

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Form header section containing fields A through M, including dates (7/01 to 6/30, 2007 to 2008), organization name (UNITED WAY OF EASTERN MAINE), EIN (01-0211478), and various checkboxes for reporting requirements.

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

Main table with 21 rows and 4 columns. Rows are categorized into 'REVENUE' (lines 1-12), 'EXPENSES' (lines 13-17), and 'ASSETS' (lines 18-21). Includes sub-rows for detailed revenue and expense breakdowns.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) SEE STM 5 (cash \$ 3308252. non-cash \$ 163,288.) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22b	3,471,540.	3,471,540.	
23 Specific assistance to individuals (attach schedule).....	23			
24 Benefits paid to or for members (attach schedule).....	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	199,004.	32,253.	149,018.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	397,860.	154,077.	36,777.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	17,098.	5,666.	2,244.
28 Employee benefits not included on lines 25a - 27.....	28	45,326.	15,329.	5,413.
29 Payroll taxes.....	29	41,752.	13,243.	12,402.
30 Professional fundraising fees.....	30			
31 Accounting fees.....	31	14,750.		11,750.
32 Legal fees.....	32			
33 Supplies.....	33	21,323.	3,229.	3,208.
34 Telephone.....	34	5,653.	2,015.	1,510.
35 Postage and shipping.....	35	17,824.	3,637.	2,754.
36 Occupancy.....	36	60,774.	24,210.	13,212.
37 Equipment rental and maintenance.....	37	16,134.	6,705.	2,605.
38 Printing and publications.....	38	51,614.	12,703.	3,907.
39 Travel.....	39	14,699.	5,393.	1,143.
40 Conferences, conventions, and meetings.....	40	22,579.	9,560.	5,800.
41 Interest.....	41	2,756.		2,756.
42 Depreciation, depletion, etc (attach schedule).....	42	21,116.	6,398.	5,573.
43 Other expenses not covered above (itemize):				
a <u>CAMPAIGN INCENTIVES</u>	43a	15,150.		15,150.
b <u>CONSULTANTS</u>	43b	109,738.	36,938.	36,443.
c <u>MISCELLANEOUS</u>	43c	27,930.	8,124.	3,223.
d <u>PROPERTY & LIABILITY INS</u>	43d	6,488.	1,805.	1,562.
e <u>SOFTWARE SUPPORT</u>	43e	13,255.	6,932.	3,555.
f.....	43f			
g.....	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	4,594,363.	3,819,757.	304,855.
				469,751.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... G Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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

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

What is the organization's primary exempt purpose? G <u>SEE STATEMENT 6</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 7</u> ----- ----- ----- ----- (Grants and allocations \$ <u>3,471,540.</u>) If this amount includes foreign grants, check here G <input type="checkbox"/>	3,819,757.
b ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here G <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here G <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here G <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here G <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)..... G	3,819,757.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing	100.	45	100.
	46 Savings and temporary cash investments	415,641.	46	910,738.
	47a Accounts receivable	17,744.		
	b Less: allowance for doubtful accounts		47c	17,744.
	48a Pledges receivable	1,403,470.		
	b Less: allowance for doubtful accounts	178,221.	48c	1,225,249.
	49 Grants receivable	205,910.	49	29,103.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	48,762.	53	85,237.
	54a Investments - publicly-traded securities. STMT. 8. G <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	816,336.	54a	611,436.
	b Investments - other securities (attach sch). G <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments - land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	174,765.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 9	106,864.	57c	67,901.
58 Other assets, including program-related investments (describe G SEE STATEMENT 10)	624,031.	58	630,995.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,425,860.	59	3,578,503.	
LIABILITIES	60 Accounts payable and accrued expenses	246,806.	60	405,314.
	61 Grants payable	934,187.	61	1,174,969.
	62 Deferred revenue	4,000.	62	4,706.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe G SEE STATEMENT 11)	8,922.	65	6,833.
	66 Total liabilities. Add lines 60 through 65	1,193,915.	66	1,591,822.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,167,821.	67	948,008.
	68 Temporarily restricted	603,431.	68	562,300.
	69 Permanently restricted	460,693.	69	476,373.
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,231,945.	73	1,986,681.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,425,860.	74	3,578,503.

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

a	Total revenue, gains, and other support per audited financial statements	a	3,493,331.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	-76,215.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STM 12</u>	b4	3,384.
	Add lines b1 through b4	b	-72,831.
c	Subtract line b from line a	c	3,566,162.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>SEE STM 13</u>	d2	883,698.
	Add lines d1 and d2	d	883,698.
e	Total revenue (Part I, line 12). Add lines c and d	G e	4,449,860.

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

a	Total expenses and losses per audited financial statements	a	3,738,595.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STMT 14</u>	b4	3,384.
	Add lines b1 through b4	b	3,384.
c	Subtract line b from line a	c	3,735,211.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>SEE STMT 15</u>	d2	883,698.
	Add lines d1 and d2	d	883,698.
e	Total expenses (Part I, line 17). Add lines c and d	G e	4,618,909.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 16		180,729.	18,275.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members		N/A
	d Section 162(e) lobbying and political expenditures		N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
	b Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G _____ 0. ; section 4912 G _____ 0. ; section 4955 G _____ 0.		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed G <u>ME</u>		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		13
91 a	The books are in care of G <u>KARLA MCDUGOLD</u> Telephone number G <u>(207) 941-2800</u> Located at G <u>24 SPRINGER DRIVE BANGOR ME</u> ZIP + 4 G <u>04401</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country G _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

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

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here N/A G

and enter the amount of tax-exempt interest received or accrued during the tax year. G 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SERVICE FEES					117,754.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	23,329.	
96 Dividends & interest from securities			14	30,934.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	9,410.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	4,945.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				68,618.	117,754.
105 Total (add line 104, columns (B), (D), and (E))				G	186,372.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
93A	SERVICE FEES ARE COLLECTED FOR RAISING FUNDS THAT ARE DESIGNATED BY DONORS TO NONPROFIT ORGANIZATIONS WITH A SECTION 501(C)(3) DESIGNATION.

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

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

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

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

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

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

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

Yes	No
	X

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

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

Yes	No
	X

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

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

Yes	No
	X

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: **G** *John Kurpachak* *Karla McDougall* | *11-14-2008*
 Signature of officer Date
G *John Kurpachak, President* *Karla McDougall, VP, Finance-Admin*
 Type or print name and title.

Paid Preparer's Use Only	Preparer's signature G	Date	Check if self-employed G <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 G LOISELLE, GOODWIN & HINDS 1 MERCHANTS PLAZA, SUITE 703 BANGOR, ME 04402-0939	EIN G N/A	Phone no. G (207) 990-4585	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

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

Name of the organization: **UNITED WAY OF EASTERN MAINE** Employer identification number: **01-0211478**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 17		60,448.	3,721.	0.
Total number of other employees paid over \$50,000	G 0			

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

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

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

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

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?		X
	b Lending of money or other extension of credit?		X
	c Furnishing of goods, services, or facilities?		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
	e Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 18	X	
	b Did the organization have a section 403(b) annuity plan for its employees?	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966?		N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
	d Enter the total number of donor advised funds owned at the end of the tax year. G <u>N/A</u>		N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u>N/A</u>		N/A
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G <u>0</u>		0
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u>0.</u>		0.

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

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

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

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	3,416,860.	3,499,510.	3,623,869.	3,490,953.	14,031,192.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.....	65,069.	79,319.	61,079.	15,527.	220,994.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....	54,903.	32,010.	25,481.	14,364.	126,758.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	3,536,832.	3,610,839.	3,710,429.	3,520,844.	14,378,944.
24 Line 23 minus line 17.....	3,471,763.	3,531,520.	3,649,350.	3,505,317.	14,157,950.
25 Enter 1% of line 23.....	35,368.	36,108.	37,104.	35,208.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G					26a 283,159.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b 2,973,167.
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c 14,157,950.
d Add: Amounts from column (e) for lines: 18 126,758. 19 _____ 22 _____ 26b 2,973,167.					26d 3,099,925.
e Public support (line 26c minus line 26d total)..... G					26e 11,058,025.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f 78.10 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)..... G					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h _____ %

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

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

N/A

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

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

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations																						
(The term 'expenditures' means amounts paid or incurred.)																									
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36																							
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37																							
38	Total lobbying expenditures (add lines 36 and 37).....	38																							
39	Other exempt purpose expenditures.....	39																							
40	Total exempt purpose expenditures (add lines 38 and 39).....	40																							
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	41	
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Over \$17,000,000.....	\$1,000,000.....																								
42	Grassroots nontaxable amount (enter 25% of line 41).....	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44																							
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.																									

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

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

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

N/A

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

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

STATEMENT 5 (CONTINUED)
 FORM 990, PART II, LINE 22B
 OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	10,900.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	BANGOR Y		
AMOUNT GIVEN:			148,674.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	DOWNEAST HEALTH SERVICE, INC.		
AMOUNT GIVEN:			93,250.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	C H & C S		
AMOUNT GIVEN:			13,852.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	LITERACY VOLUNTEERS - BGR		
AMOUNT GIVEN:			14,500.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	AMICUS - MULTIPLE HANDI CAP CTR		
AMOUNT GIVEN:			43,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	OLD TOWN/ORONO Y. M. C. A.		
AMOUNT GIVEN:			34,780.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	OPEN DOOR RECOVERY CENTER		
AMOUNT GIVEN:			8,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	PENQUIS CAP		
AMOUNT GIVEN:			53,512.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	SHAW HOUSE		
AMOUNT GIVEN:			92,781.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	SPRUCE RUN		
AMOUNT GIVEN:			55,259.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	UNITED CEREBRAL PALSY		
AMOUNT GIVEN:			22,250.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	WELLSPRING, INC.		
AMOUNT GIVEN:			35,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	DOWNST FAMILY YMCA		
AMOUNT GIVEN:			30,000.

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION DOWNEAST AIDS NETWORK	\$ 23,750.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION EASTERN AGENCY ON AGING	54,012.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION EASTERN ME AIDS NETWORK	7,826.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION GOOD SAMARITAN AGENCY	61,700.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BGR. AREA HOMELESS SHELTR	39,553.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MAINE ADOPTION PLACEMENT SERVI	7,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION THE NEXT STEP	45,744.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION RAPE RESPONSE SERVICES	7,125.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION WASH./HAN. COMM. AGENCY	23,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION THE HOUSING FOUNDATION	16,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION WALDO COUNTY YMCA	10,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION NEW HOPE FOR WOMEN	5,750.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION WOMENCARE/AEGIS ASSOC.	18,050.
CLASS OF ACTIVITY: DONEE'S NAME:	ALLOCATION MAINE MENTAL HEALTH CONN.	

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	24,500.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	SEXUAL ASSAULT CRISIS		
AMOUNT GIVEN:			500.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	CAMP BANGOR SCHOLARSHIPS		
AMOUNT GIVEN:			626,109.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	211 FUNDING		
AMOUNT GIVEN:			57,391.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	BUCKSPORT AREA CHILD CARE CENT		
AMOUNT GIVEN:			12,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	LITERACY VOLUNTEERS-WALDO COUN		
AMOUNT GIVEN:			6,500.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	THE WARREN CENTER		
AMOUNT GIVEN:			45,454.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	OTHER SPECIAL ALLOCATIONS		
AMOUNT GIVEN:			38,351.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	CHARLOTTE WHITE CENTER		
AMOUNT GIVEN:			20,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	CENTER ON AGING		
AMOUNT GIVEN:			19,390.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	FAITH IN ACTION COMMUNITY CONN		
AMOUNT GIVEN:			8,454.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	MY FRIEND'S PLACE		
AMOUNT GIVEN:			9,745.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	UNIVERSITY OF MAINE COOP EXTEN		
AMOUNT GIVEN:			7,734.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	PINE TREE LEGAL ASSISTANCE		
AMOUNT GIVEN:			5,200.

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	DESIGNATIONS DESIGNATIONS TO SPECIFIC ORG.	\$ 883,698.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MABEL WADSWORTH WOMEN'S HEALTH	5,332.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION CHILD & YOUTH BOARD OF WASHING	5,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BIG BROTHERS BIG SISTERS MIDCO	5,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION FAMILIES & CHILDREN TOGETHER	7,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION KIDCARE AMERICA	3,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MANO EN MANO	2,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION ACADIA COMMUNITY ASSOCIATION	6,107.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION ISLAND CONNECTIONS	4,394.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION LEGAL SERVICES FOR THE ELDERLY	3,625.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION PARENTS ARE TEACHERS TOO	8,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BROADREACH FAMILY SERVICES	12,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION NEW STRATEGIES FOR YOUTH	2,500.
CLASS OF ACTIVITY: DONEE'S NAME:	SPECIAL ALLOCATION ENERGY INITIATIVE FUNDING	

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN: \$ 496,000.

TOTAL CASH GRANTS AND ALLOCATIONS \$ 3,308,252.

NONCASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	SPECIAL ALLOCATION	
DONEE'S NAME:	NATIONAL LETTER CARRIERS' FOOD DRIVE	
DESCRIPTION OF PROPERTY:	FOODSTUFFS	
DATE OF GIFT:	VARIOUS	
BOOK VALUE:	163,288.	
METHOD USED TO DETERMINE BV:	FAIR MARKET VALUE	
FAIR MARKET VALUE:		163,288.

TOTAL NONCASH GRANTS AND ALLOCATIONS \$ 163,288.

TOTAL GRANTS AND ALLOCATIONS \$ 3,471,540.

STATEMENT 6
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF UNITED WAY IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES. OUR MISSION WILL BE ACHIEVED THROUGH THREE KEY GOALS: IMPROVING HEALTH, IMPROVING EDUCATION AND IMPROVING THE INCOME OF OUR COMMUNITY MEMBERS.

STATEMENT 7
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
<p>UWEM FOCUSES ON STRENGTHENING CHILDREN AND FAMILIES, SUPPORTING SENIORS AND MEETING THE BASIC NEEDS OF EASTERN MAINE CITIZENS. THE WORK OF UNITED WAY TAKES ON A MULTIPRONGED APPROACH REGARDING THE IMPLEMENTATION OF STRATEGIES AND MOBILIZING THE RESOURCES OF DIVERSE COMMUNITY STAKEHOLDERS - SIGNIFICANTLY IMPROVING THE LIKELIHOOD FOR SUCCESS. IN ADDITION TO FUNDING 76 PROGRAMS RUN BY 43 PARTNER AGENCIES, SOME OF THE COLLABORATIVES AND INITIATIVES WE ARE INVOLVED IN ARE:</p> <p>THE EASTERN MAINE FUNDERS' ENERGY INITIATIVE - A COLLABORATION OF CORPORATE DONORS, FOUNDATIONS, INDIVIDUALS AND GRANTORS WHO HAVE CONCENTRATED THEIR PHILANTHROPIC DONATIONS ON HELPING EASTERN MAINE FAMILIES WITH FUEL ASSISTANCE, FURNACE CLEANINGS AND REPAIR, WEATHERIZATION AND</p>		

STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>COMMUNITY-BASED PROJECTS. ENERGY INITIATIVE II HAS INVESTED \$370,000 IN LONG-TERM SOLUTIONS; CLEANING AND REPAIRING FURNACES AND WEATHERIZING HOMES, MAKING THEM MORE ENERGY EFFICIENT. EMERGENCY FUEL ASSISTANCE IS STILL CRITICAL AND \$136,000 SUPPORTED THAT EFFORT. REMAINING FUNDS WILL BE USED AS SEED GRANTS FOR COMMUNITY BASED PROJECTS WITH OUR NEIGHBORS HELPING NEIGHBORS SMALL COMMUNITY GRANT FUND.</p>		
<p>SENIOR HEALTH INITIATIVES - THE SUPPORTING SENIORS IMPACT COUNCIL HAS A VISION OF KEEPING SENIORS ACTIVE AND INDEPENDENT. TWO IMPORTANT STRATEGIES FOR ACHIEVING THIS VISION ARE THE SENIOR FALLS PREVENTION AND THE SENIOR HEALTH TRANSPORTATION INITIATIVES.</p>		
<p>THE EASTERN MAINE CASH COALITION - A COALITION OF AGENCIES AND ORGANIZATIONS FOCUSED ON IMPROVING THE FINANCIAL STABILITY OF FAMILIES THROUGH FREE TAX PREPARATION AND FINANCIAL COUNSELING OPPORTUNITIES. STATISTICS FROM TAX YEAR '07 EFFORTS SHOW THAT MORE THAN 2,800 INDIVIDUALS OR FAMILIES RECEIVED FREE TAX SERVICES, PROVIDED THROUGH 16 LOCATIONS BY CERTIFIED AARP OR VITA VOLUNTEERS IN EASTERN MAINE. BASED ON THE ACCUMULATED VALUE OF THE SERVICE, FEDERAL RETURN, AND CRITICAL POVERTY FIGHTING INCENTIVES SUCH AS, THE EARNED INCOME TAX CREDIT (EITC), THE CHILD CARE TAX CREDIT (CTC) AND THE ECONOMIC STIMULUS RETURN - THE EASTERN MAINE CASH COALITION CAN DOCUMENT A BENEFIT TO EASTERN MAINE IN EXCESS OF \$2,000,000.</p>		
<p>THE BORN LEARNING™ - SCHOOL READINESS PILOT - BEGINNING IN THE FALL OF 2008, AFTER MUCH RESEARCH, PLANNING, AND PREPARATION, UWEM IS PARTNERING WITH THE BUCKSPORT BAY AREA EARLY CHILDHOOD NETWORK, WORKING TO ENSURE EVERY CHILD IN THAT COMMUNITY WILL BE READY - SOCIALLY, EMOTIONALLY, COGNITIVELY AND PHYSICALLY - TO START SCHOOL. THIS PROGRAM, WHEN DOCUMENTED, WILL PROVIDE A MODEL FOR OTHER COMMUNITIES TO CUSTOMIZE AND IMPLEMENT.</p>		
<p>211 MAINE - BETWEEN JULY 2007 AND JUNE OF 2008, MORE THAN 8000 PEOPLE IN UNITED WAY OF EASTERN MAINE'S 5 COUNTY AREA OF SERVICE HAVE BEEN HELPED BY DIALING 2-1-1, THE FREE AND CONFIDENTIAL 24 HOUR, 7 DAY A WEEK GATEWAY TO HEALTH AND HUMAN SERVICES.</p>		
<p>CAMP BANGOR - WITH A GRANT FROM LIBRA FOUNDATION, THE UNITED WAY HAS PROVIDED FINANCIAL ASSISTANCE FOR SUMMER CAMP, TO MORE THAN 8,000 CHILDREN IN THE BANGOR PUBLIC SCHOOLS SINCE ITS INCEPTION IN 2000.</p>		
<p>NATIONAL ASSOCIATION OF LETTER CARRIERS FOOD DRIVE - UWEM IS PLEASED TO SPONSOR OUR LOCAL DRIVE AND CONTRIBUTE TO THE MORE THAT 130,630 POUNDS OF FOOD COLLECTED DURING THE 2008 FOOD DRIVE.</p>		
<p>VOLUNTEER MAINE - UNITED WAY SUPPORTS VOLUNTEERISM THROUGH THIS STATEWIDE ONLINE VOLUNTEER CENTER:</p>		

UNITED WAY OF EASTERN MAINE

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STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WWW.VOLUNTEERMAINE.ORG. THIS SERVICE IS OFFERED TO AGENCIES AND VOLUNTEERS AT NO COST.		
THE WORK OF UNITED WAY IS FOCUSED ON COMMUNITY - IMPROVING THE LIVES WITHIN OUR COMMUNITY, THROUGH THE EFFORTS OF THOSE IN A POSITION TO HELP. SOME GIVE TIME, SOME GIVE CORPORATE SUPPORT, SOME GIVE THEIR VOICE TO ADVOCATE FOR CHANGE, AND SOME GIVE DOLLARS - ALL ARE MAKING A DIFFERENCE. INCLUDES FOREIGN GRANTS: NO	3,471,540.	3,819,757.
	<u>\$ 3,471,540.</u>	<u>\$ 3,819,757.</u>

STATEMENT 8
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
PREFERRED CORPORATE STOCK	MARKET VALUE	\$ 20,160.
	TOTAL	\$ 20,160.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
WENDY'S INTL INC NOTE, 6.25%	MARKET VALUE	19,400.
	TOTAL	\$ 19,400.

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
VARIOUS MUTUAL FUNDS	MARKET VALUE	458,126.
	TOTAL	\$ 458,126.
VARIOUS U.S. GOVERNMENT AGENCY BONDS	MARKET VALUE	0.

STATE AND MUNICIPAL OBLIGATIONS	VALUATION METHOD	AMOUNT
VARIOUS STATE BONDS AND NOTES	MARKET VALUE	113,750.
	TOTAL	\$ 113,750.

PUBLICLY TRADED SECURITIES \$ 611,436.

STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 35,600.	\$ 17,550.	\$ 18,050.
MACHINERY AND EQUIPMENT	102,148.	55,655.	46,493.
MISCELLANEOUS	37,017.	33,659.	3,358.
TOTAL	<u>\$ 174,765.</u>	<u>\$ 106,864.</u>	<u>\$ 67,901.</u>

STATEMENT 10
FORM 990, PART IV, LINE 58
OTHER ASSETS

INTEREST IN ASSETS AT MAINE COMM. FOUND.....	\$ 248,822.
PERPETUAL TRUST FUNDS HELD BY OTHERS.....	382,173.
TOTAL	<u>\$ 630,995.</u>

STATEMENT 11
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

CAPITAL LEASE OBLIGATION.....	\$ 6,833.
TOTAL	<u>\$ 6,833.</u>

STATEMENT 12
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS.....	\$ 3,384.
TOTAL	<u>\$ 3,384.</u>

STATEMENT 13
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS.....	\$ 883,698.
TOTAL	<u>\$ 883,698.</u>

STATEMENT 14
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS.....	\$ 3,384.
TOTAL	<u>\$ 3,384.</u>

UNITED WAY OF EASTERN MAINE

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STATEMENT 15
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS \$ 883,698.
TOTAL \$ 883,698.

STATEMENT 16
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH HEWS 18 PINE KNOLL ROAD BOWERBANK, ME 04426	DI RECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
GEORGE THOMAS P.O. BOX 435 STILLWATER, ME 04489	CHAI R 1.00	0.	0.	0.
AMY COTTON P.O. BOX 404 BANGOR, ME 04402	DI RECTOR 1.00	0.	0.	0.
NICHI FARNHAM 11 FAIRMOUNT PARK W. BANGOR, ME 04401	DI RECTOR 1.00	0.	0.	0.
ROBERT FOSTER P.O. BOX 161 HAMPDEN, ME 04444	DI RECTOR 1.00	0.	0.	0.
JOHN DIAMOND 16 CENTRAL STREET BANGOR, ME 04401	DI RECTOR 1.00	0.	0.	0.
JOHN HANSON P.O. BOX 249 CLINTON, ME 04927	DI RECTOR 1.00	0.	0.	0.
WILLIAM IMES P.O. BOX 411 BANGOR, ME 04402	DI RECTOR 1.00	0.	0.	0.
ANDREW HAMILTON P.O. BOX 1210 BANGOR, ME 04402	DI RECTOR 1.00	0.	0.	0.
ROBERT SUTCLIFFE P.O. BOX 1401 BANGOR, ME 04402-1401	VICE CHAI R 1.00	0.	0.	0.

UNITED WAY OF EASTERN MAINE

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STATEMENT 16 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DEBORAH SANFORD P. O. BOX 404 BANGOR, ME 04402-0404	DI RECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JOHN ROHMAN 44 CENTRAL STREET BANGOR, ME 04401	DI RECTOR 1.00	0.	0.	0.
ROBERT MONTGOMERY-RI CE 203 MAINE AVENUE BANGOR, ME 04401	DI RECTOR 1.00	0.	0.	0.
MI CHAEL JONES 38 PARKWAY SOUTH BREWER, ME 04412	TREASURER 1.00	0.	0.	0.
KARLA MCDOUGOLD 24 SPRINGER DRIVE BANGOR, ME 04401	VP FINANCE & AD 46.00	66,983.	8,483.	0.
KASSI E STEVENS P. O. BOX 675 BLUE HILL, ME 04614	DI RECTOR 1.00	0.	0.	0.
DON STURGEON 141 FOURTH STREET OLD TOWN, ME 04468	DI RECTOR 1.00	0.	0.	0.
ERIC BUCH 24 SPRINGER DRIVE #201 BANGOR, ME 04401	EXEC. DI RECTOR 44.00	113,746.	9,792.	0.
	TOTAL	<u>\$ 180,729.</u>	<u>\$ 18,275.</u>	<u>\$ 0.</u>

STATEMENT 17
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRI BUT. EBP & DC	EXPENSE ACCOUNT
CHERYL RUSSELL 24 SPRINGER DRIVE BANGOR, ME 04401	VP RESOURCE DEV 46.00	60,448.	3,721.	0.
	TOTAL	<u>\$ 60,448.</u>	<u>\$ 3,721.</u>	<u>\$ 0.</u>

STATEMENT 18
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

THE UNITED WAY OF EASTERN MAINE ACCEPTS FUNDING APPLICATIONS FROM VOLUNTARY NONPROFIT ORGANIZATIONS PROVIDING HEALTH AND HUMAN CARE SERVICES TO INDIVIDUALS AND FAMILIES IN OUR FIVE-COUNTY SERVICE AREA. APPLICATIONS MUST MEET AT LEAST ONE OF THE OUTCOMES IDENTIFIED BY OUR COMMUNITY IMPACT COUNCILS TO ADDRESS THE MOST PRESSING NEEDS IN OUR COMMUNITY. APPLICANTS MUST PROVIDE THE FOLLOWING:

1. A DESCRIPTION OF THE PROGRAM FOR WHICH THE AGENCY IS SEEKING FUNDS AND HOW THAT PROGRAM WILL MEET THE COMMUNITY OUTCOME BEING APPLIED FOR.
2. PROJECTED BUDGET FOR EACH PROGRAM FOR WHICH FUNDS ARE BEING APPLIED FOR.
3. ITS CONSTITUTION OR BYLAWS IN CONFORMITY WITH MAINE STATE LAW.
4. PROOF OF TAX-EXEMPT STATUS.
5. A COPY OF THE MOST RECENT FORM 990.
6. A COPY OF THE MOST RECENT AUDITED OR COMPILED FINANCIAL STATEMENTS.
7. A COPY OF THE AUDITOR'S MANAGEMENT LETTER AND MANAGEMENT'S RESPONSE.
8. A LIST OF THE BOARD OF DIRECTORS AND THEIR TERMS OF SERVICE.
9. THE BOARD MEETING DATES WHERE A QUORUM WAS PRESENT FOR THE LAST YEAR.

FUNDING APPLICATIONS ARE REVIEWED BY OUR THREE COMMUNITY IMPACT COUNCILS, COMPRISED OF SERVICE PROVIDERS, BUSINESS PEOPLE, AGENCY REPRESENTATIVES, AND OTHER COMMUNITY VOLUNTEERS. THE COUNCILS' FUNDING RECOMMENDATIONS ARE ACTED UPON BY THE UWEM BOARD OF DIRECTORS.