

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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, 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

G Web site: WWW.UNITEDWAYEM.ORG

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,547,348.

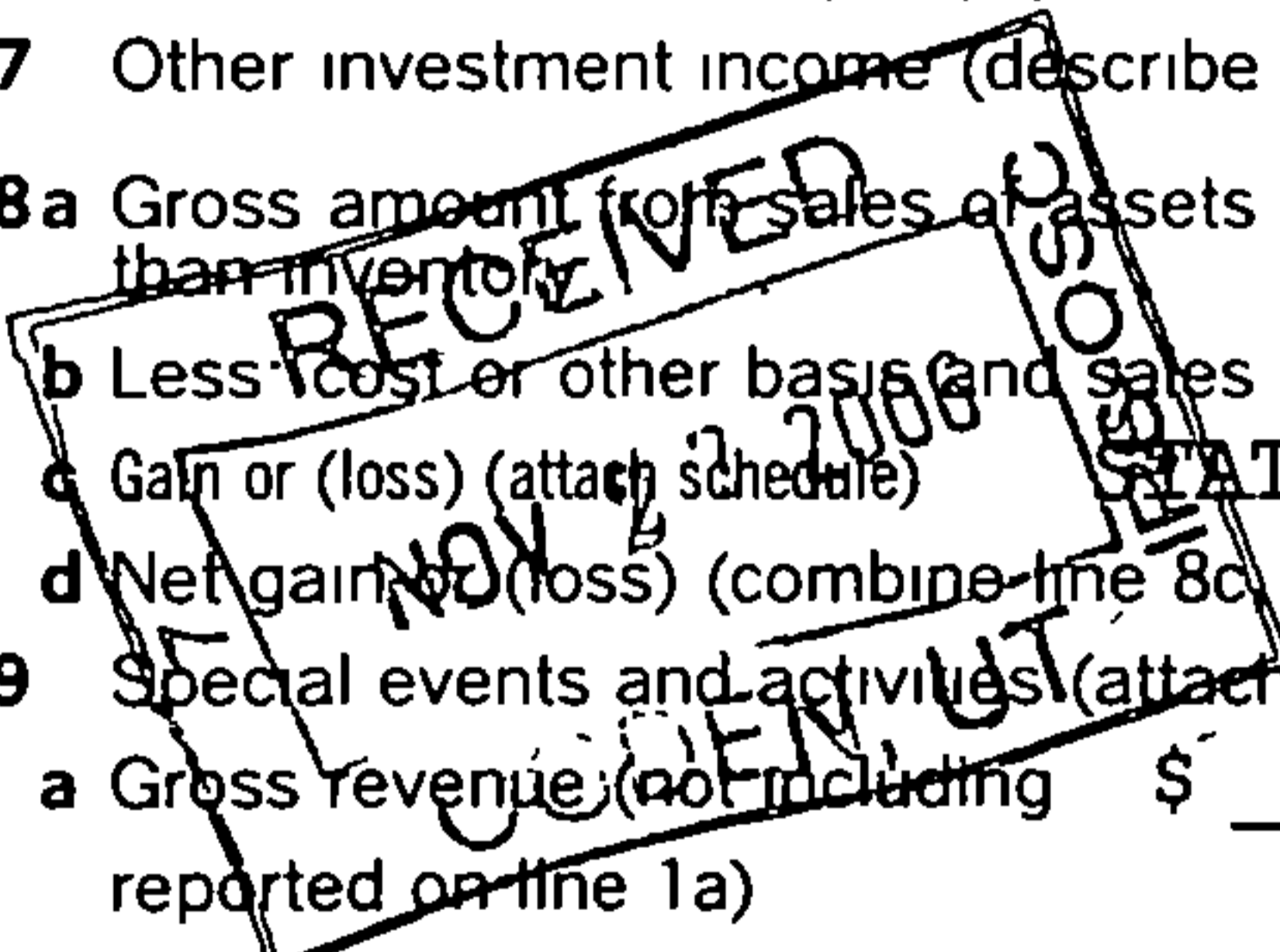
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, rents, investment income, special events, and total revenue/expenses.

REVENUE

EXPENSES

ASSETS



SCANNED DEC 22 2006

Handwritten number 4

**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 \$ 2681387. non-cash \$ )  If this amount includes foreign grants, check here <input type="checkbox"/>	2,681,387.	2,681,387.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	169,834.	26,465.	66,540.	76,829.
26	Other salaries and wages.	286,857.	124,706.	64,148.	98,003.
27	Pension plan contributions	29,652.	10,796.	5,865.	12,991.
28	Other employee benefits.	64,283.	23,381.	13,078.	27,824.
29	Payroll taxes	42,998.	15,499.	10,927.	16,572.
30	Professional fundraising fees	7,949.			7,949.
31	Accounting fees	16,500.		16,500.	
32	Legal fees				
33	Supplies	11,920.	3,446.	2,847.	5,627.
34	Telephone	8,666.	3,265.	1,969.	3,432.
35	Postage and shipping	17,553.	5,451.	2,270.	9,832.
36	Occupancy	55,856.	22,599.	13,094.	20,163.
37	Equipment rental and maintenance	9,309.	4,138.	1,884.	3,287.
38	Printing and publications	34,235.	9,954.	2,129.	22,152.
39	Travel	11,851.	5,796.	582.	5,473.
40	Conferences, conventions, and meetings	26,573.	12,516.	3,343.	10,714.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	16,004.	5,670.	3,931.	6,403.
43	Other expenses not covered above (itemize)				
a	CONSULTANTS	38,832.	23,274.	1,207.	14,351.
b	MISCELLANEOUS	50,542.	22,676.	14,737.	13,129.
c	PROPERTY & LIABILITY INS	6,181.	2,498.	705.	2,978.
d	SOFTWARE SUPPORT	10,300.	5,388.	1,631.	3,281.
e					
f					
g					
44	<b>Total functional expenses</b> Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	3,597,282.	3,008,905.	227,387.	360,990.

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

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

What is the organization's primary exempt purpose? <b>SEE STATEMENT 7</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>SEE STATEMENT 8</u> ----- ----- ----- ----- (Grants and allocations \$ 2,681,387. ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,008,905.
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,008,905.

BAA

**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		45	
	46 Savings and temporary cash investments	557,698.	46	330,230.
	47a Accounts receivable	47a 47,373.		
	b Less allowance for doubtful accounts	47b	47c	47,373.
	48a Pledges receivable	48a 1,071,630.		
	b Less allowance for doubtful accounts	48b 154,036.	48c	917,594.
	49 Grants receivable		49	274,874.
	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		53	29,729.
	54 Investments – securities (attach schedule) SEE ST 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	877,065.
	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 155,830.			
b Less accumulated depreciation (attach schedule) STATEMENT 10	57b 74,986.	57c	80,844.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11 )		58	563,329.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		59	3,121,038.	
LIABILITIES	60 Accounts payable and accrued expenses		60	295,266.
	61 Grants payable		61	828,687.
	62 Deferred revenue		62	5,233.
	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 <input type="checkbox"/> SEE STATEMENT 12 )		65	11,024.
	66 <b>Total liabilities.</b> Add lines 60 through 65		66	1,140,210.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted		67	1,063,082.
	68 Temporarily restricted		68	480,925.
	69 Permanently restricted		69	436,821.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73	1,980,828.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		74	3,121,038.

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	3,206,499.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		54,794.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ SEE STM 13	b4		8,853.
	Add lines b1 through b4		<b>b</b>	63,647.
<b>c</b>	Subtract line b from line a		<b>c</b>	3,142,852.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____ SEE STM 14	d2		395,449.
	Add lines d1 and d2		<b>d</b>	395,449.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines c and d		<b>e</b>	3,538,301.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	3,234,134.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): _____ SEE STMT 15	b4		8,853.
	Add lines b1 through b4		<b>b</b>	8,853.
<b>c</b>	Subtract line b from line a		<b>c</b>	3,225,281.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____ SEE STMT 16	d2		395,449.
	Add lines d1 and d2		<b>d</b>	395,449.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines c and d		<b>e</b>	3,620,730.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17		169,835.	24,749.	0.
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Part VI Other Information (continued)		Yes	No
<b>82 a</b> 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?	<b>82 a</b>	X	
<b>b</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.)	<b>82 b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83 b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>	N/A	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85 a</b>	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>	N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	N/A	
<b>h</b> 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?	<b>85 h</b>	N/A	
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A	
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87 a</b>	N/A	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87 b</b>	N/A	
<b>88</b> 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.	<b>88</b>		X
<b>89 a 501(c)(3) organizations</b> 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>			
<b>b 501(c)(3) and 501(c)(4) organizations.</b> 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.	<b>89 b</b>		X
<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter. Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>ME</u>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90 b</b>		12
<b>91 a</b> The books are in care of ▶ <u>KARLA MCDOUGOLD</u> Telephone number ▶ <u>(207) 941-2800</u> Located at ▶ <u>24 SPRINGER DRIVE,</u> ZIP + 4 ▶ <u>04401</u>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements.	<b>91 b</b>		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	<b>91 c</b>		X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>	N/A	<input type="checkbox"/> N/A

**Part VII Analysis of Income-Producing Activities** (See the 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 FEDERAL ASSESSMENT GR					31,691.
b SERVICE FEES					47,628.
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	13,995.	
96 Dividends & interest from securities			14	18,015.	
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	8,030.	
100 Gain or (loss) from sales of assets other than inventory			18	-194.	
101 Net income or (loss) from special events			1	-1,947.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			1	410.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				38,309.	79,319.
105 Total (add line 104, columns (B), (D), and (E))					117,628.

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 the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 18

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

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

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

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

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

Please Sign Here

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.

Signature of officer: Eric S. Buch Date: November 13, 2006

Type or print name and title: Eric S. Buch, President

Paid Preparer's Use Only

Preparer's signature: Donald E. Higgins CPA Date: 11.8.06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: LOISELLE, GOODWIN & HINDS  
1 MERCHANTS PLAZA, SUITE 703  
BANGOR, ME 04402-0939 EIN: N/A Phone no: (207) 990-4585

**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 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

**2005**

Name of the organization <b>UNITED WAY OF EASTERN MAINE</b>	Employer identification number <b>01-0211478</b>
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**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				
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Total number of other employees paid over \$50,000 ▶		0		

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

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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Total number of other contractors receiving over \$50,000 for other 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 19

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c 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) Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

Table with 2 columns: (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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,623,869.	3,490,953.	3,505,198.	3,571,863.	14,191,883.
<b>16</b> Membership fees received					0.
<b>17</b> 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	61,079.	15,527.	20,099.	18,621.	115,326.
<b>18</b> 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	25,481.	14,364.	18,653.	13,221.	71,719.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
<b>23</b> Total of lines 15 through 22	3,710,429.	3,520,844.	3,543,950.	3,603,705.	14,378,928.
<b>24</b> Line 23 minus line 17	3,649,350.	3,505,317.	3,523,851.	3,585,084.	14,263,602.
<b>25</b> Enter 1% of line 23	37,104.	35,208.	35,440.	36,037.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 285,272.
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 3,005,726.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 14,263,602.
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 71,719.	<b>19</b>	<b>26b</b> 3,005,726.		
	<b>22</b>			<b>26d</b> 3,077,445.	
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 11,186,157.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 78.42 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> 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.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> %
					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?		
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?	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? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b	
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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

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



UNITED WAY OF EASTERN MAINE

01-0211478

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

INCOME - MAINE COMM. FND.

TOTAL \$ 8,030.  
\$ 8,030.

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

## OTHER ASSETS

DESCRIPTION: JUNKED EQUIPMENT  
DATE ACQUIRED: VARIOUS  
HOW ACQUIRED: PURCHASE  
DATE SOLD: VARIOUS  
TO WHOM SOLD:  
GROSS SALES PRICE: 0.  
COST OR OTHER BASIS: 4,134.  
DEPRECIATION: 3,940.

GAIN (LOSS) -194.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -194.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -194.

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)
HANNAFORD GOLF CLASSIC	14,800.	14,800.	0.	5,085.	-5,085.
CAMP FAIR	6,369.	0.	6,369.	3,768.	2,601.
OTHER	537.	0.	537.	0.	537.
TOTAL	\$ 21,706.	\$ 14,800.	\$ 6,906.	\$ 8,853.	\$ -1,947.

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

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
UNITED WAY OF AMERICA	MEMBERSHIP	\$ 23,448.

TOTAL \$ 23,448.

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

APPRECIATION OF INVESTMENTS	\$	54,794.
PRIOR-PERIOD ADJUSTMENT		26,094.
TOTAL	\$	<u>80,888.</u>

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

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION ABNAKI GIRL SCOUT COUNCIL	\$ 10,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BGR. AREA VISITING NURSES	11,300.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BANGOR Y	146,780.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION DOWNEAST HEALTH SERVICE, INC.	104,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION C H & C S	14,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION LITERACY VOLUNTEERS - BGR	14,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION AMICUS - MULTIPLE HANDICAP CTR	50,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION OLD TOWN/ORONO Y.M.C.A.	32,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION OPEN DOOR RECOVERY CENTER	16,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION PENQUIS CAP	34,352.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION SHAW HOUSE	93,282.

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

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION SPRUCE RUN	\$ 54,868.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION UNITED CEREBRAL PALSY	42,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION WELLSPRING, INC.	38,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION DOWNAST FAMILY YMCA	30,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION DOWNEAST AIDS NETWORK	25,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION EASTERN AGENCY ON AGING	43,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION EASTERN ME AIDS NETWORK	7,826.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION GOOD SAMARITAN AGENCY	56,400.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION BGR. AREA HOMELESS SHELTR	37,840.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MAINE ADOPTION PLACEMENT	7,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION THE NEXT STEP	46,488.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION RAPE RESPONSE	7,500.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION WASH./HAN. COMM. AGENCY	34,000.
CLASS OF ACTIVITY: DONEE'S NAME:	ALLOCATION THE HOUSING FOUNDATION	

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

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	16,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	WALDO COUNTY YMCA		
AMOUNT GIVEN:			8,150.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	NEW HOPE FOR WOMEN		
AMOUNT GIVEN:			2,250.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	WOMENCARE/AEGIS ASSOC.		
AMOUNT GIVEN:			19,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	MAINE MENTAL HEALTH CONN.		
AMOUNT GIVEN:			25,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	SEXUAL ASSAULT CRISIS		
AMOUNT GIVEN:			2,084.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	CAMP BANGOR SCHOLARSHIPS		
AMOUNT GIVEN:			821,096.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	INFO LINE		
AMOUNT GIVEN:			12,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	BUCKSPORT AREA CHILD CARE CENT		
AMOUNT GIVEN:			12,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	LITERACY VOLUNTEERS-WALDO COUN		
AMOUNT GIVEN:			7,500.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	THE WARREN CENTER		
AMOUNT GIVEN:			45,000.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	OTHER SPECIAL ALLOCATIONS		
AMOUNT GIVEN:			278,720.
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.

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

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION FAITH IN ACTION COMMUNITY CONN	\$ 9,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MY FRIEND'S PLACE	7,100.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION UNIVERSITY OF MAINE COOP EXTEN	8,000.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION PINE TREE LEGAL ASSISTANCE	5,200.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	DESIGNATIONS DESIGNATIONS TO SPECIFIC ORG.	395,449.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION MABEL WADSWORTH WOMEN'S HEALTH	5,302.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION CHILD & YOUTH BOARD OF WASHING	10,000.

TOTAL GRANTS AND ALLOCATIONS \$ 2,681,387.

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, PENOBSOT, 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
<p>AT UNITED WAY OF EASTERN MAINE (UWEM), WE ACCOMPLISH COMMUNITY IMPACT AND ADDRESS THE ROOT CAUSES OF THE COMMUNITY'S MOST PRESSING HUMAN CARE NEEDS BY DEVELOPING COLLABORATIVE-CHANGE STRATEGIES AND FUNDING QUALITY HUMAN CARE PROGRAMS PROVIDED BY OUR 41 PARTNER AGENCIES. FUNDED PROGRAMS 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 CURRENTLY IS CONVENING 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 MAINTAIN THEIR INDEPENDENCE. UWEM ALSO MOBILIZES OVER 3,000 VOLUNTEERS ANNUALLY AND SENDS 850 CHILDREN TO SUMMER CAMPS TO GAIN ENRICHING EXPERIENCES. DURING 2005-06 UWEM ALSO COORDINATED AN ENERGY INITIATIVE ON BEHALF OF THE EASTERN MAINE FUNDERS GROUP THAT PROVIDED EMERGENCY FUEL ASSISTANCE TO 980 FAMILIES AND WEATHERIZED HOMES FOR SOME 90 LOW-INCOME FAMILIES AND SENIORS. 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 10,000 INDIVIDUAL DONORS AND 400 BUSINESSES. FOR MORE INFORMATION, CALL 207-941-2800 OR CONNECT TO OUR WEBSITE AT WWW.UNITEDWAYEM.ORG.</p>	2,681,387.	3,008,905.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 2,681,387.</u>	<u>\$ 3,008,905.</u>

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

CORPORATE BONDS	VALUATION METHOD	AMOUNT
WENDY'S INTL INC NOTE, 6.25%	MARKET VALUE	\$ 19,681.
	TOTAL	\$ 19,681.
OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
VARIOUS MUTUAL FUNDS	MARKET VALUE	420,003.
	TOTAL	\$ 420,003.

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

<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
VARIOUS U.S. GOVERNMENT AGENCY BONDS	MARKET VALUE	\$ 62,381.
	TOTAL	\$ 62,381.
<u>STATE AND MUNICIPAL OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
VARIOUS STATE BONDS AND NOTES	MARKET VALUE	375,000.
	TOTAL	\$ 375,000.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 877,065.</u>

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

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 31,347.	\$ 12,209.	\$ 19,138.
MACHINERY AND EQUIPMENT	88,907.	36,026.	52,881.
MISCELLANEOUS	35,576.	26,751.	8,825.
TOTAL	<u>\$ 155,830.</u>	<u>\$ 74,986.</u>	<u>\$ 80,844.</u>

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

INTEREST IN ASSETS AT MAINE COMM. FOUND.	\$ 218,337.
PERPETUAL TRUST FUNDS HELD BY OTHERS	344,992.
TOTAL	<u>\$ 563,329.</u>

STATEMENT 12  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

CAPITAL LEASE OBLIGATION	\$ 11,024.
TOTAL	<u>\$ 11,024.</u>

STATEMENT 13  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS

TOTAL \$ 8,853.  
\$ 8,853.

STATEMENT 14  
FORM 990, PART IV-A, LINE D(2)  
OTHER AMOUNTS

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 395,449.  
\$ 395,449.

STATEMENT 15  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

DIRECT EXPENSES OF SPECIAL EVENTS

TOTAL \$ 8,853.  
\$ 8,853.

STATEMENT 16  
FORM 990, PART IV-B, LINE D(2)  
OTHER AMOUNTS

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 395,449.  
\$ 395,449.

STATEMENT 17  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH HEWS 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 17 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROB BENNETT P.O. BOX 932 BANGOR, ME 04402	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
J BRADFORD COFFEY 2 ALUMNI PLACE ORONO, ME 04469-5792	DIRECTOR 1	0.	0.	0.
GEORGE THOMAS P.O. 435 STILLWATER, ME 04489	DIRECTOR 1	0.	0.	0.
JOHN DIAMOND 16 CENTRAL STREET BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
YELLOW BREEN P.O. BOX 930 BANGOR, ME 04402-0930	DIRECTOR 1	0.	0.	0.
REV. WILLIAM IMES P.O. BOX 411 BANGOR, ME 04402	DIRECTOR 1	0.	0.	0.
ANDREW HAMILTON P.O. BOX 1210 BANGOR, ME 04402	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.
MICHAEL JONES 38 PARKWAY SOUTH BREWER, ME 04412	DIRECTOR 1	0.	0.	0.

STATEMENT 17 (CONTINUED)  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KARLA MCDOUGOLD 24 SPRINGER DRIVE BANGOR, ME 04401	VP FINANCE & AD 46	\$ 52,247.	\$ 8,830.	\$ 0.
CAROL COLSON 24 SPRINGER DR. #201 BANGOR, ME 04401	VP RESOURCE DEV 46	58,577.	9,337.	0.
ERIC BUCH 24 SPRINGER DRIVE #201 BANGOR, ME 04401	EXEC. DIRECTOR 44	59,011.	6,582.	0.
SHAWN YARDLEY 103 TEXAS AVENUE BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
MIKE SHEA P.O. BOX 929 BANGOR, ME 04402-0929	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 169,835.	\$ 24,749.	\$ 0.

STATEMENT 18  
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 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 (DASH) IS LOCATED AT EASTERN AGENCY ON AGING AND TAKES BOTH WALK-INS AND PHONE REQUESTS FOR INFORMATION. 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 WITH A SECTION 501(C)(3) DESIGNATION.

STATEMENT 19  
SCHEDULE A, PART III, LINE 3  
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

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

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

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