

Return of Organization Exempt From Income Tax

2009

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Form header section containing B (Check if applicable), C (Organization name: UNITED WAY OF EASTERN MAINE), D (Employer ID: 01-0211478), E (Telephone: (207) 941-2800), F (Principal officer: JOHN KUROPCHAK), G (Gross receipts: 3,305,163), H(a) (Group return), H(b) (All affiliates), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.UNITEDWAYEM.ORG), K (Form of organization: Corporation), L (Year of formation: 1937), M (State of legal domicile: ME)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7. Activities & Governance; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

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Part II Signature Block

Signature block containing: Declaration of preparer, Signature of officer (John Kuropchak), Date (11-8-2010), Type or print name and title (PRESIDENT)

Paid Preparer's Use Only section containing: Preparer's signature (Donald E. Hinds CPA), Date (10/29/10), Firm's name (LOISELLE, GOODWIN & HINDS), EIN (N/A), Phone no ((207) 990-4585)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If 'Yes,' describe these changes on Schedule O

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

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

SEE SCHEDULE O

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

CAMP BANGOR

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

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

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	25	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	13	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions).	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

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

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

Section C. Disclosures

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

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

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

1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed

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

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

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

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

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF EASTERN MAINE	Employer identification number 01-0211478
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3.	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,699,293.
6 Public support. Subtract line 5 from line 4						15,481,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,499,510.	3,416,860.	4,263,488.	3,881,237.	3,119,338.	18,180,433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,010.	54,903.	63,673.	39,942.	39,348.	229,876.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						18,410,309.
12 Gross receipts from related activities, etc. (see instructions)					12	518,837.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	81.6 %

- 16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? . . .

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		109,844.	78,510.	31,334.
e Other		73,898.	60,728.	13,170.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				44,504.

BAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

 THE INCOME OF THE ENDOWMENT FUNDS IS EITHER NOT RESTRICTED BY DONORS OR RESTRICTED

 AND/OR DESIGNATED FOR CERTAIN GENERAL AND ADMINISTRATIVE EXPENSES. THUS THE INCOME

 OF THE ENDOWMENT FUNDS WILL BE USED TO SUPPORT THE ORGANIZATION'S GENERAL AND

 ADMINISTRATIVE EXPENSES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009



Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

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

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

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

3 Enter total number of other organizations **0**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKSPORT AREA CHILD CARE CENTER ----- ----- -----	01-0449192	501 (C) (3)	12,271.				SUPPORT
CANCERCURE OF AMERICA ----- ----- -----	81-0648432	501 (C) (3)	14,220.				SUPPORT
CENTER ON AGING - RSVP ----- ----- -----	01-6000769	501 (C) (3)	19,664.				SUPPORT
CHARLOTTE WHITE CENTER ----- ----- -----	22-2582271	501 (C) (3)	17,666.				SUPPORT
CHILDREN FIRST - AMERICA'S CHARI ----- ----- -----	30-0186795	501 (C) (3)	8,536.				SUPPORT
CHILDREN'S CHARITIES OF AMERICA ----- ----- -----	94-3148588	501 (C) (3)	7,260.				SUPPORT
CHILDREN'S MEDICAL CHARITIES OF ----- ----- -----	27-0093393	501 (C) (3)	9,390.				SUPPORT
CHRISTIAN CHARITIES USA ----- ----- -----	94-3255961	501 (C) (3)	5,986.				SUPPORT
CHRISTIAN SERVICE CHARITIES ----- ----- -----	94-3193374	501 (C) (3)	25,173.				SUPPORT
COMMUNITY HEALTH & COUNSELING SE ----- ----- -----	01-0211483	501 (C) (3)	8,078.				SUPPORT

Employer identification number

01-0211478

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES	13-6167225	501 (C) (3)	32,396.				SUPPORT
COMMUNITY HEALTH CHARITIES OF MA	22-2478946	501 (C) (3)	40,718.				SUPPORT
CONSERVATION & PRESERVATION CHAR	94-3217738	501 (C) (3)	6,093.				SUPPORT
DOWN EAST AIDS NETWORK	01-0441229	501 (C) (3)	21,639.				SUPPORT
DOWN EAST FAMILY YMCA	01-0412269	501 (C) (3)	17,733.				SUPPORT
DOWNEAST HEALTH SERVICES	01-0317427	501 (C) (3)	45,397.				SUPPORT
EARTH SHARE	52-1601960	501 (C) (3)	7,668.				SUPPORT
EASTERN AREA AGENCY ON AGING	01-0328376	501 (C) (3)	73,421.				SUPPORT
EASTERN MAINE AIDS NETWORK	01-0434502	501 (C) (3)	6,153.				SUPPORT
EASTERN MAINE HOMECARE	01-0328442	501 (C) (3)	16,910.				SUPPORT

Employer identification number

01-0211478

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN ACTION COMMUNITY CONNEC ----- FAMILIES & CHILDREN TOGETHER ----- FIRST STEP PREGNANCY RESOURCE CE ----- FOOD & MEDICINE - JOBS WITH JEF ----- GLOBAL IMPACT ----- GOOD SAMARITAN AGENCY ----- GOOD SHEPHERD FOOD BANK ----- HEALTH & MEDICAL RESEARCH CHARIT ----- HEALTHY ACADIA ----- KATAHDIN AREA COUNCIL, BOY SCOUT -----	71-0957829 01-0483192 01-0428432 52-1865575 52-1273585 01-0211507 22-2986809 94-3217739 04-3746379 01-0211489	501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3)	10,406. 13,941. 6,782. 6,506. 14,186. 70,472. 10,428. 12,294. 5,398. 9,398.				SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDCARE AMERICA	57-1237933	501 (C) (3)	8,431.				SUPPORT
LEGAL SERVICES FOR THE ELDERLY	01-0359131	501 (C) (3)	6,549.				SUPPORT
LITERACY VOLUNTEERS OF BANGOR	23-7409749	501 (C) (3)	14,753.				SUPPORT
M.A.P.S.	01-0348849	501 (C) (3)	5,265.				SUPPORT
MAINE COMMUNITY FOUNDATION	01-0391479	501 (C) (3)	5,080.				SUPPORT
MAINE MENTAL HEALTH CONNECTIONS	01-0376510	501 (C) (3)	20,960.				SUPPORT
MAINESHARE	01-0444245	501 (C) (3)	21,222.				SUPPORT
MEDICAL RESEARCH CHARITIES	94-3148591	501 (C) (3)	7,318.				SUPPORT
MILITARY, VETERANS & PATRIOTIC S	94-3193418	501 (C) (3)	22,570.				SUPPORT
MY FRIENDS PLACE/FIRST UNITED ME	01-0237808	501 (C) (3)	12,086.				SUPPORT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE FOR WOMEN ----- ----- -----	01-0377246	501 (C) (3)	8,412.				SUPPORT
PARENTS ARE TEACHERS TOO ----- ----- -----	20-3435737	501 (C) (3)	9,405.				SUPPORT
PENGUINS ----- ----- -----	01-0541817	501 (C) (3)	63,327.				SUPPORT
SHAW HOUSE ----- ----- -----	01-0495262	501 (C) (3)	91,421.				SUPPORT
SPRUCE RUN ASSOCIATION ----- ----- -----	01-0358090	501 (C) (3)	64,349.				SUPPORT
THE HOUSING FOUNDATION ----- ----- -----	23-7046663	501 (C) (3)	15,764.				SUPPORT
THE NEXT STEP ----- ----- -----	01-0482508	501 (C) (3)	41,102.				SUPPORT
THE WARREN CENTER FOR COMMUNICAT ----- ----- -----	01-0272116	501 (C) (3)	22,418.				SUPPORT
UCP OF MAINE ----- ----- -----	23-7193853	501 (C) (3)	12,109.				SUPPORT
UMAINE COOPERATIVE EXTENSION PRO ----- ----- -----	01-6000769	501 (C) (3)	7,352.				SUPPORT

Employer identification number

01-0211478

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization		Employer identification number						
UNITED WAY OF EASTERN MAINE		01-0211478						
Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNITED WAY OF AROOSTOOK COUNTY	23-7147455	501 (C) (3)	18,134.				SUPPORT	
UNITED WAY OF GREATER PORTLAND	01-0241767	501 (C) (3)	22,245.				SUPPORT	
UNITED WAY OF KENNEBEC VALLEY	01-6004404	501 (C) (3)	36,001.				SUPPORT	
UNITED WAY OF MID COAST	01-6004866	501 (C) (3)	26,887.				SUPPORT	
UNITED WAY OF YORK COUNTY	01-0276862	501 (C) (3)	11,843.				SUPPORT	
WALDO COUNTY YMCA	01-0493123	501 (C) (3)	5,890.				SUPPORT	
WASHINGTON HANCOCK COMMUNITY AGE	23-7226828	501 (C) (3)	64,477.				SUPPORT	
WELLSRING, INC.	22-2632367	501 (C) (3)	29,757.				SUPPORT	
WOMANCARE AEGIS ASSOCIATION	01-0376014	501 (C) (3)	15,086.				SUPPORT	
YMCA OLD TOWN-ORONO	22-3160786	501 (C) (3)	34,934.				SUPPORT	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

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

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I Types of Property

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

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

29

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

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

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

AGENCY FINANCIAL SUPPORT - GRANTS AND DESIGNATIONS

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

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

STRENGTHENING CHILDREN AND FAMILIES COMMUNITY IMPACT COUNCIL

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

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

SUPPORTING SENIORS COMMUNITY IMPACT COUNCIL

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

MEETING BASIC NEEDS AND SELF-SUFFICIENCY

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

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

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

FOOD SECURITY

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

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

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

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

GENERAL COMMUNITY SUPPORT

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

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

3. GENERAL AGENCY SUPPORT

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

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

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

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

TO ADDRESS COMMUNITY NEEDS HAVE BEEN A PRIORITY.

2-1-1 MAINE

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

CHILDREN AND FAMILIES

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

BUCKSPORT BAY EARLY CHILDHOOD NETWORK

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

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

EASTERN MAINE CASH COALITION

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

SUPPORTING SENIORS

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

SENIORS TRANSPORTATION COLLABORATIVE

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

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

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

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

SENIOR FALLS INITIATIVE -

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

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

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

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

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

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

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

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

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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

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

Name of the organization

Employer identification number

UNITED WAY OF EASTERN MAINE

01-0211478

Area with horizontal dashed lines for supplemental information.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

UNITED WAY OF EASTERN MAINE

01-0211478

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

APPRECIATION OF INVESTMENTS

TOTAL \$ 120,545.
\$ 120,545.

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

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 825,120.
\$ 825,120.

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

DESIGNATIONS FOR OUTSIDE ORGANIZATIONS

TOTAL \$ 825,120.
\$ 825,120.