Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

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

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 7/01 **, 2004, and ending** 6/30 **, 2005**

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
24 SPRINGER DRIVE #201
BANGOR, ME 04401-3621

D Employer Identification Number: 01-0211478

E Telephone number: (207) 941-2800

F Accounting method: [ ] Cash [X] 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 [X] 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 [X] No

I Group Exemption Number ▶

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

G Web site: ▶ WWW.UNITEDWAYEM.ORG

J Organization type (check only one) ▶ [X] 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 ▶ 3,608,760.

Part I 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	3,367,039.		
	b	Indirect public support	1b	130,262.		
	c	Government contributions (grants)	1c	10,831.		
	d	Total (add lines 1a through 1c) (cash $ 3,475,132. noncash $ 33,000.)			1d	3,508,132.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	61,079.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	2,840.
	5	Dividends and interest from securities			5	22,641.
	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 ▶ SEE STATEMENT 1)			7	7,510.
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a	100.		
	b	Less: cost or other basis and sales expenses	8b	838.		
	c	Gain or (loss) (attach schedule) STATEMENT 2	8c	-738.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-738.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a	6,358.		
	b	Less: direct expenses other than fundraising expenses	9b	1,234.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) STATEMENT 3			9c	5,124.
	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	100.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,606,688.
EXPENSES	13	Program services (from line 44, column (B))			13	2,729,176.
	14	Management and general (from line 44, column (C))			14	206,877.
	15	Fundraising (from line 44, column (D))			15	317,885.
	16	Payments to affiliates (attach schedule) SEE STATEMENT 4			16	21,360.
	17	**Total expenses** (add lines 16 and 44, column (A))			17	3,275,298.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	331,390.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,596,432.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5			20	54,547.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,982,369.

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0107L 01/07/05 Form **990** (2004)

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 6 (cash $ 2432496. non-cash $)	22	2,432,496.	2,432,496.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	76,639.	26,603.	28,271.	21,765.
26 Other salaries and wages	26	372,107.	142,581.	88,868.	140,658.
27 Pension plan contributions	27	30,365.	10,960.	7,313.	12,092.
28 Other employee benefits	28	68,744.	24,811.	16,555.	27,378.
29 Payroll taxes	29	39,779.	14,813.	10,531.	14,435.
30 Professional fundraising fees	30	3,016.			3,016.
31 Accounting fees	31	15,310.		15,310.	
32 Legal fees	32				
33 Supplies	33	6,910.	2,653.	1,580.	2,677.
34 Telephone	34	3,158.	1,243.	759.	1,156.
35 Postage and shipping	35	12,571.	3,932.	2,000.	6,639.
36 Occupancy	36	49,421.	19,524.	11,835.	18,062.
37 Equipment rental and maintenance	37	10,537.	3,461.	3,939.	3,137.
38 Printing and publications	38	23,225.	6,490.	1,545.	15,190.
39 Travel	39	10,353.	5,640.	1,060.	3,653.
40 Conferences, conventions, and meetings	40	12,154.	4,815.	2,994.	4,345.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	13,025.	4,597.	3,522.	4,906.
43 Other expenses not covered above (itemize):					
a CONSULTANTS	43a	19,005.	10,034.		8,971.
b IN-KIND FUND RAISING	43b	10,000.			10,000.
c MISCELLANEOUS	43c	45,123.	14,523.	10,795.	19,805.
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,253,938.	2,729,176.	206,877.	317,885.

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? ► SEE STATEMENT 7

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 and 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 8 (Grants and allocations $ 2,432,496.)	2,729,176.
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) ►	2,729,176.

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
ASSETS 45 Cash – non-interest-bearing			17,036.	45	
46 Savings and temporary cash investments			357,182.	46	557,698.
47a Accounts receivable	47a	54,131.			
b Less: allowance for doubtful accounts	47b		128,047.	47c	54,131.
48a Pledges receivable	48a	1,177,529.			
b Less: allowance for doubtful accounts	48b	181,098.	880,694.	48c	996,431.
49 Grants receivable			16,500.	49	133,999.
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes & loans receivable (attach sch)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			18,550.	53	19,159.
54 Investments – securities (attach schedule). SEE ST.9 ► [ ] Cost [X] FMV			781,705.	54	762,187.
55a Investments – land, buildings, & equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments – other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	108,141.			
b Less: accumulated depreciation (attach schedule) STATEMENT 10	57b	62,922.	20,142.	57c	45,219.
58 Other assets (describe ► SEE STATEMENT 11)			442,460.	58	523,307.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			2,662,316.	59	3,092,131.
LIABILITIES 60 Accounts payable and accrued expenses			130,260.	60	170,739.
61 Grants payable			891,336.	61	911,273.
62 Deferred revenue			44,288.	62	27,750.
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)			1,065,884.	66	1,109,762.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			852,945.	67	953,723.
68 Temporarily restricted			389,627.	68	603,161.
69 Permanently restricted			353,860.	69	425,485.
Organizations that do not follow SFAS 117, check here ► [ ] 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; column (B) **must** equal line 21)			1,596,432.	73	1,982,369.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			2,662,316.	74	3,092,131.

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.

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

a	Total revenue, gains, and other support per audited financial statements	a	3,191,371.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 26,759.		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): SEE STM 12 $ 1,234.		
	Add amounts on lines (1) through (4)	b	27,993.
c	Line a minus line b	c	3,163,378.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): SEE STM 13 $ 443,310.		
	Add amounts on lines (1) and (2)	d	443,310.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,606,688.

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

a	Total expenses and losses per audited financial statements	a	2,833,222.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): SEE STMT 14 $ 1,234.		
	Add amounts on lines (1) through (4)	b	1,234.
c	Line a minus line b	c	2,831,988.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): SEE STMT 15 $ 443,310.		
	Add amounts on lines (1) and (2)	d	443,310.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,275,298.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 16		76,639.	18,179.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See 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	76		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.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		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?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 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	88		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		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 ► NONE			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) — 90b: 12			

91 The books are in care of ► KARLA MCDOUGOLD Telephone number ► (207) 941-2800
Located at ► 24 SPRINGER DRIVE ZIP + 4 ► 04401

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041*** – Check here . N/A . ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 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)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a FEDERAL ASSESSMENT GR					13,909.
b SERVICE FEES					47,170.
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	2,840.	
96 Dividends & interest from securities			14	22,641.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	7,510.	
100 Gain or (loss) from sales of assets other than inventory			18	-738.	
101 Net income or (loss) from special events			1	5,124.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			1	100.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				37,477.	61,079.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					98,556.

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).
	SEE STATEMENT 17

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.

Please Sign ▶ R Boy [signature] 11-14-05

Signature of officer Date

[redacted]

Date 11.4.05 Check if self- ▶ ☐ Preparer's SSN or PTIN (See General Instruction W) N/A

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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.)

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

OMB No. 1545-0047

2004

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

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

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

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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
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 .... ► $ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 18	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,490,953.	3,505,198.	3,571,863.	3,134,169.	13,702,183.
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	15,527.	20,099.	18,621.	20,052.	74,299.
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	14,364.	18,653.	13,221.	15,545.	61,783.
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	3,520,844.	3,543,950.	3,603,705.	3,169,766.	13,838,265.
24 Line 23 minus line 17	3,505,317.	3,523,851.	3,585,084.	3,149,714.	13,763,966.
25 Enter 1% of line 23	35,208.	35,440.	36,037.	31,698.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ► 26a 275,279.

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 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b 2,765,843.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c 13,763,966.

d Add: Amounts from column (e) for lines: 18 61,783. 19 ____ 22 ____ 26b 2,765,843. 26d 2,827,626.

e Public support (line 26c minus line 26d total) ► 26e 10,936,340.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f 79.46 %

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:

(2003) ____ (2002) ____ (2001) ____ (2000) ____

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:

(2003) ____ (2002) ____ (2001) ____ (2000) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ 27c

d Add: Line 27a total ____ and line 27b total ____ 27d

e Public support (line 27c total minus line 27d total) ► 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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

N/A

			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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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.	35		

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	41		
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

INCOME FROM OTHER ASSETS	$ 7,510.
TOTAL	$ 7,510.

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION: FURNITURE AND EQUIPMENT
DATE ACQUIRED: VARIOUS
HOW ACQUIRED: PURCHASE
DATE SOLD: VARIOUS
TO WHOM SOLD:
GROSS SALES PRICE: 100.
COST OR OTHER BASIS: 24,327.
DEPRECIATION: 23,489.

GAIN (LOSS) -738.

TOTAL GAIN (LOSS) OTHER ASSETS $ -738.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ -738.

STATEMENT 3
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	6,358.	0.	6,358.	1,234.	5,124.
TOTAL	$ 6,358.	$ 0.	$ 6,358.	$ 1,234.	$ 5,124.

STATEMENT 4
FORM 990, PART I, LINE 16
PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
UNITED WAY OF AMERICA	MEMBERSHIP	$ 21,360.
	TOTAL	$ 21,360.

STATEMENT 5
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

APPRECIATION OF INVESTMENTS		$ 26,759.
CHANGE IN ACCOUNTING PRINCIPLE		27,788.
	TOTAL	$ 54,547.

STATEMENT 6
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: $ 18,500.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: BGR. AREA VISITING NURSES
AMOUNT GIVEN: 12,556.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: BANGOR Y
AMOUNT GIVEN: 160,390.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: DOWNEAST HEALTH SERVICE, INC.
AMOUNT GIVEN: 92,840.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: C H & C S
AMOUNT GIVEN: 15,750.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: LITERACY VOLUNTEERS - BGR
AMOUNT GIVEN: 18,850.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: AMICUS - MULTIPLE HANDICAP CTR
AMOUNT GIVEN: 50,000.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: OLD TOWN/ORONO Y.M.C.A.
AMOUNT GIVEN: 43,000.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: OPEN DOOR RECOVERY CENTER
AMOUNT GIVEN: 17,479.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: PENQUIS CAP
AMOUNT GIVEN: 33,176.

CLASS OF ACTIVITY: ALLOCATION
DONEE'S NAME: PROJECT ATRIUM
AMOUNT GIVEN: 9,000.

STATEMENT 6 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE SALVATION ARMY	
AMOUNT GIVEN:		$ 16,750.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	SHAW HOUSE	
AMOUNT GIVEN:		83,641.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	SPRUCE RUN	
AMOUNT GIVEN:		56,509.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	UNITED CEREBRAL PALSY	
AMOUNT GIVEN:		53,750.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WELLSPRING, INC.	
AMOUNT GIVEN:		38,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	DOWNAST FAMILY YMCA	
AMOUNT GIVEN:		24,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	DOWNEAST AIDS NETWORK	
AMOUNT GIVEN:		24,050.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	EASTERN AGENCY ON AGING	
AMOUNT GIVEN:		38,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	EASTERN ME AIDS NETWORK	
AMOUNT GIVEN:		12,413.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	GOOD SAMARITAN AGENCY	
AMOUNT GIVEN:		48,200.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	BGR. AREA HOMELESS SHELTR	
AMOUNT GIVEN:		38,370.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MAINE ADOPTION PLACEMENT	
AMOUNT GIVEN:		8,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE NEXT STEP	
AMOUNT GIVEN:		35,494.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	PINE TREE HOSPICE	

**STATEMENT 6 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		$ 1,250.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	RAPE RESPONSE	
AMOUNT GIVEN:		7,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WASH./HAN. COMM. AGENCY	
AMOUNT GIVEN:		22,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE HOUSING FOUNDATION	
AMOUNT GIVEN:		15,300.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WALDO COUNTY YMCA	
AMOUNT GIVEN:		6,025.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WINNIE-THE-POOH NURSERY	
AMOUNT GIVEN:		2,250.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	NEW HOPE FOR WOMEN	
AMOUNT GIVEN:		2,625.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WOMENCARE/AEGIS ASSOC.	
AMOUNT GIVEN:		16,750.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MAINE MENTAL HEALTH CONN.	
AMOUNT GIVEN:		22,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	SEXUAL ASSAULT CRISIS	
AMOUNT GIVEN:		1,750.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION	
DONEE'S NAME:	CAMP BANGOR SCHOLARSHIPS	
AMOUNT GIVEN:		781,918.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION	
DONEE'S NAME:	KEEPING KIDS ON TRACK	
AMOUNT GIVEN:		13,300.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION	
DONEE'S NAME:	INFO LINE	
AMOUNT GIVEN:		12,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	ACADIA RECOVERY COMMUNITY	
AMOUNT GIVEN:		7,500.

STATEMENT 6 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	BUCKSPORT AREA CHILD CARE CENT	
AMOUNT GIVEN:		$ 11,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	LITERACY VOLUNTEERS-WALDO COUN	
AMOUNT GIVEN:		7,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WALDO PRESCHOOL FAM. SERVICES	
AMOUNT GIVEN:		3,250.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE WARREN CENTER	
AMOUNT GIVEN:		38,500.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION	
DONEE'S NAME:	OTHER SPECIAL ALLOCATIONS	
AMOUNT GIVEN:		10,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WASHINGTON COUNTY CHILD PROG.	
AMOUNT GIVEN:		5,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	CHARLOTTE WHITE CENTER	
AMOUNT GIVEN:		20,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	CENTER ON AGING	
AMOUNT GIVEN:		16,900.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	FAITH IN ACTION COMMUNITY CONN	
AMOUNT GIVEN:		4,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MY FRIEND'S PLACE	
AMOUNT GIVEN:		3,550.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	UNIVERSITY OF MAINE COOP EXTEN	
AMOUNT GIVEN:		4,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	PINE TREE LEGAL ASSISTANCE	
AMOUNT GIVEN:		2,600.
CLASS OF ACTIVITY:	DESIGNATIONS	
DONEE'S NAME:	DESIGNATIONS TO SPECIFIC ORG.	
AMOUNT GIVEN:		443,310.
	TOTAL GRANTS AND ALLOCATIONS	$ 2,432,496.

STATEMENT 7
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

UNITED WAY OF EASTERN MAINE WORKS TO SOLVE THE MOST CRITICAL COMMUNITY PROBLEMS FACING OUR REGION. WE WORK WITH HUNDREDS OF PARTNERS TO ASSESS THE NEEDS, DEVELOP STRATEGIES TO MEET THEM, MOBILIZE THE COMMUNITY FOR ACTION AND ULTIMATELY, MEASURE OUR IMPACT IMPROVING LIVES. UNITED WAY ENGAGES ALL OF EASTERN MAINE INCLUDING HANCOCK, PENOBSCOT, PISCATAQUIS, WALDO AND WASHINGTON COUNTIES THROUGH COLLABORATIVE EFFORTS.

STATEMENT 8
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
AT UNITED WAY OF EASTERN MAINE (UWEM), WE ACHIEVE COMMUNITY IMPACT BY ADDRESSING THE ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING HUMAN CARE NEEDS THROUGH IMPLEMENTING COLLABORATIVE STRATEGIES FOR SUSTAINED POSITIVE CHANGE AND FUNDING THE VERY BEST HUMAN CARE PROGRAMS AT OUR 61 PARTNER AGENCIES THAT HELPED OVER 40,000 INDIVIDUALS AND FAMILIES IN EASTERN MAINE LAST YEAR. UWEM FOCUSES ITS HUMAN AND FINANCIAL RESOURCES IN THREE AREAS: STRENGTHENING CHILDREN AND FAMILIES, SUPPORTING SENIORS, AND MEETING BASIC NEEDS AND PROMOTING SELF-SUFFICIENCY. UWEM IS LEADING THE EASTERN MAINE TRANSPORTATION COLLABORATIVE AND THE AGING AND DISABILITY RESOURCE PROJECT, TWO COLLABORATIVE EFFORTS TO HELP SENIORS AND PEOPLE WITH DISABILITIES GAIN IMPROVED ACCESS TO TRANSPORTATION AND SERVICES THAT HELP MAINTAIN THEIR INDEPENDENCE. UWEM ALSO MOBILIZES OVER 3,000 VOLUNTEERS ANNUALLY, AND SENT OVER 900 KIDS TO SUMMER CAMP FOR ENRICHING YOUTH DEVELOPMENT EXPERIENCES. UWEM CONDUCTS ITS WORK THROUGHOUT HANCOCK, PENOBSCOT, PISCATAQUIS, WALDO AND WASHINGTON COUNTIES, IS GOVERNED BY AN INDEPENDENT BOARD OF LOCAL VOLUNTEERS, AND VALUES THE SUPPORT OF MORE THAN 14,000 INDIVIDUAL DONORS AND 400 BUSINESSES. FOR MORE INFORMATION, CALL 207-941-2800 OR GO TO OUR WEBSITE AT WWW.UNITEDWAYEM.ORG.	2,432,496.	2,729,176.
	$ 2,432,496.	$ 2,729,176.

STATEMENT 9
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
PUTNAM EUROPE EQUITY FUND	MARKET VALUE	$ 10,114.
DREYFUS PREMIER BALANCED FUND	MARKET VALUE	72,976.
STRATEGIC PARTNERS EQUITY INCOME FUND	MARKET VALUE	23,826.
AIM MID CAP CORE EQUITY FUND	MARKET VALUE	89,971.

STATEMENT 9 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
AMERICA FUNDS INVESTMENT COMPANY FUND	MARKET VALUE	$ 60,573.
FRANKLIN SMALL CAP VALUE FUND	MARKET VALUE	45,006.
UBS RMA MONEY MARKET FUND	MARKET VALUE	82,160.
FT-FRANKLIN INCOME FUND	MARKET VALUE	52,561.
	TOTAL	$ 437,187.

STATE AND MUNICIPAL OBLIGATIONS	VALUATION METHOD	AMOUNT
VARIOUS STATE BONDS AND NOTES	MARKET VALUE	325,000.
	TOTAL	$ 325,000.

TOTAL INVESTMENTS - SECURITIES $ 762,187.

STATEMENT 10
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	$ 33,318.	$ 11,838.	$ 21,480.
MACHINERY AND EQUIPMENT	46,831.	27,983.	18,848.
MISCELLANEOUS	27,992.	23,101.	4,891.
TOTAL	$ 108,141.	$ 62,922.	$ 45,219.

STATEMENT 11
FORM 990, PART IV, LINE 58
OTHER ASSETS

BENEFICIAL INTEREST IN OTHER ASSETS	$ 189,742.
PERPETUAL TRUST FUNDS HELD BY OTHERS	333,565.
TOTAL	$ 523,307.

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

DIRECT EXPENSES OF SPECIAL EVENTS	$ 1,234.
TOTAL	$ 1,234.

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

AMOUNTS DESIGN FOR OUTSIDE ORGANIZATIONS	$ 443,310.
TOTAL	$ 443,310.

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

DIRECT EXPENSES OF SPECIAL EVENTS	$ 1,234.
TOTAL	$ 1,234.

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

AMOUNTS DESIGN FOR OUTSIDE ORGANIZATIONS	$ 443,310.
TOTAL	$ 443,310.

STATEMENT 16
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
KENNETH HEWS 43 WHITING HILL ROAD BREWER, ME 04412	DIRECTOR 1	$ 0.	$ 0.	$ 0.
RENEE BISHOP 36 PLEASANT STREET BANGOR, ME 04401	TREASURER 1	0.	0.	0.
AMANDA BOST 88 HAMMOND STREET, STE. 404 BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.

STATEMENT 16 (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
CHARLES HUTCHINS 132 CLOVER LANE BREWER, ME 04412	DIRECTOR 1	$ 0.	$ 0.	$ 0.
J BRADFORD COFFEY 2 ALUMNI PLACE ORONO, ME 04469-5792	DIRECTOR 1	0.	0.	0.
GEORGE THOMAS 603 MAIN RD NORTH HAMPDEN, ME 04444	VICE CHAIR 1	0.	0.	0.
YELLOW BREEN P.O. BOX 930 BANGOR, ME 04402-0930	DIRECTOR 1	0.	0.	0.
REV. WILLIAM IMES 300 UNION STREET BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
ROBERT SUTCLIFFE P.O. BOX 1401 BANGOR, ME 04402-1401	DIRECTOR 1	0.	0.	0.
DEBORAH SANFORD P.O. BOX 404 BANGOR, ME 04402-0404	DIRECTOR 1	0.	0.	0.
JEFFREY SMITH P.O. BOX 906 BANGOR, ME 04402-0906	DIRECTOR 1	0.	0.	0.
KATHLEEN WALKER MAINE CENTER FOR THE ARTS ORONO, ME 04469	DIRECTOR 1	0.	0.	0.
C. JEFFERY WAHLSTROM 136 GRANT BANGOR, ME 04401	EXEC. DIRECTOR 40	76,639.	18,179.	0.
SHAWN YARDLEY 103 TEXAS AVENUE BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
RUSSELL LUMLEY P.O. BOX 930 BANGOR, ME 04402-0930	DIRECTOR 1	0.	0.	0.

STATEMENT 16 (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
JEAN MELLETT 43 WHITING HILL ROAD BREWER, ME 04412	DIRECTOR 1	$ 0.	$ 0.	$ 0.
MIKE SHEA P.O. BOX 929 BANGOR, ME 04402-0929	CHAIR 1	0.	0.	0.
JANET WARNERT 107 MAINE AVENUE BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
	TOTAL	$ 76,639.	$ 18,179.	$ 0.

STATEMENT 17
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	BANGOR'S AGING AND DISABILITY RESOURCE PROJECT (BADRP) IS A 30-MEMBER COALITION OF AGENCIES AND ORGANIZATIONS WORKING TO ENSURE THE FACILITATION OF INFORMATION, REFERRALS AND INFORMAL SUPPORTS NECESSARY TO ASSIST THE ELDERLY AND PEOPLE WITH DISABILITIES IN LIVING INDEPENDENTLY. THE COLLABORATIVE IS A PILOT PROJECT FUNDED BY A GRANT FROM THE ADMINISTRATION ON AGING/CENTERS FOR MEDICARE AND MEDICAID AND MANAGED BY THE STATE OF MAINE OFFICE OF ELDER SERVICES. THE RESOURCE CENTER WILL BE HOUSED AT EASTERN AGENCY ON AGING TAKING BOTH WALK-INS AND PHONE REQUESTS FOR INFORMATION AND IS ANTICIPATED TO OPEN IN THE FALL OF 2005. THE LOCAL COALITION IS COORDINATED BY UNITED WAY OF EASTERN MAINE.
93B	SERVICE FEES ARE COLLECTED FOR RAISING FUNDS THAT ARE DESIGNATED BY DONORS TO NONPROFIT ORGANIZATIONS IN THE HEALTH AND HUMAN SERVICES SECTOR IN EASTERN MAINE.

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

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

1. A DESCRIPTION OF THE PROGRAM FOR WHICH THE AGENCY IS SEEKING FUNDS AND HOW THAT PROGRAM WILL MEET THE COMMUNITY OUTCOME BEING APPLIED FOR.
2. CONSTITUTION OR BYLAWS IN CONFORMITY WITH MAINE STATE LAW.
3. PROOF OF TAX-EXEMPT STATUS.

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

4. A COPY OF THE MOST RECENT AUDITED OR COMPILED FINANCIAL STATEMENTS.
5. A COPY OF THE MOST RECENT FORM 990.
6. A LIST OF THE BOARD OF DIRECTORS AND THEIR TERMS OF SERVICE.
7. THE MEETING DATES WHERE A QUORUM WAS PRESENT FOR THE LAST YEAR.
8. A COPY OF THE AUDITOR'S MANAGEMENT LETTER AND MANAGEMENT'S RESPONSE.
9. PROJECTED BUDGET FOR EACH PROGRAM FOR WHICH FUNDS ARE BEING APPLIED FOR.