

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 UNITED WAY OF EASTERN MAINE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 24 SPRINGER DRIVE 201

City or town, state or country, and ZIP + 4
 BANGOR, ME 044013621

D Employer identification number
 01-0211478

E Telephone number
 (207) 941-2800

G Gross receipts \$ 5,410,853

F Name and address of principal officer
 JOHN KUROPCHAK
 24 SPRINGER DRIVE 201
 BANGOR, ME 044013621

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ HTTP //WWW UNITEDWAYEM ORG/

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** 1937 **M State of legal domicile** ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF UNITED WAY OF EASTERN MAINE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES WE WILL ACHIEVE OUR MISSION THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF PEOPLE IN THE FIVE COUNTIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	725
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,119,340	5,238,998
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,348	40,974
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,477	130,881
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,305,165	5,410,853
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,310,112	2,010,076
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	680,221	634,142
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 361,864		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	286,299	286,953
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,276,632	2,931,171	
19 Revenue less expenses Subtract line 18 from line 12	28,533	2,479,682	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,045,929	5,561,025
	22 Net assets or fund balances Subtract line 21 from line 20	1,124,301	1,003,041
		1,921,628	4,557,984

Part II Signature Block

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.

Sign Here

 Signature of officer
 Date 2011-09-14

JOHN KUROPCHAK EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MARK CHELLIS Preparer's signature MARK CHELLIS Date 2011-09-23 Check if self-employed PTIN

Firm's name ▶ EDWARDS FAUST & SMITH Firm's EIN ▶

Firm's address ▶ 716 UNION ST BANGOR, ME 044013156 Phone no ▶ (207) 947-4575

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE MISSION OF UNITED WAY OF EASTERN MAINE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES WE WILL ACHIEVE OUR MISSION THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF PEOPLE IN THE FIVE COUNTIES WE SERVE

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

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

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 \$ 1,715,570 including grants of \$ 1,715,570) (Revenue \$)

ALLOCATIONS TO MEMBER AGENCIES PROGRAMS APPLYING FOR FUNDING WITH UNITED WAY NEED TO SUBMIT APPLICATIONS AND LOGIC MODELS THAT IDENTIFY THE GOALS THE PROGRAM WILL STRIVE TO ACHIEVE UNDER THREE DIFFERENT IMPACT AREAS - STRENGTHENING CHILDREN AND FAMILIES, SUPPORTING SENIORS, AND MEETING BASIC NEEDS AND SELF SUFFICIENCY CONTINUED ON SCHEDULE O COMMUNITY VOLUNTEERS REVIEW EACH APPLICATION TO DETERMINE THAT IT IS NOT DUPLICATIVE, WILL REACH THE INTENDED TARGETS, MEETS THE GOALS OF UNITED WAY OF EASTERN AND MEETS ALL OTHER CRITERIA FOR UNITED WAY SUPPORT IN ALL, 69 PROGRAMS FROM 44 AGENCIES REPRESENTING ALL OF OUR FIVE COUNTIES, RECEIVED SUPPORT IN ADDITION TO THE AGENCY GRANTS, 764,780 WAS DONOR DIRECTED TO AGENCIES AGENCIES MAY USE THESE FUNDS IN WHATEVER MANNER BEST SERVES THEIR ORGANIZATIONS

4b (Code) (Expenses \$ 158,513 including grants of \$ 136,897) (Revenue \$)

CAMP BANGOR 2010 FOR ELEVEN YEARS THE LIBRA FOUNDATION FUNDED CAMP SCHOLARSHIPS FOR CHILDREN IN THE PUBLIC SCHOOLS IN PORTLAND, LEWISTON AND BANGOR IN 2010 EVERY ELIGIBLE CHILD GRADES 4-6 WAS ABLE TO UTILIZE 500 AT ANY APPROVED MAINE CAMP IN THE FINAL YEAR OF THE PROGRAM 463 CHILDREN REGISTERED FOR CAMP IN BANGOR UNITED WAY OF EASTERN MAINE MANAGED THE PROCESS, STARTING IN FEBRUARY WITH A CAMP FAIR AND GOING THROUGH THE ENTIRE SEASON REGISTERING CHILDREN AND PAYING CAMPS CONTINUED ON SCHEDULE O

4c (Code) (Expenses \$ 164,157 including grants of \$) (Revenue \$)

AGENCY SUPPORT AT THE END OF EACH FUNDING CYCLE, ALL PROGRAMS THAT RECEIVE SUPPORT MUST SUBMIT FINAL REPORTS IDENTIFYING THE ACTUAL OUTCOMES ACHIEVED ALL OF OUR PROGRAM SUBMITTED REPORTS FROM OUT LAST 2 YEAR FUNDING CYCLE REPORTS ARE REVIEWED BY STAFF AND ANY THAT DID NOT MEET OUTCOMES PER THEIR LOGIC MODEL ARE FOLLOWED UP WITH IN ADDITION, UNITED WAY OF EASTERN MAINE WORKS YEAR-ROUND TO MAINTAIN STRONG PROGRAM/AGENCY CONTACTS, ASSIST AGENCIES AS NEEDED AND IS ALSO INVOLVED IN MANY COMMUNITY GROUPS THAT WORK TO IMPROVE THE LIVES OF THE PEOPLE OF EASTERN MAINE CONTINUED ON SCHEDULE O BEGINNING IN AUGUST, 2010, UNITED WAY OF EASTERN MAINE DEVELOPED AND CONDUCTED A COMMUNITY NEEDS ASSESSMENT AS A FOLLOW-UP TO THE PREVIOUS 2002 ASSESSMENT THE GOAL WAS TO ENSURE THAT THE WORK OF UWEM IS RELEVANT TO THE NEEDS OF OUR REGION AND MAKING A DIFFERENCE IN OUR COMMUNITIES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 331,271 including grants of \$ 157,609) (Revenue \$)

4e Total program service expenses \$ 2,369,511

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 <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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 <input checked="" type="checkbox"/>		No
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 <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
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 <input checked="" type="checkbox"/>		No
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 <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b 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. <input checked="" type="checkbox"/>		No
c 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. <input checked="" type="checkbox"/>		No
d 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. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b 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, Parts I and IV		No
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 U S? If "Yes," complete Schedule F, Parts II and IV		No
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 U S? If "Yes," complete Schedule F, Parts III and IV		No
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 (see instructions)		No
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		No
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		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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> . . . <input checked="" type="checkbox"/>	21	Yes	
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> . . . <input checked="" type="checkbox"/>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 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> . . .	23		No
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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . .	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
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? . . .	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
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> . . .	25a		No
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> . . .	25b		No
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> . . .	26		No
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> . . .	27		No
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> . . .	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
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> . . . <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . <input checked="" type="checkbox"/>	31		No
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> . . .	32		No
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> . . .	33		No
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> . . .	34		No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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> . . .	36		No
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>	37		No
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 . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	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 e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 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 Form 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.
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 Additional Data Table.
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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DEBORAH M SANFORD CHAIR	1 00	X		X				0	0	0
(2) ANDREW P HAMILTON VICE CHAIR	1 00	X		X				0	0	0
(3) TRACY HARDING TREASURER	1 00	X		X				0	0	0
(4) STEPHANIE COTSIRILOS ESQ SECRETARY	1 00	X		X				0	0	0
(5) REITA ABBOTT DIRECTOR	1 00	X						0	0	0
(6) FRANK BRAGG DIRECTOR	1 00	X						0	0	0
(7) AMANDA BUTTERFIELD DIRECTOR	1 00	X						0	0	0
(8) SUSAN FALOON DIRECTOR	1 00	X						0	0	0
(9) NICHI FARNHAM DIRECTOR	1 00	X						0	0	0
(10) JOHN HANSON DIRECTOR	1 00	X						0	0	0
(11) MIKE LABUN DIRECTOR	1 00	X						0	0	0
(12) HELEN MCKINNON DIRECTOR	1 00	X						0	0	0
(13) JIM MILLER DIRECTOR	1 00	X						0	0	0
(14) ROBERT MONTGOMERY-RICE DIRECTOR	1 00	X						0	0	0
(15) SHIRAR PATTERSON DIRECTOR	1 00	X						0	0	0
(16) TOM PALMER DIRECTOR	1 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week for related organizations in Schedule O)	(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			
(17) ESTHER RAUCH DIRECTOR	1 00	X					0	0	0	
(18) DONALD STURGEON DIRECTOR	1 00	X					0	0	0	
(19) BRIAN DONAHUE DIRECTOR	1 00	X					0	0	0	
(20) JOHN KUROPCHAK EXECUTIVE DI	43 00			X			83,574	0	9,886	
(21) KARLA MCDOUGOLD FINANCE DIRE	43 00			X			63,580	0	6,464	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							147,154		16,350	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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	1a	Federated campaigns 1a	37,815				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	15,714				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,185,469				
	g	Noncash contributions included in lines 1a-1f \$	115,136				
	h	Total. Add lines 1a-1f		5,238,998			
Program Service Revenue	2a						
	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)		40,974		40,974	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	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)						
8a	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						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	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					
11a	SERVICE FEES		125,521	125,521			
b	MISCELLANEOUS INCOME		2,801	2,801			
c	SPECIAL EVENTS		2,559	2,559			
d	All other revenue						
e	Total. Add lines 11a-11d		130,881				
12	Total revenue. See Instructions		5,410,853	130,881		40,974	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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	2,010,076	2,010,076		
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	163,774	42,088	85,695	35,991
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	376,684	165,678	43,191	167,815
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	45,967	20,503	3,632	21,832
10	Payroll taxes	47,717	19,282	10,651	17,784
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	20,540		14,540	6,000
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	21,214	9,808	7,029	4,377
12	Advertising and promotion				
13	Office expenses	23,791	3,237	1,697	18,857
14	Information technology	18,470	8,264	3,405	6,801
15	Royalties				
16	Occupancy	63,106	30,865	11,214	21,027
17	Travel	13,214	7,486	321	5,407
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,780	12,176	3,719	4,885
20	Interest	842	69	773	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,792	7,797	2,834	5,161
23	Insurance	5,201	2,266	827	2,108
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MATERIAL AND SUPPLIES	30,373	5,303	1,568	23,502
b	NATIONAL DUES PAYMENTS	23,973	12,486	4,785	6,702
c	COMMUNITY EVENTS	13,540	3,369	1,223	8,948
d	MAINTENANCE AND REPAIRS	9,717	4,445	1,879	3,393
e	MISCELLANEOUS EXPENSES	6,400	4,313	813	1,274
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,931,171	2,369,511	199,796	361,864
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	85,021	1	84,074
	2 Savings and temporary cash investments	318,758	2	579,844
	3 Pledges and grants receivable, net	1,179,694	3	1,083,631
	4 Accounts receivable, net	84,645	4	2,268,812
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,681	9	59,320
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	178,324		
	b Less accumulated depreciation	44,504	10c	29,864
	11 Investments—publicly traded securities	761,869	11	884,358
	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	520,757	15	571,122
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,045,929	16	5,561,025	
Liabilities	17 Accounts payable and accrued expenses	118,753	17	42,864
	18 Grants payable	989,668	18	950,354
	19 Deferred revenue	2,200	19	
	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	13,680	25	9,823
	26 Total liabilities. Add lines 17 through 25	1,124,301	26	1,003,041
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	928,373	27	1,383,839
	28 Temporarily restricted net assets	586,298	28	511,917
	29 Permanently restricted net assets	406,957	29	2,662,228
	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 or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,921,628	33	4,557,984	
34 Total liabilities and net assets/fund balances	3,045,929	34	5,561,025	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,410,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,931,171
3	Revenue less expenses Subtract line 2 from line 1	3	2,479,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,921,628
5	Other changes in net assets or fund balances (explain in Schedule O)	5	156,674
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,557,984

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

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 a 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 to 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 it 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?
 (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 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 organization(s)

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,416,860	4,263,488	3,881,237	3,119,338	2,798,998	17,479,921
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,416,860	4,263,488	3,881,237	3,119,338	2,798,998	17,479,921
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)						2,023,676
6 Public Support. Subtract line 5 from line 4						15,456,245

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,416,860	4,263,488	3,881,237	3,119,338	2,798,998	17,479,921
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,903	63,673	39,942	39,348	40,974	238,840
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						17,718,761
12 Gross receipts from related activities, etc (See instructions)					12	614,170

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	87.230%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	84.100%

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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 year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 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 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 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 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 easements it holds?
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)?
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 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 the 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 the 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	208,130	192,552	248,747		
b Contributions	2,736	1,380			
c Investment earnings or losses	42,990	23,448	-46,335		
d Grants or scholarships					
e Other expenditures for facilities and programs	-8,780	-9,250	-9,860		
f Administrative expenses	-2,551				
g End of year balance	242,525	208,130	192,552		

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

- a** Board designated or quasi-endowment ▶ 51 000 %
- b** Permanent endowment ▶ 39 000 %
- c** Term endowment ▶ 10 000 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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

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		178,324	148,460	29,864
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				29,864

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)	1	5,410,853
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,931,171
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,479,682
4	Net unrealized gains (losses) on investments	4	156,674
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	156,674
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,636,356

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	4,802,747
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	156,674
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	156,674
3	Subtract line 2e from line 1	3	4,646,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	764,780
c	Add lines 4a and 4b	4c	764,780
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	5,410,853

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

1	Total expenses and losses per audited financial statements	1	2,166,391
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	2,166,391
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	764,780
c	Add lines 4a and 4b	4c	764,780
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,931,171

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, 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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED TO SUPPORT THE ORGANIZATION AND ITS PROGRAMS ITS ENDOWMENTS INCLUDE BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE ORGANIZATION HAS REPORTED ITS ENDOWMENT NET ASSETS AS THE FOREVER FUND
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DONOR DESIGNATIONS -764,780 DONOR DESIGNATIONS 764,780
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 764,780
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	DONOR DESIGNATIONS 764,780
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2011, 2010, AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION COLLABORATES WITH ITS AGENCY PARTNERS DURING THE YEAR VOLUNTEERS ANNUALLY REVIEW FUNDED PROGRAMS TO DETERMINE PROGRESS TOWARD THE GOALS AND OUTCOMES UPON WHICH GRANTS ARE AWARDED NON-AGENCY PARTNERS MUST PROVIDE PROOF THAT THEY ARE EXEMPT ORGANIZATIONS

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Boats, Securities, Real estate, etc.

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

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF UNITED WAY OF EASTERN MAINE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES WE WILL ACHIEVE OUR MISSION THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF PEOPLE IN THE FIVE COUNTIES WE SERVE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	COMMUNITY VOLUNTEERS REVIEW EACH APPLICATION TO DETERMINE THAT IT IS NOT DUPLICATIVE, WILL REACH THE INTENDED TARGETS, MEETS THE GOALS OF UNITED WAY OF EASTERN AND MEETS ALL OTHER CRITERIA FOR UNITED WAY SUPPORT IN ALL, 69 PROGRAMS FROM 44 AGENCIES REPRESENTING ALL OF OUR FIVE COUNTIES, RECEIVED SUPPORT IN ADDITION TO THE AGENCY GRANTS, 764,780 WAS DONOR DIRECTED TO AGENCIES AGENCIES MAY USE THESE FUNDS IN WHATEVER MANNER BEST SERVES THEIR ORGANIZATIONS

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	BEGINNING IN AUGUST, 2010, UNITED WAY OF EASTERN MAINE DEVELOPED AND CONDUCTED A COMMUNITY NEEDS ASSESSMENT AS A FOLLOW-UP TO THE PREVIOUS 2002 ASSESSMENT THE GOAL WAS TO ENSURE THAT THE WORK OF UWEM IS RELEVANT TO THE NEEDS OF OUR REGION AND MAKING A DIFFERENCE IN OUR COMMUNITIES

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>BORN LEARNING TRAIL AS PART OF THE BORN LEARNING CAMPAIGN TO IMPROVE EDUCATION FROM BIRTH, UNITED WAY INSTALLED ITS SECOND BORN LEARNING TRAIL IN BANGOR'S CHAPIN PARK, A NEIGHBORHOOD MADE UP OF SEVERAL YOUNG FAMILIES, DAY CARE AND PRE-SCHOOL PROVIDERS AND SITS BESIDE AN ELEMENTARY SCHOOL THE BORN LEARNING TRAIL SUPPORTS EMERGING LANGUAGE, LITERACY AND COGNITIVE SKILLS, AND PROMOTES CHILD TO PARENT/GUARDIAN ENGAGEMENT</p> <p>BACKPACK PROGRAM UWEM'S COLLABORATION WITH SAD 4, PARTNERSHIP FOOD PANTRY, AND PENQUIS PROVIDED OUR FIRST WEEKEND BACKPACK PROGRAM IN MARCH 2011 IN THIS PISCATAQUIS COUNTY SCHOOL DISTRICT TWO-THIRDS OF THE STUDENTS ARE ELIGIBLE FOR FREE OR REDUCED LUNCH, AND MANY OF THEM WERE COMING TO SCHOOL AFTER THE WEEKEND TOO DISTRACTED TO FOCUS THE BACKPACK PROGRAM PROVIDED FOOD OVER THE WEEKENDS TO 51 STUDENTS IN GRADES K-12</p> <p>INFORMATIONAL MATERIALS WERE PERIODICALLY INCLUDED IN THE BACKPACKS COVERING SUCH TOPICS AS HEALTH, NUTRITION, AND LOCAL AVAILABLE RESOURCES 2-1-1 MAINE 2-1-1 MAINE IS A FREE, CONFIDENTIAL AND ANONYMOUS SERVICE THAT PROVIDES VITAL HEALTH AND HUMAN SERVICES RESOURCES FOR MAINE RESIDENTS 24 HOURS A DAY/7 DAYS A WEEK/365 DAYS A YEAR IT IS THE MOST COMPREHENSIVE DATABASE OF COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND NON-PROFITS THAT EXISTS IN MAINE WITH OVER 9,000 RESOURCES IN THE DIRECTORY THIS YEAR THE CALL CENTER RECEIVED 10,745 CALLS FROM OUR FIVE COUNTY REGION, AN INCREASE OF ALMOST 200 CALLS FROM THE PREVIOUS YEAR FAMILYWIZE PRESCRIPTION DISCOUNT CARDS THE FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP WITH UNITED WAYS ALLOWS INDIVIDUALS AND FAMILIES TO OBTAIN SAVINGS ON PRESCRIPTION DRUGS THIS YEAR FAMILYWIZE RECEIVED 912 CLAIMS WHICH RESULTED IN A TOTAL SAVINGS OF 22,415 FOR THE INDIVIDUALS AND FAMILIES IN OUR FIVE COUNTY REGION, AN INCREASE OF 777 CLAIMS AND 18,955 SAVED FROM LAST YEAR EASTERN MAINE CAH (CREATING ASSETS SAVINGS AND HOPE) EASTERN MAINE CAH COALITION PROVIDES ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS ALL AIMED AT HELPING EASTERN MAINE FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY THE COALITION SERVED 4,576 IN 2011 - A 16% INCREASE WE HELPED RETURN MORE THAN 4,169,978 TO LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES AND HELPED THEM SAVE AN ESTIMATED 778,000 IN TAX PREPARATION FEES THE NUMBER OF VOLUNTEERS ALSO GREW FROM 36 IN 2010 TO 53 IN 2011 - A 47% INCREASE</p> <p>VOLUNTEERISM WE SECURED A 33,000 FEDERAL GRANT (THROUGH A STATE INTERMEDIARY) TO BECOME AN ACTIVE VOLUNTEER CENTER FOCUSING ON PENOBSCOT COUNTY WE ARE WORKING TOWARD PROVIDING TRAININGS AND SUPPORT TO AGENCIES THAT USE VOLUNTEERS, HELPING VOLUNTEERS IDENTIFY OPPORTUNITIES IN THEIR COMMUNITY, COORDINATING A VOLUNTEER MENTOR, TUTOR AND READER DRIVE AND A DAY OF CARING IN OCTOBER, 2010, ELEVEN ONE-DAY SERVICE PROJECTS SPONSORED BY TEN AREA ORGANIZATIONS WERE COMPLETED BY 88 VOLUNTEERS FROM SEVEN AREA WORKPLACES/SCHOOLS UNITED WAY COORDINATES THE ON-LINE VOLUNTEER MATCHING WEBSITE OF VOLUNTEERMAINE.ORG FOR OUR FIVE COUNTY SERVICE AREA HUNGER INITIATIVES NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE IN CONJUNCTION WITH THE NALC, UNITED WAY PARTICIPATES IN THE LARGEST ONE DAY FOOD DRIVE IN THE COUNTRY EVERY MAY ON THE DAY OF THE DRIVE LETTER CARRIERS AND VOLUNTEERS COLLECT DONATED FOOD AT HOUSES ON THEIR ROUTE, BRINGING THEM BACK TO THEIR LOCAL POST OFFICE WHERE THEY ARE SORTED LAST YEAR 69,844 POUNDS WAS COLLECTED IN THE CATCHMENT AREA WHICH EQUALS 53,726 MEALS OR 84,887 66 VOLUNTEERS HELPED PICK UP AND SORT FOOD IN OUR LOCAL EFFORT PANTRY PROJECT RECOGNIZING THAT DONATIONS TO LOCAL FOOD CUPBOARDS PEAK IN DECEMBER AND DO NOT INCREASE SIGNIFICANTLY UNTIL MAY DURING THE NATIONAL ASSOCIATION OF LETTER CARRIERS FOOD DRIVE, UWEM SPONSORS AND MANAGES A PANTRY PROJECT "FOOD DRIVE" WHERE LOCAL BUSINESSES HOST A SET OF SHELVES FOR ONE MONTH PERIODS THIS YEAR 8353 POUNDS OF FOOD WAS COLLECTED TRANSLATING TO 6425 MEALS OR 10,152 IN VALUE TWENTY-TWO BUSINESSES HOSTED THE SHELVING IN 2011</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION. IF TIME ALLOWS, THE FINANCE AND AUDIT COMMITTEE WILL PROVIDE A FULL REPORT TO THE BOARD AT THE NEXT MEETING. AT THE VERY LEAST, EACH BOARD MEMBER WILL RECEIVE A COPY OF THE RETURN PRIOR TO FILING WITH A REPORT OF ANY FINDINGS.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, 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 POSSIBLE CONFLICTS IDENTIFIED, THE BOARD MEMBER(S) ARE ASKED TO LEAVE THE ROOM DURING DELIBERATIONS AND THE CONFLICT DISCLOSURE IS NOTED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	UNITED WAY'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH ALSO SERVES AS THE PERSONNEL COMMITTEE THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT, 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	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

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	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 IN JUNE OF 2011, UNITED WAY OF EASTERN MAINE RECEIVED A PLEDGE TO THE ENDOWMENT FUND FOR 2,240,000 FROM AN INDIVIDUAL, ANONYMOUS DONOR WITH THE AGREEMENT OF THE DONOR AND THE UWEM BOARD OF DIRECTORS, THE GIFT WILL BE ADDED TO UWEM'S FOREVER FUND AT THE MAINE COMMUNITY FOUNDATION AS OF JUNE 30, 2011, THE GIFT WAS REFLECTED IN UWEM'S FINANCIAL STATEMENTS AS A RECEIVABLE, AND PAYMENT WAS RECEIVED IN JULY OF 2011 THE PRINCIPAL OF THE GIFT IS PERMANENTLY RESTRICTED AND FUTURE INCOME ON THE PRINCIPAL WILL BE USED TO SUPPORT PEOPLE IN HANCOCK AND WASHINGTON COUNTIES, PER THE WISHES OF THE DONOR

Additional Data

Software ID:
Software Version:
EIN: 01-0211478
Name: UNITED WAY OF EASTERN MAINE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 331,271 including grants of \$ 157,609) (Revenue \$)

BORN LEARNING TRAIL AS PART OF THE BORN LEARNING CAMPAIGN TO IMPROVE EDUCATION FROM BIRTH, UNITED WAY INSTALLED ITS SECOND BORN LEARNING TRAIL IN BANGOR'S CHAPIN PARK, A NEIGHBORHOOD MADE UP OF SEVERAL YOUNG FAMILIES, DAYCARE AND PRE-SCHOOL PROVIDERS AND SITS BESIDE AN ELEMENTARY SCHOOL THE BORN LEARNING TRAIL SUPPORTS EMERGING LANGUAGE, LITERACY AND COGNITIVE SKILLS, AND PROMOTES CHILD TO PARENT/GUARDIAN ENGAGEMENT BACKPACK PROGRAM UWEM'S COLLABORATION WITH SAD 4, PARTNERSHIP FOOD PANTRY, AND PENQUIS PROVIDED OUR FIRST WEEKEND BACKPACK PROGRAM IN MARCH 2011 IN THIS PISCATAQUIS COUNTY SCHOOL DISTRICT TWO-THIRDS OF THE STUDENTS ARE ELIGIBLE FOR FREE OR REDUCED LUNCH, AND MANY OF THEM WERE COMING TO SCHOOL AFTER THE WEEKEND TOO DISTRACTED TO FOCUS THE BACKPACK PROGRAM PROVIDED FOOD OVER THE WEEKENDS TO 51 STUDENTS IN GRADES K-12 INFORMATIONAL MATERIALS WERE PERIODICALLY INCLUDED IN THE BACKPACKS COVERING SUCH TOPICS AS HEALTH, NUTRITION, AND LOCAL AVAILABLE RESOURCES 2-1-1 MAINE 2-1-1 MAINE IS A FREE, CONFIDENTIAL AND ANONYMOUS SERVICE THAT PROVIDES VITAL HEALTH AND HUMAN SERVICES RESOURCES FOR MAINE RESIDENTS 24 HOURS A DAY/7 DAYS A WEEK/365 DAYS A YEAR IT IS THE MOST COMPREHENSIVE DATABASE OF COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND NON-PROFITS THAT EXISTS IN MAINE WITH OVER 9,000 RESOURCES IN THE DIRECTORY THIS YEAR THE CALL CENTER RECEIVED 10,745 CALLS FROM OUR FIVE COUNTY REGION, AN INCREASE OF ALMOST 200 CALLS FROM THE PREVIOUS YEAR FAMILYWIZE PRESCRIPTION DISCOUNT CARDS THE FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP WITH UNITED WAYS ALLOWS INDIVIDUALS AND FAMILIES TO OBTAIN SAVINGS ON PRESCRIPTION DRUGS THIS YEAR FAMILYWIZE RECEIVED 912 CLAIMS WHICH RESULTED IN A TOTAL SAVINGS OF 22,415 FOR THE INDIVIDUALS AND FAMILIES IN OUR FIVE COUNTY REGION, AN INCREASE OF 777 CLAIMS AND 18,955 SAVED FROM LAST YEAR EASTERN MAINE CAH (CREATING ASSETS SAVINGS AND HOPE) EASTERN MAINE CAH COALITION PROVIDES ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS ALL AIMED AT HELPING EASTERN MAINE FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY THE COALITION SERVED 4,576 IN 2011 - A 16% INCREASE WE HELPED RETURN MORE THAN 4,169,978 TO LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES AND HELPED THEM SAVE AN ESTIMATED 778,000 IN TAX PREPARATION FEES THE NUMBER OF VOLUNTEERS ALSO GREW FROM 36 IN 2010 TO 53 IN 2011 - A 47% INCREASE VOLUNTEERISM WE SECURED A 33,000 FEDERAL GRANT (THROUGH A STATE INTERMEDIARY) TO BECOME AN ACTIVE VOLUNTEER CENTER FOCUSING ON PENOBSBOT COUNTY WE ARE WORKING TOWARD PROVIDING TRAININGS AND SUPPORT TO AGENCIES THAT USE VOLUNTEERS, HELPING VOLUNTEERS IDENTIFY OPPORTUNITIES IN THEIR COMMUNITY, COORDINATING A VOLUNTEER MENTOR, TUTOR AND READER DRIVE AND A DAY OF CARING IN OCTOBER, 2010, ELEVEN ONE-DAY SERVICE PROJECTS SPONSORED BY TEN AREA ORGANIZATIONS WERE COMPLETED BY 88 VOLUNTEERS FROM SEVEN AREA WORKPLACES/SCHOOLS UNITED WAY COORDINATES THE ON-LINE VOLUNTEER MATCHING WEBSITE OF VOLUNTEERMAINE.ORG FOR OUR FIVE COUNTY SERVICE AREA HUNGER INITIATIVES NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE IN CONJUNCTION WITH THE NALC, UNITED WAY PARTICIPATES IN THE LARGEST ONE DAY FOOD DRIVE IN THE COUNTRY EVERY MAY ON THE DAY OF THE DRIVE LETTER CARRIERS AND VOLUNTEERS COLLECT DONATED FOOD AT HOUSES ON THEIR ROUTE, BRINGING THEM BACK TO THEIR LOCAL POST OFFICE WHERE THEY ARE SORTED LAST YEAR 69,844 POUNDS WAS COLLECTED IN THE CATCHMENT AREA WHICH EQUALS 53,726 MEALS OR 84,887 66 VOLUNTEERS HELPED PICK UP AND SORT FOOD IN OUR LOCAL EFFORT PANTRY PROJECT RECOGNIZING THAT DONATIONS TO LOCAL FOOD CUPBOARDS PEAK IN DECEMBER AND DO NOT INCREASE SIGNIFICANTLY UNTIL MAY DURING THE NATIONAL ASSOCIATION OF LETTER CARRIERS FOOD DRIVE, UWEM SPONSORS AND MANAGES A PANTRY PROJECT "FOOD DRIVE" WHERE LOCAL BUSINESSES HOST A SET OF SHELVES FOR ONE MONTH PERIODS THIS YEAR 8353 POUNDS OF FOOD WAS COLLECTED TRANSLATING TO 6425 MEALS OR 10,152 IN VALUE TWENTY-TWO BUSINESSES HOSTED THE SHELVING IN 2011

Software ID:
Software Version:
EIN: 01-0211478
Name: UNITED WAY OF EASTERN MAINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BANGOR Y	20-3282977	501	147,673				SUPPORT
SHAW HOUSE	01-0495262	501	100,573				SUPPORT
EASTERN AREA AGENCY ON AGING	01-0328376	501	74,719				SUPPORT
GOOD SAMARITAN AGENCY	01-0211507	501	72,509				SUPPORT
PENQUIS	01-0541817	501	66,678				SUPPORT
SPRUCE RUN ASSOCIATION	01-0358090	501	64,401				SUPPORT
BANGOR AREA HOMELESS SHELTER	01-0412267	501	56,702				SUPPORT
YOUTH ALTERNATIVES - 211	01-0316041	501	54,749				SUPPORT
THE NEXT STEP	01-0482508	501	43,783				SUPPORT
COMMUNITY HEALTH CHARITIES OF MAINE	22-2478946	501	41,783				SUPPORT
YMCA OLD TOWN-ORONO	22-3160786	501	35,392				SUPPORT
AMICUS	01-0314110	501	32,846				SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WELLSPRING INC	22-2632367	501	31,556				SUPPORT
COMMUNITY HEALTH CHARITIES - NATION	13-6167225	501	30,054				SUPPORT
UNITED WAY OF MID-COAST MAINE	01-6004866	501	26,860				SUPPORT
MAINESHARE	01-0444245	501	23,096				SUPPORT
DOWN EAST AIDS NETWORK	01-0441229	501	22,592				SUPPORT
WASHINGTON HANCOCK COMMUNITY AGENCY	23-7226828	501	22,269				SUPPORT
MAINE MENTAL HEALTH CONNECTIONS	01-0376510	501	22,232				SUPPORT
ANIMAL CHARITIES OF AMERICA	94-3193389	501	21,737				SUPPORT
UNITED WAY OF KENNEBEC VALLEY	01-6004404	501	21,649				SUPPORT
MILITARY VETERANS & PATRIOTIC SERV	94-3193418	501	21,144				SUPPORT
UMAINE CENTER ON AGING	01-6000769	501	20,730				SUPPORT
UNITED WAY OF GREATER PORTLAND	01-0241767	501	20,270				SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UCP OF MAINE	23-7193853	501	18,351				SUPPORT
CHARLOTTE WHITE CENTER	22-2582271	501	18,104				SUPPORT
CHRISTIAN SERVICE CHARITIES	94-3193374	501	17,873				SUPPORT
THE HOUSING FOUNDATION	23-7046663	501	16,750				SUPPORT
BROADREACH FAMILY AND COMMUNITY SER	01-0471985	501	16,636				SUPPORT
LITERACY VOLUNTEERS OF BANGOR	23-7409749	501	16,163				SUPPORT
EASTERN MAINE HOMECAREBAVN	01-0328442	501	15,846				SUPPORT
WOMANCARE AEGIS ASSOCIATION	01-0376014	501	15,494				SUPPORT
FAMILIES & CHILDREN TOGETHER	01-0483192	501	14,308				SUPPORT
MAINEIACS CHARITIES	01-0440449	501	14,209				SUPPORT
DOWNEAST HEALTH SERVICES	01-0317427	501	13,987				SUPPORT
BUCKSPORT AREA CHILD CARE CENTER	01-0449192	501	13,982				SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRIENDS IN ACTION	71-0957829	501	12,841				SUPPORT
KATAHDIN AREA COUNCIL BOY SCOUTS O	01-0211489	501	12,359				SUPPORT
MY FRIENDS PLACE	01-0237808	501	11,964				SUPPORT
HEALTH AND MEDICAL RESEARCH CHARITI	94-3217739	501	11,916				SUPPORT
AMERICAN LUNG ASSOCIATION OF MAINE	01-0211531	501	11,490				SUPPORT
GLOBAL IMPACT	52-1273585	501	11,201				SUPPORT
HEALTHY ACADIA	04-3746379	501	10,796				SUPPORT
PARENTS ARE TEACHERS TOO	20-3435737	501	9,775				SUPPORT
UNITED WAY OF AROOSTOOK CTY	23-7147455	501	9,321				SUPPORT
AMERICA'S CHARITIES	54-1517707	501	9,255				SUPPORT
NEW HOPE FOR WOMEN	01-0377246	501	9,005				SUPPORT
KIDCARE AMERICA - LINCOLN	57-1237933	501	8,515				SUPPORT

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BIG BROTHERS BIG SISTERS OF MIDCOAS	01-0384833	501	8,446				SUPPORT
UMAINE COOPERATIVE EXTENSION PROGRA	01-6000769	501	8,383				SUPPORT
DOWN EAST FAMILY YMCA	01-0412269	501	7,956				SUPPORT
UNITED WAY OF YORK COUNTY	01-0276862	501	7,459				SUPPORT
MAINE NATIONAL GUARD FOUNDATION	01-0450803	501	7,379				SUPPORT
CHILDREN'S CHARITIES OF AMERICA	94-3148588	501	7,273				SUPPORT
LEGAL SERVICES FOR THE ELDERLY OF	01-0359131	501	6,728				SUPPORT
CHRISTIAN CHARITIES USA	94-3255961	501	6,497				SUPPORT
MAKE A WISH FOUNDATION OF MAINE	01-0477512	501	6,490				SUPPORT
UNITED WAY OF MID-MAINE	01-0233280	501	6,266				SUPPORT
FIRST STEP PREGNANCY RESOURCE CENTE	01-0483192	501	6,151				SUPPORT
FOOD AND MEDICINE - JOBS WITH JUSTI	27-0565468	501	6,120				SUPPORT

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CHILDREN'S MEDIAL CHARITIES OF AMER	27-0093393	501	6,089				SUPPORT
CAMP SUNSHINE AT SEBAGO LAKE	22-2582877	501	5,957				SUPPORT
SAFE PLACE COMMUNITY CENTER	23-7434041	501	5,910				SUPPORT
THE ACADIA HOSPITAL	01-0459837	501	5,725				SUPPORT
EARTHSHARE	52-1601960	501	5,565				SUPPORT
GREATER OLD TOWN COMMUNITIES THAT C	26-1812017	501	5,482				SUPPORT
OTHER			489,062				