

Return of Organization Exempt from Income Tax

2001

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See specific instructions

UNITED WAY OF EASTERN MAINE
268 SYLVAN ROAD, SUITE 1
BANGOR, ME 04401

D Employer Identification Number
01-0211478

E Telephone number
(207) 941-2800

F Accounting method Cash Accrual
 Other (specify) _____

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

H and I are not applicable to Section 527 organizations

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

H (b) If yes enter number of affiliates _____

H (c) Are all affiliates included? Yes No
(If no attach a list See instructions)

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

I Enter 4-digit group GEN _____

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

G Web site N/A

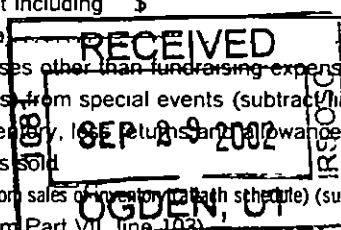
J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,526,614**

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants and similar amounts received				
a	Direct public support	1a	3,395,669		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	90,656		
d	Total (add lines 1a through 1c) (cash \$ 3,471,198 noncash \$ 15,127)	1d		3,486,325	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		18,621	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		8,465	
5	Dividends and interest from securities	5		4,249	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	8,954		
b	Less direct expenses other than fundraising expenses	9b	8,447		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		507.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,518,167	
13	Program services (from line 44, column (B))	13		2,799,698	
14	Management and general (from line 44, column (C))	14		170,128.	
15	Fundraising (from line 44, column (D))	15		244,831	
16	Payments to affiliates (attach schedule) SEE STATEMENT 2	16		18,012	
17	Total expenses (add lines 16 and 44, column (A))	17		3,232,669	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		285,498	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,118,825	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		-79,263	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,325,060	



SCANNED OCT 09 2002

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 4 (cash \$ 2430331 non cash \$)	2,430,331	2,430,331		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	67,519	23,632	23,632	20,255
26	Other salaries and wages	374,378	181,607	76,780	115,991
27	Pension plan contributions	27,628	13,319	6,022	8,287
28	Other employee benefits	44,241	22,086	9,824	12,331
29	Payroll taxes	38,391	18,422	8,556	11,413
30	Professional fundraising fees				
31	Accounting fees	12,094		12,094	
32	Legal fees				
33	Supplies	9,961	4,682	1,617	3,662
34	Telephone	4,884	2,165	831	1,888
35	Postage and shipping	16,042	6,781	1,802	7,459
36	Occupancy	48,228	25,513	10,761	11,954
37	Equipment rental and maintenance	12,562	5,171	4,946	2,445
38	Printing and publications	38,441	8,794	2,549	27,098
39	Travel	11,094	5,729	53	5,312
40	Conferences, conventions, and meetings	22,306	11,564	4,855	5,887
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	12,565	5,989	2,656	3,920
43	Other expenses not covered above (itemize)				
a	CONSULTANT	9,555	7,037		2,518
b	MEALS	10,429	10,429		
c	MISCELLANEOUS	24,008	16,447	3,150	4,411
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	3,214,657	2,799,698	170,128	244,831

Joint Costs Check if you are following SOP 98 2

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

If Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **FUND RAISING FOR HUMAN CARE NEEDS**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	SEE STATEMENT 5 ----- ----- (Grants and allocations \$ 2,430,331)	2,799,698
b	----- ----- (Grants and allocations \$)	
c	----- ----- (Grants and allocations \$)	
d	----- ----- (Grants and allocations \$)	
e	Other program services (Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	2,799,698

Part IV Balance Sheets (See instructions)

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45 Cash – non interest bearing		109,183	45	14,238
46 Savings and temporary cash investments		214,420	46	817,676
47a Accounts receivable		104,478		
b Less allowance for doubtful accounts			47c	104,478
48a Pledges receivable		1,050,979		
b Less allowance for doubtful accounts		158,000	48c	892,979
49 Grants receivable			49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
51a Other notes & loans receivable (attach sch)				
b Less allowance for doubtful accounts			51c	
52 Inventories for sale or use			52	
53 Prepaid expenses and deferred charges		21,321	53	15,207
54 Investments – securities (attach schedule) SEE ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		341,866	54	268,892
55a Investments – land, buildings, & equipment basis				
b Less accumulated depreciation (attach schedule)			55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment basis		114,444		
b Less accumulated depreciation (attach schedule) STATEMENT 7		91,888	57c	22,556
58 Other assets (describe ► SEE STATEMENT 8)		307,351	58	290,849
59 Total assets (add lines 45 through 58) (must equal line 74)		2,164,177	59	2,426,875
60 Accounts payable and accrued expenses		125,251	60	111,365
61 Grants payable		889,300	61	959,274
62 Deferred revenue		30,801	62	31,176
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe ►)			65	
66 Total liabilities (add lines 60 through 65)		1,045,352	66	1,101,815
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted		453,893	67	562,830
68 Temporarily restricted		345,698	68	458,598
69 Permanently restricted		319,234	69	303,632
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds			70	
71 Paid in or capital surplus, or land, building, and equipment fund			71	
72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		1,118,825	73	1,325,060
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		2,164,177	74	2,426,875

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

BAA

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
80a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?	X	
82b	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	14
91	The books are in care of <u>KARLA MCDUGOLD</u> Telephone number <u>(207) 941-2800</u> Located at <u>268 SYLVAN ROAD, SUITE 1</u> ZIP + 4 <u>04401</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LABOR LIAISON					18,621
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	8,465	
96 Dividends & interest from securities			14	4,249	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	507	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				13,221	18,621
105 Total (add line 104, columns (B), (D), and (E))					31,842

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVIDED A LABOR LIAISON SERVICE FOR OTHER UNITED WAY ORGANIZATIONS IN MAINE AND RECEIVED REIMBURSEMENTS FOR THIS SERVICE

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

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

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

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

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

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.

9/25/02

Date

ssident

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the Organization

UNITED WAY OF EASTERN MAINE

Employer Identification Number

01-0211478

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities</p>		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	X	
4 Do you have a section 403(b) annuity plan for your employees?	X	
<p>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

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

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,134,169	2,726,384	2,279,764	2,093,647	10,233,964
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	20,052	25,839	33,626	20,015	99,532
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,545	16,761	20,005	31,340	83,651
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,169,766	2,768,984	2,333,395	2,145,002	10,417,147
24 Line 23 minus line 17	3,149,714	2,743,145	2,299,769	2,124,987	10,317,615
25 Enter 1% of line 23	31,698	27,690	23,334	21,450	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 206,352
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 674,817
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					26c 10,317,615
d Add: Amounts from column (e) for lines 18 _____ 83,651 19 _____ 19 _____ 22 _____ 26b <u>674,817</u>					26d 758,468
e Public support (line 26c minus line 26d total)					26e 9,559,147
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.65%
27 Organizations described on line 12. N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 _____ 17 _____ 20 _____ 16 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of 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 box(es) for both the general rule and a special rule – see instructions)

General Rule –

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

Special Rules –

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc. , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

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	----- ----- -----	\$ 792,136	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ 101,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

UNITED WAY OF EASTERN MAINE

01-0211478

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of Organization

Employer Identification Number

UNITED WAY OF EASTERN MAINE

01-0211478

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) ▶ \$

(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

(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

**STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
CAMP FAIR	5,472	0	5,472	4,698	774
GOLF TOURNAMENT	1,650	0	1,650	1,225	425
CAMPAIGN KICKOFF	1,300	0	1,300	1,300	0
GOLF TOURN/CLUB MOM	532	0	532	1,224	-692
TOTALS	\$ 8,954	\$ 0	\$ 8,954	\$ 8,447	\$ 507

**STATEMENT 2
FORM 990, PART I, LINE 16
PAYMENTS TO AFFILIATES**

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
UNITED WAY OF AMERICA	MEMBERSHIP	\$ 18,012
TOTAL		\$ 18,012

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DEPRECIATION OF INVESTMENTS	\$ -79,263
TOTAL	\$ -79,263

**STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	ABNAKI GIRL SCOUT COUNCIL	
AMOUNT GIVEN		\$ 25,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	RED CROSS PINE TREE CHAP	
AMOUNT GIVEN		\$ 35,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	BGR AREA VISITING NURSES	
AMOUNT GIVEN		\$ 14,600

UNITED WAY OF EASTERN MAINE

01-0211478

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	BANGOR Y M C A	
AMOUNT GIVEN		\$ 75,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	BIG BROTHER/BIG SISTER OF HC	
AMOUNT GIVEN		\$ 20,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	C H & C S	
AMOUNT GIVEN		\$ 15,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	LITERACY VOLUNTEERS - BGR	
AMOUNT GIVEN		\$ 27,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	MULTIPLE HANDICAP CENTER	
AMOUNT GIVEN		\$ 50,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	OLD TOWN/ORONO Y M C A	
AMOUNT GIVEN		\$ 54,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	OPEN DOOR RECOVERY CENTER	
AMOUNT GIVEN		\$ 22,800

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	PENQUIS CAP	
AMOUNT GIVEN		\$ 29,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
DONEE'S NAME	PROJECT ATRIUM	
AMOUNT GIVEN		\$ 24,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

DONEE'S NAME	THE SALVATION ARMY		
AMOUNT GIVEN		\$	33,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	SHAW HOUSE		
AMOUNT GIVEN		\$	70,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	SPRUCE RUN		
AMOUNT GIVEN		\$	56,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	UNITED CEREBRAL PALSY		
AMOUNT GIVEN		\$	59,700

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	WELLSPRING, INC		
AMOUNT GIVEN		\$	38,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	YESTERDAY'S CHILDREN		
AMOUNT GIVEN		\$	10,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	BANGOR-BREWER Y W C A		
AMOUNT GIVEN		\$	76,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	DOWNEAST BIG BRO/BIG SIST		
AMOUNT GIVEN		\$	57,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	DOWNEAST FAMILY YMCA		
AMOUNT GIVEN		\$	19,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	DOWNEAST AIDS NETWORK		
AMOUNT GIVEN		\$	20,000

UNITED WAY OF EASTERN MAINE

01-0211478

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION EASTERN AGENCY ON AGING	\$ 30,000
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION EASTERN ME AIDS NETWORK	\$ 16,800
---	---------------------------------------	-----------

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION GOOD SAMARITAN AGENCY	\$ 26,000
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION BGR AREA HOMELESS SHELTR	\$ 30,500
---	--	-----------

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION KATAHDIN FRIENDS	\$ 7,500
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION MAINE ADOPTION PLACEMENT	\$ 10,000
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION THE NEXT STEP	\$ 25,500
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION PINE TREE HOSPICE	\$ 3,500
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION RAPE RESPONSE	\$ 5,000
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CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION	
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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

DONEE'S NAME	SUNRISE OPPORTUNITIES		
AMOUNT GIVEN		\$	15,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	WASH /HAN COMM AGENCY		
AMOUNT GIVEN		\$	4,700

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	THE HOUSING FOUNDATION		
AMOUNT GIVEN		\$	18,300

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	WALDO COUNTY YMCA		
AMOUNT GIVEN		\$	15,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	WINNIE-THE-POOH NURSERY		
AMOUNT GIVEN		\$	2,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	NEW HOPE FOR WOMEN		
AMOUNT GIVEN		\$	3,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	WOMENCARE/AEGIS ASSOC		
AMOUNT GIVEN		\$	5,800

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	MAINE MENTAL HEALTH CONN		
AMOUNT GIVEN		\$	20,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	ALLOCATION		
DONEE'S NAME	SEXUAL ASSAULT CRISIS		
AMOUNT GIVEN		\$	3,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	SPECIAL ALLOCATION		
DONEE'S NAME	CAMP BANGOR SCHOLARSHIPS		
AMOUNT GIVEN		\$	733,636

UNITED WAY OF EASTERN MAINE

01-0211478

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	DESIGNATIONS ALL OTHER DESIGNATIONS		
		\$	409,323

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	SPECIAL ALLOCATION KEEPING KIDS ON TRACK		
		\$	17,600

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	SPECIAL ALLOCATION INFO LINE		
		\$	11,580

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION ACADIA RECOVERY CENTER		
		\$	13,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATIONS BUCKSPORT AREA CHILD CARE CENT		
		\$	7,800

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATIONS GAMERS LOFT		
		\$	9,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATIONS LITERACY VOLUNTEERS-WALDO COUN		
		\$	15,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATIONS WALDO COUNTY PRESCHOOL		
		\$	5,000

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY DONEE'S NAME AMOUNT GIVEN	ALLOCATION WARREN CENTER FOR COMMUN/LEARN		
		\$	28,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	SPECIAL ALLOCATION		
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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

DONEE'S NAME	STATEWIDE 211 INIATIATIVE		
AMOUNT GIVEN		\$	2,500

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	ADOPTIVE & FOSTER FAMILIES		
AMOUNT GIVEN		\$	1,215

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	BESFAST AREA CHILDCARE		
AMOUNT GIVEN		\$	44

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	BUILDING BLOCKS, INC		
AMOUNT GIVEN		\$	590

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	COMMONSENSE HOUSING		
AMOUNT GIVEN		\$	1,202

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	EASTERN AGENCY OF AGING		
AMOUNT GIVEN		\$	2,460

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	FIRST PREGNANCY RESOURCE CENTE		
AMOUNT GIVEN		\$	3,207

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	GAMERS UNITED		
AMOUNT GIVEN		\$	258

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	GOOD SHEPHERD FOOD BANK		
AMOUNT GIVEN		\$	1,555

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	ELLSWORTH FREE CLINIC		
AMOUNT GIVEN		\$	309

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	FAITH IN ACTION OF EASTERN ME		
AMOUNT GIVEN		\$	-20

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	HANCOCK COUNTY CHILDRENS CENTE		
AMOUNT GIVEN		\$	1,559

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	HOSPICE OF HANCOCK COUNTY		
AMOUNT GIVEN		\$	5,061

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	JACKSON LABORATORY		
AMOUNT GIVEN		\$	4,660

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	HOSPICE OF ST JOSEPH		
AMOUNT GIVEN		\$	14,977

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	KATAHDIN AREA COUNCIL BSA		
AMOUNT GIVEN		\$	16,556

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	LIFE JACKETS		
AMOUNT GIVEN		\$	113

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	MABEL WADSWORTH WOMENS HEALTH		
AMOUNT GIVEN		\$	6,494

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	MAINE D A R E		
AMOUNT GIVEN		\$	8,692

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
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UNITED WAY OF EASTERN MAINE

01-0211478

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

DONEE'S NAME	MAINELY PARENTS		
AMOUNT GIVEN		\$	352

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	MEALS FOR ME		
AMOUNT GIVEN		\$	808

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	NEW HOPE HOSPICE		
AMOUNT GIVEN		\$	8,659

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	OPPORTUNITY HOUSING INC		
AMOUNT GIVEN		\$	5,935

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	PENOBSCOT NATIONS B&G CLUB		
AMOUNT GIVEN		\$	379

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	RIVER COALITION		
AMOUNT GIVEN		\$	47

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	SENIOR SPECTRUM		
AMOUNT GIVEN		\$	850

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	ST ANDRE'S GROUP HOME		
AMOUNT GIVEN		\$	5,845

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	ST MICHAELS CENTER		
AMOUNT GIVEN		\$	4,490

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS		
DONEE'S NAME	SPECIAL CHILDRENS FRIENDS		
AMOUNT GIVEN		\$	2,734

**STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS	
DONEE'S NAME	WALDO COUNTY YMCA	
AMOUNT GIVEN		\$ 1,179

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS	
DONEE'S NAME	WASHINGTON CTY CHILDRENS PROGR	
AMOUNT GIVEN		\$ 361

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY	DESIGNATIONS	
DONEE'S NAME	WINGS	
AMOUNT GIVEN		\$ 2,621

TOTAL CASH GRANTS AND ALLOCATIONS \$ 2,430,331

TOTAL GRANTS AND ALLOCATIONS \$ 2,430,331

**STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
RAISED FUNDS TO MEET THE HEALTH AND HUMAN CARE NEEDS OF THE COMMUNITY, AS WELL AS ASSIST IN THE DEVELOPMENT OF HUMAN SERVICE PROGRAMS, PROMOTE PREVENTIVE ACTIVITIES, AND FOSTER COOPERATION BETWEEN COMMUNITY AGENCIES	1,696,695	1,883,992
VOLUNTEER PROGRAMS		182,070
PROVIDED SCHOLARSHIPS SO THAT MORE THAN 1000 CHILDREN FROM BANGOR COULD ATTEND SUMMER CAMP	733,636	733,636
	<u>\$ 2,430,331</u>	<u>\$ 2,799,698</u>

**STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
VANGUARD INDEX 500 PORTFOLIO FUND	MARKET VALUE	\$ 0
FRANKLIN SMALL CAP GROWTH FUND	MARKET VALUE	31,461
PUTNAM EUROPE GROWTH FUND	MARKET VALUE	8,100
AIM BALANCED FUND	MARKET VALUE	67,793
JANUS CAPITAL GROWTH FUND	MARKET VALUE	0
DREYFUS PREMIER WORLDWIDE GROWTH FUND	MARKET VALUE	67,239
ASAF ALLIANCE GROWTH	MARKET VALUE	18,831
UBS TACTICAL ALLOCATION FUND	MARKET VALUE	54,410
	TOTAL	\$ 247,834

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
10K 7 55% FNMA, 4/22/02	MARKET VALUE	0
10K 7 05% FNMA, 11/12/02	MARKET VALUE	10,184
10K 7 4% FNMA, 07/01/04	MARKET VALUE	10,874
	TOTAL	\$ 21,058

TOTAL INVESTMENTS - SECURITIES	\$ 268,892
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**STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 19,885	\$ 18,126	\$ 1,759
MACHINERY AND EQUIPMENT	78,293	64,978	13,315
MISCELLANEOUS	16,266	8,784	7,482
TOTAL	\$ 114,444	\$ 91,888	\$ 22,556

**STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS**

PERPETUAL TRUST FUNDS HELD BY FLEET BANK	\$ 290,849
TOTAL	\$ 290,849

STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS

TOTAL \$ 8,447
\$ 8,447

STATEMENT 10
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

AMOUNTS DESIGN FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 462,515
\$ 462,515

STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS

TOTAL \$ 8,447
\$ 8,447

STATEMENT 12
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

AMOUNTS DESIGN FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 462,515
\$ 462,515

STATEMENT 13
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA BIRD PO BOX 547 OLD TOWN, ME 04468-0547	DIRECTOR 1	\$ 0	\$ 0	\$ 0
RENEE BISHOP 36 PLEASANT STREET BANGOR, ME 04401	DIRECTOR 1	0	0	0
AMANDA BOST PO BOX 1847 BANGOR, ME 04402-1847	DIRECTOR 1	0	0	0

STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN W BRAGG P O BOX 927 BANGOR, ME 04402-0927	PRESIDENT 1	\$ 0	\$ 0	\$ 0
J BRADFORD COFFEY PO BOX 738 BANGOR, ME 04402-0738	DIRECTOR 1	0	0	0
STEVE DESMOND PO BOX 932 BANGOR, ME 04402-0932	DIRECTOR 1	0	0	0
DUANE GRAVES 458 MAIN STREET BANGOR, ME 04401	DIRECTOR 1	0	0	0
TRACY HARDING 36 PLEASANT STREET BANGOR, ME 04401	TREASURER 1	0	0	0
JUDY HORAN P O BOX 415 BANGOR, ME 04402-0415	VICE PRESIDENT 1	0	0	0
C JEFFERY WAHLSTROM 136 GRANT BANGOR, ME 04401	EXEC DIRECTOR 40 HOURS	67,519.	5,402	0
CATHERINE R LARKIN 89 COTTAGE STREET BANGOR, ME 04401	DIRECTOR 1	0	0	0
ANGELA BUTLER P O 925 BANGOR, ME 04402-0925	DIRECTOR 1	0	0	0
JOYCE C SARNACKI P O BOX 930 BANGOR, ME 04402-0930	DIRECTOR 1	0	0	0
SHAWN YARDLEY 181 STATE STREET BANGOR, ME 04401	DIRECTOR 1	0	0	0
RUSSELL LUMLEY P O BOX 930 BANGOR, ME 04402-0930	DIRECTOR 1	0	0	0

UNITED WAY OF EASTERN MAINE

01-0211478

STATEMENT 13 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JEAN MELLETT P O BOX 404 BANGOR, ME 04402-0404	DIRECTOR 1	\$ 0	\$ 0	\$ 0
MIKE SHEA P O BOX 929 BANGOR, ME 04402-0929	DIRECTOR 1	0	0	0
JANET WARNERT 101 SYDNEY BLVD HAMPDEN, ME 04444	DIRECTOR 1	0	0	0
TOTAL		<u>\$ 67,519</u>	<u>\$ 5,402</u>	<u>\$ 0</u>

STATEMENT 14
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

MEMBER AGENCY ALLOCATIONS

THE UNITED WAY OF EASTERN MAINE ACCEPTS FUNDING APPLICATIONS ONLY FROM VOLUNTARY NONPROFIT ORGANIZATIONS PROVIDING HEALTH AND HUMAN CARE SERVICES TO INDIVIDUALS AND FAMILIES. NEW APPLICANTS MUST PROVIDE THE FOLLOWING:

- 1 THE DESCRIPTION OF WHY THE AGENCY IS SEEKING FUNDS AND FOR WHAT THE FUNDS WILL BE USED FOR
- 2 ARTICLES OF INCORPORATION
- 3 CONSTITUTION OR BYLAWS IN CONFORMITY WITH MAINE STATE LAW
- 4 PROOF OF TAX-EXEMPT STATUS
- 5 A COPY OF THE MOST RECENT FINANCIAL STATEMENTS
- 6 A COPY OF THE MOST RECENT FORM 990
- 7 A LIST OF THE BOARD OF DIRECTORS AND THEIR TERMS OF OFFICE
- 8 A STATEMENT OF THE AGENCY'S PURPOSES, GOALS AND OBJECTIVES
- 9 A COPY OF THE AUDITOR'S MANAGEMENT LETTER AND MANAGEMENT'S RESPONSE, IF APPROPRIATE
- 10 PROJECTED BUDGET FOR EACH PROGRAM FOR WHICH FUNDS ARE BEING APPLIED