						50E	Working Capital Interest 410				
43R	Total Assistance and Fees	695,405	1SS	Enter defined unit of service:	Individuals		51E	Total Direct Administrative Expense		69,541		%
44R	Federated Fundraising		2SS	Enter total unit capacity:			52E	Admin (M&G) Reporting Center Allocation		112,477		%
45R	Commercial Activities					Undup #	53E	Total Reimbursable Expense		692,778		%
46R	Non-Charitable Revenue		3SS	Publicly sponsored clients:		Clients	54E	Direct State/Federal Non-Reimbursable Expense				%
47R	Investment Revenue		4SS	OSD's Program	Privately sponsored clients:	delivered	55E	Allocation of State/Fed Non-Reimbursable Expense				%
48R	Other Revenue		5SS	Performance Report (D-1	Free Care clients:	1,360	56E	TOTAL EXPENSE		692,778		%
49R	Allocated Admin (M&G) Revenue		6SS	Internet filing system)	Total:	1,360	57E	TOTAL REVENUE = 53R		695,405		%
50R	Released Net Assets-Program		7SS	suspended for FY '08 filings.			58E	OPERATING RESULTS		2,627		
51R	Released Net Assets-Equipment						CRE Preliminary Calculation of Cost Reimb. Excess Rev. *					*(subject to OSD adjustment)
52R	Released Net Assets-Time		MASSACHUSETTS CONTRACT INFORMATION			NON-REIMBURSABLE EXPENSE DETAIL			Description			
53R	Total Revenue = 57E	695,405	Dept	Contract ID - 11	Characters	MMARS Code	1N Direct Employee Compensation & Related Exp.					

SERVICE STATISTICS

1SS Enter defined unit of service: Individuals
2SS Enter total unit capacity:

Undup # # service units
Clients delivered

1,360

1,360

1,360

1,360

1,360

1,360

MASSACHUSETTS CONTRACT INFORMATION

Dept	Contract ID -11 Characters	MMARS Code
1C	DSS	RCFullserv
2C		
3C		
4C		
5C		

POS SUBCONTRACT INFORMATION

State Dept	Payor Name	Payor's FEIN
1PS		
2PS		
3PS		

NON-REIMBURSABLE EXPENSE DETAIL

1N	Direct Employee Compensation & Related Exp.
2N	Direct Occupancy
3N	Direct Other Program/Operating
4N	Direct Subcontract Expense
5N	Direct Administrative Expense
6N	Direct Other Expense
7N	Direct Depreciation
8N	Total Direct Non-Reimbursable (Tie to 54E)
9N	Total Direct and Allocated Non-Reimb. (54E+55E)
10N	Eligible Non-Reimbursable Exp. Revenue Offsets
11N	Capital Budget Revenue Adjustment
12N	Excess of Non-Reimbursable Expense Over Offsets

Description

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

United Way of Greater New Bedford, Inc
FEIN: 04-2104264

Schedule C - UFR Addendum (Unaudited)

For the Year Ended June 30, 2022

Line 26E - Vehicle Expense

Purchase date	August 11, 2004	Purchase date	June 12, 2020
Purchase price	\$ 70,355	Purchase price	\$ 38,339
Model year	2005	Model year	2020
Make	HINO	Make	Chevrolet
Model	268	Model	Express 3500
Primary use	Delivery of food	Primary use	Transport Clients
Garaged	25 S Water St. New Bedford, MA	Garaged	871 Rockdale Ave. New Bedford, MA

Line 35E - Other Expenses

	Administration	Fundraising	Program Services	Total
SSYI program expense	\$ -	\$ -	\$ 167,223	\$ 167,223
Foreign tax	173	-	-	173
Living allowance and member costs	-	-	85,061	85,061
Marketing	10	-	-	10
Special event	-	37,967	-	37,967
Donated services	-	48,854	-	48,854
UWW dues	51,975	-	-	51,975
Meeting/Event expense	1,197	425	-	1,622
Supplies	7,681	6,151	-	13,832
Advertising	-	-	1,205	1,205
Telephone	2,695	-	19,474	22,169
Cleaning service	6,375	-	16,565	22,940
Print & copy	2,233	981	803	4,017
Postage	2,790	11	15	2,816
Bank charges	30	6,348	103	6,481
Dues & subscriptions	2,664	874	1,202	4,740
Permits/Fees	500	-	150	650
Miscellaneous	6,411	-	1,179	7,590
Business development	1,698	588	-	2,286
	<u>\$ 86,432</u>	<u>\$ 102,199</u>	<u>\$ 292,980</u>	<u>\$ 481,611</u>

Line 42E - Other Professional Fees and Other Administrative Expenses

	Administration	Fundraising	Program Services	Total
Professional services	\$ 54,815	\$ 531	\$ 29,014	\$ 84,360
Shannon prosecution services	-	-	48,360	48,360
Office general administration expense	6,772	-	4,818	11,590
	<u>\$ 61,587</u>	<u>\$ 531</u>	<u>\$ 82,192</u>	<u>\$ 144,310</u>

Line 13 - Other Cash Provided by Operating Activities

Donor designated allocations payable	\$ (93,234)
Forgiveness of note payable - PPP	(221,454)
Program initiatives payable	<u>75,457</u>
Total	<u>\$ (239,231)</u>

Line 20 - Other Investing Activities

Dividends and interest	\$ <u>(41,158)</u>
Total	<u>\$ (41,158)</u>

See independent auditors' report.



128 Union Street, Suite 105 · New Bedford, MA 02740 · Tel: 508-994-9625 · Fax: 508-994-9667

Mobilizing people, partnerships, and resources to catalyze change that strengthens the communities we serve.

Acknowledgement of the Board of Directors

We, the Board of Directors of United Way of Greater New Bedford, Inc, met on October 27, 2022 and have voted to recognize and accept the representations of management and the expression of opinions by CohnReznick LLP as embodied in the Basic Financial Statements, Supplementary and Subsidiary Financial Statements and Schedules and Independent Auditors' Reports contained in the Uniform Financial Statements and Independent Auditors' Report (UFR) for the year ended June 30, 2022.

In addition, we, the Board of Directors of United Way of Greater New Bedford, Inc, hereby certify under penalty of perjury that to the best of the members of the board of directors' knowledge, all material related party relationships and transactions, as defined by 808 CMR 1.02 and generally accepted government auditing standards, and other representations made by management are accurate and have been correctly and completely disclosed as required in the notes to the financial statements and schedules of the UFR for the year ended June 30, 2022.

Signatory of the Board of Directors:

A handwritten signature in black ink, appearing to read "Roland A. Girard". The signature is fluid and cursive, written over a horizontal line.

Executive Vice President and Chief Legal Officer, Acushnet Company

Title

November 3, 2022

Date



Independent Member of Nexia International

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