

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)

2006

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 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C 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 (checked), 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 (checked). H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked). 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): 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 3,801,107.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for Contributions (1e: 3,681,135), Program service revenue (2: 58,853), Dividends and interest (5: 34,532), Gross amount from sales of assets (8d: -7,031), Special events (9c: -2,324), Total revenue (12: 3,785,536), Total expenses (17: 3,664,763), and Net assets at end of year (21: 2,231,945).

RECEIVED NOV 19 2007 IRS-OSC OGDEN, UT

REVENUE

EXPENSES

ASSETS

SCANNED DEC 11 2007

617 25

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
22a	Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (att sch) SEE STM 6 (cash \$ 2450779. non-cash \$ 186,160.) If this amount includes foreign grants, check here <input type="checkbox"/>	2,636,939.	2,636,939.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	207,484.	63,505.	112,772.	31,207.
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	0.	0.	0.	0.
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	273,947.	97,174.	42,565.	134,208.
27	Pension plan contributions not included on lines 25a, b, and c	30,725.	8,050.	10,187.	12,488.
28	Employee benefits not included on lines 25a - 27	53,426.	26,096.	10,200.	17,130.
29	Payroll taxes	37,852.	13,861.	10,465.	13,526.
30	Professional fundraising fees				
31	Accounting fees	13,500.		10,500.	3,000.
32	Legal fees				
33	Supplies	14,314.	4,007.	2,509.	7,798.
34	Telephone	4,795.	2,058.	564.	2,173.
35	Postage and shipping	19,651.	4,918.	2,176.	12,557.
36	Occupancy	56,163.	19,593.	15,681.	20,889.
37	Equipment rental and maintenance	17,871.	7,986.	3,404.	6,481.
38	Printing and publications	37,052.	10,551.	1,463.	25,038.
39	Travel	13,400.	5,630.	1,165.	6,605.
40	Conferences, conventions, and meetings	22,849.	12,027.	4,542.	6,280.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	18,764.	6,184.	4,712.	7,868.
43	Other expenses not covered above (itemize):				
43a	<u>CAMPAIGN INCENTIVES</u>	15,150.			15,150.
43b	<u>CONSULTANTS</u>	80,012.	31,402.	14,307.	34,303.
43c	<u>MISCELLANEOUS</u>	71,544.	20,663.	5,918.	44,963.
43d	<u>PROPERTY & LIABILITY INS</u>	6,142.	2,238.	1,347.	2,557.
43e	<u>SOFTWARE SUPPORT</u>	9,818.	5,927.	2,770.	1,121.
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	3,641,398.	2,978,809.	257,247.	405,342.

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? ▶ <u>SEE STATEMENT 7</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>SEE STATEMENT 8</u> ----- ----- ----- ----- (Grants and allocations \$ 2,636,939.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,978,809.
b ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,978,809.

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing		45	100.
	46 Savings and temporary cash investments	330,230.	46	415,641.
	47a Accounts receivable	47a 48,030.		
	b Less allowance for doubtful accounts	47b	47c	48,030.
	48a Pledges receivable	48a 1,325,212.		
	b Less allowance for doubtful accounts	48b 143,343.	48c	1,181,869.
	49 Grants receivable		49	205,910.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	48,762.
	54a Investments – publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		877,065.	54a 816,336.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	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 175,033.		
b Less accumulated depreciation (attach schedule) STATEMENT 10	57b 89,852.	80,844.	57c 85,181.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 11)		563,329.	58 624,031.	
59 Total assets (must equal line 74) Add lines 45 through 58		3,121,038.	59 3,425,860.	
LIABILITIES	60 Accounts payable and accrued expenses		60	246,806.
	61 Grants payable		61	934,187.
	62 Deferred revenue		62	4,000.
	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 ▶ SEE STATEMENT 12)		11,024.	65 8,922.
	66 Total liabilities. Add lines 60 through 65		1,140,210.	66 1,193,915.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	1,167,821.
	68 Temporarily restricted		68	603,431.
	69 Permanently restricted		69	460,693.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,980,828.	73 2,231,945.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,121,038.	74 3,425,860.

BAA

Form 990 (2006)

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

a	Total revenue, gains, and other support per audited financial statements		a	3,369,340.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1	130,344.	
	2 Donated services and use of facilities	b2	500.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4	8,540.	
	SEE STM 13			
	Add lines b1 through b4			b 139,384.
c	Subtract line b from line a			c 3,229,956.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2	555,580.	
	SEE STM 14			
	Add lines d1 and d2			d 555,580.
e	Total revenue (Part I, line 12). Add lines c and d			e 3,785,536.

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

a	Total expenses and losses per audited financial statements		a	3,118,223.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1	500.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4	8,540.	
	SEE STMT 15			
	Add lines b1 through b4			b 9,040.
c	Subtract line b from line a			c 3,109,183.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2	555,580.	
	SEE STMT 16			
	Add lines d1 and d2			d 555,580.
e	Total expenses (Part I, line 17). Add lines c and d			e 3,664,763.

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		207,484.	22,760.	9,078.

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
82 b _____		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85 c _____	N/A
d Section 162(e) lobbying and political expenditures	85 d _____	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e _____	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f _____	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g _____	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?	85 h _____	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a _____	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b _____	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a _____	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)	87 b _____	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
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	89 b _____	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e _____	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f _____	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g _____	X
90 a List the states with which a copy of this return is filed ▶ <u>ME</u>		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90 b _____	12
91 a The books are in care of ▶ <u>KARLA MCDUGOLD</u> Telephone number ▶ <u>(207) 941-2800</u> Located at ▶ <u>24 SPRINGER DRIVE, BANGOR ME</u> ZIP + 4 ▶ <u>04401</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	91 b _____	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

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: **11.14.07**

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

Paid Preparer's Use Only

Preparer's signature: *Donald E. Hiji CPA* Date: **11.8.07** 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)

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

OMB No 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
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		
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		
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 . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments) STMT 18	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

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

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

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

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

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

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

BAA

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,499,510.	3,623,869.	3,490,953.	3,505,198.	14,119,530.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	79,319.	61,079.	15,527.	20,099.	176,024.
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	32,010.	25,481.	14,364.	18,653.	90,508.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	3,610,839.	3,710,429.	3,520,844.	3,543,950.	14,386,062.
24 Line 23 minus line 17	3,531,520.	3,649,350.	3,505,317.	3,523,851.	14,210,038.
25 Enter 1% of line 23	36,108.	37,104.	35,208.	35,440.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 284,201.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,136,828.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 14,210,038.
d Add Amounts from column (e) for lines	18 90,508.	19	22	26b 3,136,828.	26d 3,227,336.
e Public support (line 26c minus line 26d total)					26e 10,982,702.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 77.29 %
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.	(2005) _____	(2004) _____	(2003) _____	(2002) _____	
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.	(2005) _____	(2004) _____	(2003) _____	(2002) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27e _____
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 2002 through 2005, 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (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

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

INCOME - MAINE COMM. FND.

TOTAL \$ 8,640.
\$ 8,640.

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: 10,928.
DEPRECIATION: 3,897.

GAIN (LOSS) -7,031.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -7,031.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -7,031.

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 TOURNAMENT	23,000.	23,000.	0.	6,751.	-6,751.
CAMP FAIR	6,216.	0.	6,216.	1,789.	4,427.
TOTAL	\$ 29,216.	\$ 23,000.	\$ 6,216.	\$ 8,540.	\$ -2,324.

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

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
UNITED WAY OF AMERICA	MEMBERSHIP	\$ 23,365.

TOTAL \$ 23,365.

UNITED WAY OF EASTERN MAINE

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

APPRECIATION OF INVESTMENTS

TOTAL	\$	130,344.
	\$	<u>130,344.</u>

STATEMENT 6
FORM 990, PART II, LINE 22B
OTHER 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	42,102.
CLASS OF ACTIVITY: DONEE'S NAME: AMOUNT GIVEN:	ALLOCATION SHAW HOUSE	93,282.
CLASS OF ACTIVITY:	ALLOCATION	

UNITED WAY OF EASTERN MAINE

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

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	SPRUCE RUN	
AMOUNT GIVEN:		\$ 54,868.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	UNITED CEREBRAL PALSY	
AMOUNT GIVEN:		32,000.
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:		30,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	DOWNEAST AIDS NETWORK	
AMOUNT GIVEN:		25,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	EASTERN AGENCY ON AGING	
AMOUNT GIVEN:		43,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	EASTERN ME AIDS NETWORK	
AMOUNT GIVEN:		7,826.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	GOOD SAMARITAN AGENCY	
AMOUNT GIVEN:		56,400.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	BGR. AREA HOMELESS SHELTR	
AMOUNT GIVEN:		37,840.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MAINE ADOPTION PLACEMENT SERVI	
AMOUNT GIVEN:		7,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE NEXT STEP	
AMOUNT GIVEN:		46,488.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	RAPE RESPONSE SERVICES	
AMOUNT GIVEN:		7,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WASH./HAN. COMM. AGENCY	
AMOUNT GIVEN:		34,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	THE HOUSING FOUNDATION	

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

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	16,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	WALDO COUNTY YMCA		
AMOUNT GIVEN:			10,000.
CLASS OF ACTIVITY:	ALLOCATION		
DONEE'S NAME:	NEW HOPE FOR WOMEN		
AMOUNT GIVEN:			3,500.
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:			1,584.
CLASS OF ACTIVITY:	SPECIAL ALLOCATION		
DONEE'S NAME:	CAMP BANGOR SCHOLARSHIPS		
AMOUNT GIVEN:			641,974.
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:			7,000.
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:			62,391.
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:			9,000.

UNITED WAY OF EASTERN MAINE

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

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MY FRIEND'S PLACE	
AMOUNT GIVEN:		\$ 7,100.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	UNIVERSITY OF MAINE COOP EXTEN	
AMOUNT GIVEN:		11,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	PINE TREE LEGAL ASSISTANCE	
AMOUNT GIVEN:		5,200.
CLASS OF ACTIVITY:	DESIGNATIONS	
DONEE'S NAME:	DESIGNATIONS TO SPECIFIC ORG.	
AMOUNT GIVEN:		555,580.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	MABEL WADSWORTH WOMEN'S HEALTH	
AMOUNT GIVEN:		10,664.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	CHILD & YOUTH BOARD OF WASHING	
AMOUNT GIVEN:		10,000.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	BIG BROTHERS BIG SISTERS MIDCO	
AMOUNT GIVEN:		2,500.
CLASS OF ACTIVITY:	ALLOCATION	
DONEE'S NAME:	WALDO COUNTY PRESCHOOL & FAMIL	
AMOUNT GIVEN:		5,500.
TOTAL CASH GRANTS AND ALLOCATIONS		\$ 2,450,779.

NONCASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	ACTS OF KINDNESS	
DONEE'S NAME:	VARIOUS AGENCIES IN MAINE	
DESCRIPTION OF PROPERTY:	FOOD, CLOTHING, BOOKS ETC	
DATE OF GIFT:	VARIOUS	
BOOK VALUE:	186,160.	
METHOD USED TO DETERMINE BV:	VARIOUS	
FAIR MARKET VALUE:		186,160.
METHOD USED TO DETERMINE FMV:	VARIOUS	
TOTAL NONCASH GRANTS AND ALLOCATIONS		\$ 186,160.
TOTAL GRANTS AND ALLOCATIONS		\$ <u>2,636,939.</u>

**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
<p>UNITED WAY OF EASTERN MAINE IMPROVES PEOPLE'S LIVES THROUGH SUPPORTING COLLABORATIVE COMMUNITY INITIATIVES AND FUNDING 65 PROGRAMS RUN BY 41 PARTNER NONPROFITS THROUGHOUT HANCOCK, PENOBSCOT, PISCATAQUIS, WALDO, AND WASHINGTON COUNTIES. UNITED WAY'S GOAL IS TO CREATE LASTING COMMUNITY CHANGE THAT PREVENTS PROBLEMS FROM HAPPENING IN THE FIRST PLACE.</p> <p>UNITED WAY, WITH ITS PARTNERS, DELIVERS RESULTS YOU CAN SEE IN THREE AREAS: STRENGTHENING CHILDREN AND FAMILIES, SUPPORTING SENIORS, AND MEETING BASIC NEEDS AND PROMOTING SELF-SUFFICIENCY. HELPING MORE THAN 45,000 FAMILIES EACH YEAR AND ADDRESSING THE ROOT CAUSE OF OUR MOST PRESSING COMMUNITY PROBLEMS, UNITED WAY IS ADVANCING THE COMMON GOOD FOR ALL PEOPLE WHO CALL EASTERN MAINE HOME.</p> <p>COLLABORATIVE INITIATIVES UNITED WAY SUPPORTS INCLUDE 2-1-1 MAINE, THE ONE-STOP PLACE TO CALL TO FIND HELP, BORN LEARNING(TM), PROVIDING PARENTS THE TOOLS AND TIPS TO GIVE THEIR YOUNG CHILDREN A SMART START BECAUSE LEARNING STARTS BEFORE SCHOOL DOES, THE CREATING ASSETS, SAVINGS AND HOPE (CASH) COALITION, INCREASING HARD WORKING FAMILIES' FINANCIAL STABILITY THROUGH FREE TAX PREPARATION AND MONEY MANAGEMENT TRAINING, AND ACTS OF KINDNESS, A RADIO PROMOTION WITH CLEAR CHANNEL RADIO THAT HAS COLLECTED AND DISTRIBUTED THOUSANDS OF FOOD, COATS, BOOKS AND TOOTHBRUSHES TO LOCAL FAMILIES.</p> <p>UNITED WAY IS GOVERNED BY AN INDEPENDENT BOARD OF LOCAL VOLUNTEERS AND VALUES THE SUPPORT OF MORE THAN 10,000 INDIVIDUAL DONORS, 3,000 VOLUNTEERS, AND 400 BUSINESSES. FOR MORE INFORMATION, CALL 207-941-2800 OR VISIT WWW.UNITEDWAYEM.ORG.</p>	2,636,939.	2,978,809.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 2,636,939.</u>	<u>\$ 2,978,809.</u>

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

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
WENDY'S INTL INC NOTE, 6.25%	MARKET VALUE	\$ 19,500.
	TOTAL	\$ 19,500.
<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
VARIOUS MUTUAL FUNDS	MARKET VALUE	509,047.
	TOTAL	\$ 509,047.
<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
VARIOUS U.S. GOVERNMENT AGENCY BONDS	MARKET VALUE	62,789.
	TOTAL	\$ 62,789.
<u>STATE AND MUNICIPAL OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
VARIOUS STATE BONDS AND NOTES	MARKET VALUE	225,000.
	TOTAL	\$ 225,000.
	PUBLICLY TRADED SECURITIES	\$ <u>816,336.</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	\$ 33,605.	\$ 14,848.	\$ 18,757.
MACHINERY AND EQUIPMENT	104,411.	45,147.	59,264.
MISCELLANEOUS	37,017.	29,857.	7,160.
TOTAL	\$ <u>175,033.</u>	\$ <u>89,852.</u>	\$ <u>85,181.</u>

**STATEMENT 11
FORM 990, PART IV, LINE 58
OTHER ASSETS**INTEREST IN ASSETS AT MAINE COMM. FOUND.
PERPETUAL TRUST FUNDS HELD BY OTHERS

	\$	255,291.
		368,740.
TOTAL	\$	<u>624,031.</u>

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

CAPITAL LEASE OBLIGATION

	\$	8,922.
TOTAL	\$	<u>8,922.</u>

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

DIRECT EXPENSES OF SPECIAL EVENTS

	\$	8,540.
TOTAL	\$	<u>8,540.</u>

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

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

	\$	555,580.
TOTAL	\$	<u>555,580.</u>

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

DIRECT EXPENSES OF SPECIAL EVENTS

	\$	8,540.
TOTAL	\$	<u>8,540.</u>

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

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

	\$	555,580.
TOTAL	\$	<u>555,580.</u>

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.
GEORGE THOMAS P.O. BOX 435 STILLWATER, ME 04489	CHAIR 1	0.	0.	0.
AMY COTTON P.O. BOX 404 BANGOR, ME 04402	DIRECTOR 1	0.	0.	0.
ROB BENNETT P.O. BOX 932 BANGOR, ME 04402	DIRECTOR 1	0.	0.	0.
NICHI FARNHAM 11 FAIRMOUNT PARK W. BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
ROBERT FOSTER P.O. BOX 161 HAMPDEN, ME 04444	DIRECTOR 1	0.	0.	0.
JOHN DIAMOND 16 CENTRAL STREET BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
JOHN HANSON P.O. BOX 249 CLINTON, ME 04927	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	VICE CHAIR 1	0.	0.	0.
DEBORAH SANFORD P.O. BOX 404 BANGOR, ME 04402-0404	DIRECTOR 1	0.	0.	0.

UNITED WAY OF EASTERN MAINE

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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
JEFFREY SMITH P.O. BOX 906 BANGOR, ME 04402-0906	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
ROBERT MONTGOMERY-RICE 203 MAINE AVENUE BANGOR, ME 04401	DIRECTOR 1	0.	0.	0.
MICHAEL JONES 38 PARKWAY SOUTH BREWER, ME 04412	TREASURER 1	0.	0.	0.
KARLA MCDOUGOLD 24 SPRINGER DRIVE BANGOR, ME 04401	VP FINANCE & AD 46	51,841.	7,649.	0.
CAROL COLSON 24 SPRINGER DR. #201 BANGOR, ME 04401	VP RESOURCE DEV 36	14,205.	328.	0.
NANCY ROBERTS 24 SPRINGER DRIVE BANGOR, ME 04401	VP COMMUNITY IM 36	53,786.	4,799.	0.
KASSIE STEVENS P.O. BOX 675 BLUE HILL, ME 04614	DIRECTOR 1	0.	0.	0.
DON STURGEON 141 FOURTH STREET OLD TOWN, ME 04468	DIRECTOR 1	0.	0.	0.
CHERYL RUSSELL 24 SPRINGER DRIVE BANGOR, ME 04401	VP RESOURCE DEV 46	6,611.	0.	0.
ERIC BUCH 24 SPRINGER DRIVE #201 BANGOR, ME 04401	EXEC. DIRECTOR 44	81,041.	9,984.	9,078.
TOTAL		\$ 207,484.	\$ 22,760.	\$ 9,078.

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

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

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

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.