

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

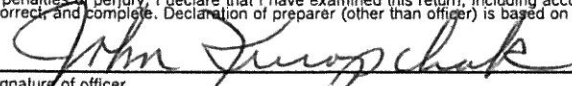
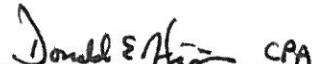
► The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number		<b>E</b> Telephone number		
<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions. <b>UNITED WAY OF EASTERN MAINE 24 SPRINGER DRIVE #201 BANGOR, ME 04401-3621</b>	<b>01-0211478</b>		<b>(207) 941-2800</b>		
<input type="checkbox"/> Name change						
<input type="checkbox"/> Initial return						
<input type="checkbox"/> Termination						
<input type="checkbox"/> Amended return						
<input type="checkbox"/> Application pending						
<b>F</b> Name and address of principal officer: <b>JOHN KUROPCHAK</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>G</b> Gross receipts \$ <b>3,305,163.</b>		
<b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ►				
<b>J</b> Website: ► <b>WWW.UNITEDWAYEM.ORG</b>						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of Formation: <b>1937</b>		<b>M</b> State of legal domicile: <b>ME</b>		

Part I Summary		
	1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES. THE MISSION WILL BE ACHIEVED THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF OUR COMMUNITY MEMBERS IN THE FIVE COUNTIES WE SERVE.</u>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a).....	3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4 17
	5 Total number of employees (Part V, line 2a).....	5 13
	6 Total number of volunteers (estimate if necessary).....	6 885
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34.....	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 3,881,237. Current Year 3,119,338.
	9 Program service revenue (Part VIII, line 2g).....	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	39,942. 39,348.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	143,512. 146,477.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	4,064,691. 3,305,163.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....
14 Benefits paid to or for members (Part IX, column (A), line 4).....		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		711,284. 680,222.
16a Professional fundraising fees (Part IX, column (A), line 11e).....		
16b Total fundraising expenses (Part IX, column (D), line 25) ► 397,813.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....		384,962. 286,300.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	3,999,018. 3,276,634.	
19 Revenue less expenses. Subtract line 18 from line 12.....	65,673. 28,529.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Year 2,976,498. End of Year 3,045,929.
	21 Total liabilities (Part X, line 26).....	1,203,944. 1,124,301.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	1,772,554. 1,921,628.

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	► 		11-8-2010
	Signature of officer		Date
	► <b>JOHN KUROPCHAK</b>		<b>PRESIDENT</b>
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	► 	10/29/10	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ► N/A	
	► <b>LOISELLE, GOODWIN &amp; HINDS</b> <b>1 MERCHANTS PLAZA, SUITE 703</b> <b>BANGOR, ME 04402-0939</b>	Phone no. ► (207) 990-4585	

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

Yes No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,792,575. including grants of \$ 1,792,575.) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 313,021. including grants of \$ 268,895.) (Revenue \$ )

CAMP BANGOR

CAMP BANGOR WAS A FREE CAMP PROGRAM AVAILABLE TO ALL BANGOR PUBLIC SCHOOL CHILDREN IN GRADES 4-6 FOR THE SUMMER OF 2009. UNITED WAY AND THE LIBRA FOUNDATION BELIEVE THAT PROVIDING THIS OPPORTUNITY RESULTED IN INCREASED ASPIRATIONS AND SELF-CONFIDENCE, NEW CAREER GOALS AND BETTER SOCIAL INTERACTIONS WITH OTHER CHILDREN THAT WILL BUILD A BETTER FUTURE FOR THESE CHILDREN. CHILDREN HAD ACCESS TO SCIENCE CAMPS, SPORTS, MARTIAL ARTS, CULINARY OR ARTS CAMPS - PROGRAMS THAT ENGAGED THE INTEREST OF MOST ANY CHILD. IN THE SUMMER OF 2009, 543 CHILDREN ATTENDED CAMPS INVESTING MORE THAN \$238,451 IN MAINE SUMMER CAMPS. THE LIBRA FOUNDATION IS DISCONTINUING THIS PROGRAM AFTER THE SUMMER OF 2010.

4c (Code: ) (Expenses \$ 160,487. including grants of \$ 132,606.) (Revenue \$ )

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 426,908. including grants of \$ 116,036.) (Revenue \$ )

4e Total program service expenses 2,692,991.

**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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		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>		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>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		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.</i>		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>		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>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>25b</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>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1 a</b>	25		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1 b</b>	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2 a</b>	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		
<b>2 a</b>	13		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</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
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body		
<b>1 b</b>	Enter the number of voting members that are independent		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
<b>10 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11 A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official.	X	
<b>15 b</b>	Other officers of key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	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>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ► ME
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► KARLA MCDOUGOLD 24 SPRINGER DRIVE BANGOR ME 04401 (207) 941-2800

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK BRAGG, MD DIRECTOR	1	X						0.	0.	0.
STEPHANIE COTSIRILOS DIRECTOR	1	X						0.	0.	0.
AMANDA BUTTERFIELD DIRECTOR	1	X						0.	0.	0.
JIM MILLER DIRECTOR	1	X						0.	0.	0.
NICHI FARNHAM DIRECTOR	1	X						0.	0.	0.
ROBERT FOSTER DIRECTOR	1	X						0.	0.	0.
JOHN DIAMOND DIRECTOR	1	X						0.	0.	0.
JOHN HANSON DIRECTOR	1	X						0.	0.	0.
ANDREW HAMILTON CLERK	1	X		X				0.	0.	0.
ROBERT SUTCLIFFE, ESQUIRE CHAIR	1	X		X				0.	0.	0.
DEBORAH SANFORD VICE CHAIR	1	X		X				0.	0.	0.
TRACY HARDING TREASURER	1	X		X				0.	0.	0.
ROBERT MONTGOMERY-RICE DIRECTOR	1	X						0.	0.	0.
KATHLEEN BILLINGS DIRECTOR	1	X						0.	0.	0.
MIKE LABUN DIRECTOR	1	X						0.	0.	0.
KENNETH HEWS DIRECTOR	1	X						0.	0.	0.
KASSIE ZEIGLER DIRECTOR	1	X						0.	0.	0.



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b> 35,051.				
	<b>b</b> Membership dues . . . . .	<b>1 b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>				
	<b>d</b> Related organizations . . . . .	<b>1 d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b> 1,929.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b> 3,082,358.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . \$	162,842.				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 3,119,338.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .	▶					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	▶	39,348.		39,348.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	▶				
	<b>5</b> Royalties . . . . .	▶				
	<b>6 a</b> Gross Rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .		▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶				
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> COST RECOVERY FEES		140,769.	140,769.			
<b>b</b> MISCELLANEOUS		5,708.		5,708.		
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	146,477.				
<b>12 Total revenue.</b> See instructions . . . . .	▶	3,305,163.	140,769.	0.	45,056.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,310,112.	2,310,112.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,770.	51,493.	90,817.	13,460.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	388,403.	174,678.	13,637.	200,088.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,808.	13,034.	2,751.	14,023.
9 Other employee benefits	62,832.	22,771.	13,921.	26,140.
10 Payroll taxes	43,409.	17,584.	8,850.	16,975.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	22,963.		15,963.	7,000.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	2,484.			2,484.
g Other	15,928.	9,887.	3,951.	2,090.
12 Advertising and promotion				
13 Office expenses	10,923.	2,715.	2,750.	5,458.
14 Information technology	18,531.	5,793.	2,745.	9,993.
15 Royalties				
16 Occupancy	61,094.	29,866.	10,270.	20,958.
17 Travel	11,280.	5,234.	273.	5,773.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,827.	1,495.	863.	3,469.
20 Interest	1,625.		1,625.	
21 Payments to affiliates	25,555.	12,955.	5,055.	7,545.
22 Depreciation, depletion, and amortization	18,479.	9,000.	3,093.	6,386.
23 Insurance	4,347.	985.	1,259.	2,103.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	34,080.	8,650.	3,439.	21,991.
b PRINTING AND PUBLICATIONS	23,329.	6,144.	559.	16,626.
c EQUIPMENT RENTAL & MAINTENANCE	11,414.	5,209.	2,007.	4,198.
d COMMUNITY EVENTS	10,990.	3,847.	861.	6,282.
e POSTAGE AND SHIPPING	7,451.	1,539.	1,141.	4,771.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,276,634.	2,692,991.	185,830.	397,813.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing.....	100.	<b>1</b>	100.	
	<b>2</b> Savings and temporary cash investments.....	495,029.	<b>2</b>	499,858.	
	<b>3</b> Pledges and grants receivable, net.....	1,346,633.	<b>3</b>	1,243,714.	
	<b>4</b> Accounts receivable, net.....	36,960.	<b>4</b>	20,625.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L..		<b>6</b>		
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>		
	<b>8</b> Inventories for sale or use.....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges.....	64,078.	<b>9</b>	50,681.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 183,742.			
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b> 139,238.	62,983.	<b>10c</b>	44,504.
	<b>11</b> Investments — publicly-traded securities.....	506,004.	<b>11</b>	665,690.	
	<b>12</b> Investments — other securities. See Part IV, line 11.....		<b>12</b>		
	<b>13</b> Investments — program-related. See Part IV, line 11.....		<b>13</b>		
	<b>14</b> Intangible assets.....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11.....	464,711.	<b>15</b>	520,757.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	2,976,498.	<b>16</b>	3,045,929.		
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses.....	158,632.	<b>17</b>	118,753.	
	<b>18</b> Grants payable.....	1,022,105.	<b>18</b>	989,668.	
	<b>19</b> Deferred revenue.....	6,600.	<b>19</b>	2,200.	
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D.....	16,607.	<b>25</b>	13,680.	
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	1,203,944.	<b>26</b>	1,124,301.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets.....	714,556.	<b>27</b>	928,373.	
	<b>28</b> Temporarily restricted net assets.....	691,839.	<b>28</b>	586,298.	
	<b>29</b> Permanently restricted net assets.....	366,159.	<b>29</b>	406,957.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund.....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>		
<b>33</b> Total net assets or fund balances.....	1,772,554.	<b>33</b>	1,921,628.		
<b>34</b> Total liabilities and net assets/fund balances.....	2,976,498.	<b>34</b>	3,045,929.		

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

BAA

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF EASTERN MAINE</b>	Employer identification number <b>01-0211478</b>
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**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 11, 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.)
- 3  A hospital or 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 organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
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).						2,699,293.
6 <b>Public support.</b> Subtract line 5 from line 4.						15,481,140.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	32,010.	54,903.	63,673.	39,942.	39,348.	229,876.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						18,410,309.
12 Gross receipts from related activities, etc. (see instructions).					12	518,837.
13 <b>First five years.</b> 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 2009 (line 6, column (f) divided by line 11, column (f)).	14	84.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	81.6 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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 <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



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

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

**Name of the organization**

UNITED WAY OF EASTERN MAINE

**Employer identification number**

01-0211478

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule** –

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

**Special Rules** –

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 313,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>UNITED WAY OF EASTERN MAINE</b>	Employer identification number <b>01-0211478</b>
--	---

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Table with 3 columns: Question, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, modified easements, monitoring policy, staff hours, expenses, and section 170(h)(4)(B) requirements.

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

Table with 3 columns: Question, Revenues, Assets. Rows include reporting requirements for art and historical treasures, and amounts relating to these items.

**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 are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	192,552.	248,747.			
b Contributions	1,380.				
c Net Investment earnings, gains, and losses	23,448.	-46,335.			
d Grants or scholarships					
e Other expenditures for facilities and programs	9,250.	9,860.			
f Administrative expenses					
g End of year balance	208,130.	192,552.			

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

- a Board designated or quasi-endowment ▶ 50.22 %
- b Permanent endowment ▶ 49.78 %
- c Term endowment ▶ \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		109,844.	78,510.	31,334.
e Other		73,898.	60,728.	13,170.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 44,504.

BAA



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	3,305,163.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3,276,634.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	28,529.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV). SEE PART XIV	120,545.
9 Total adjustments (net). Add lines 4 through 8	120,545.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	149,074.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1 Total revenue, gains, and other support per audited financial statements	1 2,600,588.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 120,545.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e 120,545.
3 Subtract line 2e from line 1	3 2,480,043.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV). SEE PART XIV	4b 825,120.
c Add lines 4a and 4b	4c 825,120.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,305,163.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1 2,451,514.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 2,451,514.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV). SEE PART XIV	4b 825,120.
c Add lines 4a and 4b	4c 825,120.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,276,634.

**Part XIV Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

-----  
 THE INCOME OF THE ENDOWMENT FUNDS IS EITHER NOT RESTRICTED BY DONORS OR RESTRICTED  
 -----  
 AND/OR DESIGNATED FOR CERTAIN GENERAL AND ADMINISTRATIVE EXPENSES. THUS THE INCOME  
 -----  
 OF THE ENDOWMENT FUNDS WILL BE USED TO SUPPORT THE ORGANIZATION'S GENERAL AND  
 -----  
 ADMINISTRATIVE EXPENSES.  
 -----  
 -----  
 -----



2009

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

UNITED WAY OF EASTERN MAINE

01-0211478

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

APPRECIATION OF INVESTMENTS..... \$ 120,545.  
TOTAL \$ 120,545.

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS..... \$ 825,120.  
TOTAL \$ 825,120.

**SCHEDULE D, PART XIII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS..... \$ 825,120.  
TOTAL \$ 825,120.

**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,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

**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. **SEE PART IV**

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADIA COMMUNITY ASSOCIATION	04-3746379	501 (C) (3)	5,191.	0.			SUPPORT
AMERICAN LUNG ASSOCIATION OF MAI	01-0211531	501 (C) (3)	16,294.	0.			SUPPORT
AMERICA'S CHARITIES	54-1517707	501 (C) (3)	11,552.	0.			SUPPORT
AMICUS	01-0314110	501 (C) (3)	35,730.	0.			SUPPORT
ANIMAL CHARITIES OF AMERICA	94-3193389	501 (C) (3)	26,356.	0.			SUPPORT
BANGOR AREA HOMELESS SHELTER	01-0412267	501 (C) (3)	56,104.	0.			SUPPORT
BANGOR Y	20-3282977	501 (C) (3)	129,331.	0.			SUPPORT
BROADREACH FAMILY AND COMMUNITY	01-0471985	501 (C) (3)	14,192.	0.			SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 69

3 Enter total number of other organizations ▶ 0

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

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

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

**PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED**

THE ORGANIZATION COLLABORATES WITH ITS AGENCY PARTNERS DURING THE YEAR. VOLUNTEERS

ANNUALLY REVIEW FUNDED PROGRAMS TO DETERMINE PROGRESS TOWARD THE GOALS AND OUTCOMES

UPON WHICH GRANTS ARE AWARDED. NON-AGENCY PARTNERS MUST PROVIDE PROOF THAT THEY ARE

EXEMPT ORGANIZATIONS.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF EASTERN MAINE	<b>Employer identification number</b> 01-0211478
--	---

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKSPORT AREA CHILD CARE CENTER	01-0449192	501 (C) (3)	12,271.				SUPPORT
CANCERCURE OF AMERICA	81-0648432	501 (C) (3)	14,220.				SUPPORT
CENTER ON AGING - RSVP	01-6000769	501 (C) (3)	19,664.				SUPPORT
CHARLOTTE WHITE CENTER	22-2582271	501 (C) (3)	17,666.				SUPPORT
CHILDREN FIRST - AMERICA'S CHARI	30-0186795	501 (C) (3)	8,536.				SUPPORT
CHILDREN'S CHARITIES OF AMERICA	94-3148588	501 (C) (3)	7,260.				SUPPORT
CHILDREN'S MEDICAL CHARITIES OF	27-0093393	501 (C) (3)	9,390.				SUPPORT
CHRISTIAN CHARITIES USA	94-3255961	501 (C) (3)	5,986.				SUPPORT
CHRISTIAN SERVICE CHARITIES	94-3193374	501 (C) (3)	25,173.				SUPPORT
COMMUNITY HEALTH & COUNSELING SE	01-0211483	501 (C) (3)	8,078.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES ----- -----	13-6167225	501 (C) (3)	32,396.				SUPPORT
COMMUNITY HEALTH CHARITIES OF MA ----- -----	22-2478946	501 (C) (3)	40,718.				SUPPORT
CONSERVATION & PRESERVATION CHAR ----- -----	94-3217738	501 (C) (3)	6,093.				SUPPORT
DOWN EAST AIDS NETWORK ----- -----	01-0441229	501 (C) (3)	21,639.				SUPPORT
DOWN EAST FAMILY YMCA ----- -----	01-0412269	501 (C) (3)	17,733.				SUPPORT
DOWNEAST HEALTH SERVICES ----- -----	01-0317427	501 (C) (3)	45,397.				SUPPORT
EARTH SHARE ----- -----	52-1601960	501 (C) (3)	7,668.				SUPPORT
EASTERN AREA AGENCY ON AGING ----- -----	01-0328376	501 (C) (3)	73,421.				SUPPORT
EASTERN MAINE AIDS NETWORK ----- -----	01-0434502	501 (C) (3)	6,153.				SUPPORT
EASTERN MAINE HOMECARE ----- -----	01-0328442	501 (C) (3)	16,910.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF EASTERN MAINE	<b>Employer identification number</b> 01-0211478
--	---

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN ACTION COMMUNITY CONNEC ----- -----	71-0957829	501 (C) (3)	10,406.				SUPPORT
FAMILIES & CHILDREN TOGETHER ----- -----	01-0483192	501 (C) (3)	13,941.				SUPPORT
FIRST STEP PREGNANCY RESOURCE CE ----- -----	01-0428432	501 (C) (3)	6,782.				SUPPORT
FOOD & MEDICINE - JOBS WITH JEF ----- -----	52-1865575	501 (C) (3)	6,506.				SUPPORT
GLOBAL IMPACT ----- -----	52-1273585	501 (C) (3)	14,186.				SUPPORT
GOOD SAMARITAN AGENCY ----- -----	01-0211507	501 (C) (3)	70,472.				SUPPORT
GOOD SHEPHERD FOOD BANK ----- -----	22-2986809	501 (C) (3)	10,428.				SUPPORT
HEALTH & MEDICAL RESEARCH CHARIT ----- -----	94-3217739	501 (C) (3)	12,294.				SUPPORT
HEALTHY ACADIA ----- -----	04-3746379	501 (C) (3)	5,398.				SUPPORT
KATAHDIN AREA COUNCIL, BOY SCOUT ----- -----	01-0211489	501 (C) (3)	9,398.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> UNITED WAY OF EASTERN MAINE	<b>Employer identification number</b> 01-0211478
--	---

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDCARE AMERICA ----- -----	57-1237933	501 (C) (3)	8,431.				SUPPORT
LEGAL SERVICES FOR THE ELDERLY ----- -----	01-0359131	501 (C) (3)	6,549.				SUPPORT
LITERACY VOLUNTEERS OF BANGOR ----- -----	23-7409749	501 (C) (3)	14,753.				SUPPORT
M.A.P.S. ----- -----	01-0348849	501 (C) (3)	5,265.				SUPPORT
MAINE COMMUNITY FOUNDATION ----- -----	01-0391479	501 (C) (3)	5,080.				SUPPORT
MAINE MENTAL HEALTH CONNECTIONS ----- -----	01-0376510	501 (C) (3)	20,960.				SUPPORT
MAINESHARE ----- -----	01-0444245	501 (C) (3)	21,222.				SUPPORT
MEDICAL RESEARCH CHARITIES ----- -----	94-3148591	501 (C) (3)	7,318.				SUPPORT
MILITARY, VETERANS & PATRIOTIC S ----- -----	94-3193418	501 (C) (3)	22,570.				SUPPORT
MY FRIENDS PLACE/FIRST UNITED ME ----- -----	01-0237808	501 (C) (3)	12,086.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

UNITED WAY OF EASTERN MAINE

**Employer identification number**

01-0211478

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE FOR WOMEN ----- -----	01-0377246	501 (C) (3)	8,412.				SUPPORT
PARENTS ARE TEACHERS TOO ----- -----	20-3435737	501 (C) (3)	9,405.				SUPPORT
PENQUIS ----- -----	01-0541817	501 (C) (3)	63,327.				SUPPORT
SHAW HOUSE ----- -----	01-0495262	501 (C) (3)	91,421.				SUPPORT
SPRUCE RUN ASSOCIATION ----- -----	01-0358090	501 (C) (3)	64,349.				SUPPORT
THE HOUSING FOUNDATION ----- -----	23-7046663	501 (C) (3)	15,764.				SUPPORT
THE NEXT STEP ----- -----	01-0482508	501 (C) (3)	41,102.				SUPPORT
THE WARREN CENTER FOR COMMUNICAT ----- -----	01-0272116	501 (C) (3)	22,418.				SUPPORT
UCP OF MAINE ----- -----	23-7193853	501 (C) (3)	12,109.				SUPPORT
UMAINE COOPERATIVE EXTENSION PRO ----- -----	01-6000769	501 (C) (3)	7,352.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Schedule I (Form 990), Part II and Part III.**

<b>Name of the organization</b> UNITED WAY OF EASTERN MAINE	<b>Employer identification number</b> 01-0211478
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**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF AROOSTOOK COUNTY ----- -----	23-7147455	501 (C) (3)	18,134.				SUPPORT
UNITED WAY OF GREATER PORTLAND ----- -----	01-0241767	501 (C) (3)	22,245.				SUPPORT
UNITED WAY OF KENNEBEC VALLEY ----- -----	01-6004404	501 (C) (3)	36,001.				SUPPORT
UNITED WAY OF MID COAST ----- -----	01-6004866	501 (C) (3)	26,887.				SUPPORT
UNITED WAY OF YORK COUNTY ----- -----	01-0276862	501 (C) (3)	11,843.				SUPPORT
WALDO COUNTY YMCA ----- -----	01-0493123	501 (C) (3)	5,890.				SUPPORT
WASHINGTON HANCOCK COMMUNITY AGE ----- -----	23-7226828	501 (C) (3)	64,477.				SUPPORT
WELLSPRING, INC. ----- -----	22-2632367	501 (C) (3)	29,757.				SUPPORT
WOMANCARE AEGIS ASSOCIATION ----- -----	01-0376014	501 (C) (3)	15,086.				SUPPORT
YMCA OLD TOWN-ORONO ----- -----	22-3160786	501 (C) (3)	34,934.				SUPPORT

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

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Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
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Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ALTERNATIVES ----- ----- -----	01-0316041	501 (C) (3)	57,391.				SUPPORT
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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....		1	13,000.	MARKET VALUE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....		13	18,824.	MEAN VALUE
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution— Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>FOOD</u> ) .....		0	126,843.	WEIGHT
26 Other ▶ ( <u>MISCELLANEOUS</u> ) .....		0	4,175.	MARKET VALUE
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

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

29

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009



Supplemental Information to Form 990

2009

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Inspection

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF UNITED WAY OF EASTERN MAINE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES. THE MISSION WILL BE ACHIEVED THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF OUR COMMUNITY MEMBERS IN THE FIVE COUNTIES WE SERVE. TO ACCOMPLISH THIS WE WORK WITH PARTNERS, INCLUDING AGENCIES, VOLUNTEERS AND OUR BUSINESS COMMUNITY TO CREATE POSITIVE CHANGES FOR CHILDREN AND FAMILIES, SENIOR CITIZENS AND THOSE NEEDING HELP TO MEET THEIR BASIC NEEDS. TO FIND OUT MORE READ SCHEDULE O OF THIS RETURN OR VISIT THE WEBSITE AT WWW.UNITEDWAYEM.ORG.

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

AGENCY FINANCIAL SUPPORT - GRANTS AND DESIGNATIONS

UNITED WAY OF EASTERN MAINE SUPPORTS THREE IMPACT AREAS: STRENGTHENING CHILDREN AND FAMILIES, SUPPORTING SENIORS, AND MEETING BASIC NEEDS AND PROMOTING SELF-SUFFICIENCY.

PROGRAMS SEEKING FUNDING FROM UNITED WAY OF EASTERN MAINE APPLIED UNDER ONE OF THE IDENTIFIED IMPACT AREAS AND ADDRESSED ONE OF THE STATED OUTCOMES. VOLUNTEERS ON EIGHT TEAMS ASSESSED AGENCY PROGRAMS AND LOGIC MODELS ON QUALITY OF PROGRAM, EXPECTED RESULTS, FINANCIAL VIABILITY AND ALIGNMENT WITH UWEM IDENTIFIED PRIORITIES. FINAL RECOMMENDATIONS TO FUND 71 PROGRAMS AT 43 AGENCIES WERE GIVEN BY COMMUNITY STEWARDSHIP COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

STRENGTHENING CHILDREN AND FAMILIES COMMUNITY IMPACT COUNCIL

VISION STATEMENT: UNITED WAY OF EASTERN MAINE ENVISIONS A REGION IN WHICH COMMUNITIES AND THEIR CITIZENS ACTIVELY SUPPORT THE WELL BEING, DEVELOPMENT AND ASPIRATIONS OF

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

ALL CHILDREN AND FAMILIES THROUGH RELATIONSHIPS, RESOURCES AND POLICIES THAT ARE COORDINATED, COMPASSIONATE, EFFECTIVE AND EASY TO USE. TOTAL ALLOCATED TO PROGRAMS - \$405,592

SUPPORTING SENIORS COMMUNITY IMPACT COUNCIL

VISION STATEMENT: OLDER ADULTS ARE AS ACTIVE AND INDEPENDENT AS POSSIBLE AND THEIR CAREGIVERS HAVE THE SUPPORT AND RESOURCES THEY NEED. TOTAL ALLOCATED TO PROGRAMS - \$204,255

MEETING BASIC NEEDS AND SELF-SUFFICIENCY

VISION STATEMENT: ALL PEOPLE HAVE THE OPPORTUNITY TO BECOME SELF-SUFFICIENT AND TO PARTICIPATE IN COMMUNITY LIFE. BASIC NEEDS ARE MET WITH DIGNITY AND RESPECT. TOTAL ALLOCATED TO PROGRAMS - \$357,608

IN ADDITION TO THE AGENCY GRANTS, \$825,120 WAS DONOR DIRECTED TO AGENCIES TO SPEND AT THEIR DISCRETION.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

FOOD SECURITY

UNITED WAY OF EASTERN MAINE WORKS WITH THE NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) IN OUR FIVE COUNTIES TO PROVIDE FOOD TO OUR LOCAL FOOD BANKS. THIS YEAR, OVER 95,000 LBS OF FOOD WAS DONATED WITH AN ESTIMATED VALUE OF \$116,900. MORE THAN 90 VOLUNTEERS, INCLUDING SCHOOL AGE CHILDREN, PARENTS, SENIORS AND COMMUNITY MEMBERS SUPPORTED THE EVENT WITH A COMBINED 540 HOURS OF SERVICE.

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

IN ADDITION, UNITED WAY ESTABLISHED ITS FIRST EASTERN MAINE PANTRY PROJECT, COLLECTING MORE THAN 8,100 POUNDS OF FOOD AT AN ESTIMATED VALUE OF \$9,900 THROUGH THE RECRUITMENT OF 19 WORKPLACES THAT HELD A MONTH LONG IN-HOUSE FOOD DRIVE. FOOD WAS DISTRIBUTED TO 27 LOCAL FOOD PANTRIES.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

GENERAL COMMUNITY SUPPORT

1. WORKS AS A CONVENER AND COLLABORATOR - CONVENE BUSINESS LEADER'S SUMMITS IN BANGOR AND HANCOCK COUNTY TO PROVIDE EDUCATION AND AWARENESS ABOUT THE IMPORTANCE OF EARLY CHILDHOOD EDUCATION TO COMMUNITY LEADERS AND BUSINESS SECTOR INDIVIDUALS.

2. COLLABORATED WITH AGENCY PARTNERS TO FURTHER DEVELOP A COMPREHENSIVE APPLICATION AND FUNDING PROCESS.

3. GENERAL AGENCY SUPPORT

A. PROVIDED LOGIC MODEL TRAINING TO FUNDED PROGRAMS. THE ABILITY TO PRODUCE LOGIC MODELS ASSISTS AGENCIES IN APPLYING FOR OTHER FUNDING.

B. IN 2010 WASHINGTON AND PISCATAQUIS COUNTY'S WERE THE FOCUS OF OUTREACH IN THESE RURAL AND ECONOMICALLY CHALLENGED AREAS.

C. WASHINGTON AND HANCOCK COUNTIES WERE IDENTIFIED AS A PILOT SITE FOR THE VIABILITY PROGRAM - A PROGRAM THAT ASSISTS MAINE NONPROFITS FACING STEEP FISCAL AND ORGANIZATIONAL CHALLENGES BROUGHT ON BY THE CURRENT ECONOMIC CRISIS. A CLINIC, HOSTED BY A NONPROFIT VIABILITY COLLABORATIVE, WAS HELD IN THE EARLY FALL, 2009.

D. CONTINUED RELATIONSHIP-BUILDING WITH OUR FUNDED PARTNERS HAS BEEN A MAJOR FOCUS IN FOSTERING AN UNDERSTANDING OF OUR MUTUAL GOALS, AND HOW WE CAN BEST WORK TOGETHER

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)**

TO ADDRESS COMMUNITY NEEDS HAVE BEEN A PRIORITY.

2-1-1 MAINE

2-1-1 IS A FREE, CONFIDENTIAL AND 24/7 SERVICE THAT CONNECTS PEOPLE TO A FULL RANGE OF HEALTH AND HUMAN SERVICE RESOURCES IN THEIR COMMUNITY. THE 2-1-1 MAINE DIRECTORY CURRENTLY INCLUDES OVER 9,000 RESOURCES. A UNITED WAY STAFF PERSON MONITORS CALL LOGS AND ENSURES AVAILABLE SUPPORT SERVICES ARE ACCURATE AND UP TO DATE. TRAINED INFORMATION & REFERRAL SPECIALISTS QUICKLY ASSESS THE CALLER'S NEEDS AND REFER THE CALLER TO THE APPROPRIATE RESOURCES FOR HELP. 2-1-1 MAINE IS ACCESSIBLE BY INTERNET AT WWW.211MAINE.ORG.

CHILDREN AND FAMILIES

UNITED WAY OF EASTERN MAINE ENVISIONS A REGION IN WHICH COMMUNITIES AND THEIR CITIZENS ACTIVELY SUPPORT THE WELL-BEING, DEVELOPMENT AND ASPIRATIONS OF ALL CHILDREN AND FAMILIES THROUGH RELATIONSHIPS, RESOURCES, AND POLICIES THAT ARE COORDINATED, COMPASSIONATE, EFFECTIVE AND EASY TO USE.

BUCKSPORT BAY EARLY CHILDHOOD NETWORK

THE GOAL OF THE UNITED WAY OF EASTERN MAINE'S BORN LEARNING™-SCHOOL READINESS INITIATIVE IS TO ENSURE THAT CHILDREN AND FAMILIES HAVE THE SUPPORT THEY NEED FOR CHILDREN TO ENTER SCHOOL READY TO LEARN. THE FOCUS IS ON LONG-TERM, SUSTAINABLE SYSTEMIC CHANGE TARGETING ROOT CAUSES THAT FOCUS ON EDUCATION, INCOME AND HEALTH,

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)**

THE BUILDING BLOCKS OF A GOOD LIFE. THE GOAL IS BETTER OUTCOMES RELATED TO SCHOOL READINESS FOR THE CHILDREN IN BUCKSPORT, MAINE. OUR CURRENT FOCUS IS PROVIDING SUPPORT AND EDUCATION FOR IN-HOME CHILD CARE PROVIDERS.

EASTERN MAINE CASH COALITION

EASTERN MAINE CASH COALITION PROVIDES FREE TAX PREPARATION ASSISTANCE AND FINANCIAL ASSET COACHING TO LOW INCOME FAMILIES AND SENIORS. THE COALITION SEEKS TO INCREASE THE AMOUNT OF EARNED INCOME TAX CREDIT (EITC) RETURNED TO MAINE FAMILIES, PROVIDE FINANCIAL COUNSELING AND ELIMINATE THE NEED FOR PEOPLE TO PAY HIGH PREMIUMS TO RECEIVE EARLY REFUNDS. THIS ALLOWS MAINE FAMILIES TO HEAT THEIR HOMES, PROVIDE FOOD FOR THE FAMILIES, SEEK MEDICAL CARE, BUY MEDICATIONS, FURTHER THEIR EDUCATION OR EVEN BUY THEIR FIRST HOME. IN 2010, 36 VOLUNTEERS FILED MORE THAN 3,300 FREE TAX RETURNS AND HELPED AN ADDITIONAL 576 CLIENTS THROUGH ANSWERING QUESTIONS AND OFFERING SUPPORT. OVER \$3.9 MILLION WAS RETURNED TO MAINE FAMILIES THROUGH EITC AND TAX PREPARATION FEES.

SUPPORTING SENIORS

THE GOAL IS THAT OLDER ADULTS ARE AS ACTIVE AND INDEPENDENT AS POSSIBLE AND THEIR CAREGIVERS HAVE THE SUPPORT AND RESOURCES THEY NEED.

SENIORS TRANSPORTATION COLLABORATIVE

A NEW INFORMATION NETWORK HAS BEEN ESTABLISHED LINKING CAREGIVERS AND CONSUMERS WITH TRANSPORTATION SERVICES ALLOWING SENIORS TO RECEIVE NECESSARY CARE BY GIVING THEM

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)**

ACCESS TO TRANSPORTATION TO SCHEDULED APPOINTMENTS AND TREATMENTS. A COMPREHENSIVE TRANSPORTATION DIRECTORY CAN BE ACCESSED THROUGH THE UWEM BY SERVICE PROVIDERS, CONSUMERS, AND THE POPULATION AT LARGE.

**SENIOR FALLS INITIATIVE -**

THE GOAL OF THE UWEM SENIOR FALLS PREVENTION INITIATIVE IS TO HELP ELDERLY CITIZENS IN OUR SERVICE AREA LIVE INDEPENDENTLY BY FOCUSING ON PREVENTING FALLS AND LESSENING THE SEVERITY OF INJURY SHOULD THEY OCCUR. A COLLABORATION AMONG THE EASTERN AREA AGENCY ON AGING, THE UNIVERSITY OF MAINE CENTER ON AGING, HUSSON UNIVERSITY, AND UWEM CONCENTRATED EFFORTS TO INCREASE THE NUMBER OF ELDERS SCREENED FOR FALLS RISK, AND ENROLLED IN EITHER A MATTER OF BALANCE OR BONE BUILDERS CLASS. IN ORDER TO PROVIDE THESE SERVICES, SIX LEADERS WERE TRAINED AND CERTIFIED TO CONDUCT RISK ASSESSMENTS, SIX VOLUNTEERS WERE TRAINED TO CONDUCT BONE BUILDERS CLASSES, AND TWENTY VOLUNTEERS WERE TRAINED TO CONDUCT MATTER OF BALANCE CLASSES. FOUR NEW SITES WERE ESTABLISHED FOR ASSESSMENTS AND CLASSES.

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION. IF TIME ALLOWS PRIOR TO SUBMISSION, THE FINANCE COMMITTEE WILL REPORT ON THIS AT THE NEXT BOARD OF DIRECTORS MEETING. IF NOT, EACH BOARD MEMBER WILL RECEIVE A WRITTEN REPORT OF THE FINDINGS OF THE FINANCE AND AUDIT COMMITTEE ALONG WITH A COPY OF THE RETURN PRIOR TO FILING.

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

BOARD MEMBERS ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY DECLARING ANY CONFLICTS THEY OR FAMILY MEMBERS HAVE. A GRID WITH THE RESPONSES IS GIVEN TO THE BOARD CHAIR AND GOVERNANCE COMMITTEE CHAIR. AT THE START OF EACH MEETING THE BOARD CHAIR ASKS IF THERE ARE ANY CONFLICTS WITH ANY ITEMS ON THE AGENDA. IF THERE ARE THE BOARD MEMBER IS ASKED TO LEAVE THE ROOM DURING DELIBERATIONS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT AND VICE PRESIDENTS, AND CONSULTING WITH THE PRESIDENT REGARDING THE RECOMMENDATIONS FOR SENIOR STAFF COMPENSATION. THE COMMITTEE MEETS TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS, AS APPROPRIATE.

THE EXECUTIVE COMMITTEE SOLICITS INFORMATION FROM VARIOUS SOURCES INCLUDING MAINE ASSOCIATION OF NONPROFITS AND THE UNITED WAY OF AMERICA SALARY SURVEY TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM WITHIN THE MARKET. THE EVALUATION IS REVIEWED ANNUALLY AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION, BASE SALARY, ANNUAL INCENTIVE OPPORTUNITY ADJUSTMENT, AND OBJECTIVES AND GOALS FOR THE UPCOMING FISCAL YEAR AND CONSULTS WITH THE PRESIDENT AS TO SENIOR STAFF. THE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD FOR APPROVAL, SALARY AND INCENTIVE AWARDS FOR THE PRESIDENT (CEO), VICE PRESIDENT OF FINANCE (CFO), AND THE OTHER VICE PRESIDENTS DEFINED AS "DISQUALIFIED PERSONS".

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

UNITED WAY OF EASTERN MAINE POSTS THE WHISTLEBLOWER AND CONFLICT OF INTEREST  
POLICIES, ORGANIZATIONAL BY-LAWS, AND THE ANNUAL AUDIT AND 990 ON ITS PUBLIC  
WEBSITE.

