

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  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

- 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 \$ 3,057,341

**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**

<b>Activities &amp; Governance</b>	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	13
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	725
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 5,238,998	Current Year 2,903,337
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,974	38,332
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,881	115,672
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,410,853	3,057,341
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,010,076
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		634,142	619,005
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 354,392			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		286,953	281,760
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,931,171	3,004,865
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,479,682	52,476	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 5,561,025	End of Year 5,684,639
	<b>21</b> Total liabilities (Part X, line 26)	1,003,041	1,106,284
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	4,557,984	4,578,355

**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: 2012-09-06

JOHN KUROPCHAK EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: MARK CHELLIS  
 Date: 2012-09-11  
 Check if self-employed

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: EDWARDS FAUST & SMITH  
 716 UNION ST  
 BANGOR, ME 044013156

EIN ▶  
 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  Yes  No

**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,774,855 including grants of \$ 1,774,855 ) (Revenue \$ )  
 AGENCY SUPPORT/ALLOCATIONS TO MEMBER AGENCIES JUNE 30, 2012 IS THE END OF OUR 2-YEAR FUNDING CYCLE UNITED WAY VOLUNTEERS CAREFULLY REVIEW AGENCY APPLICATIONS TO ENSURE THE BEST PROGRAMS THAT MEET OUR OUTCOMES THAT SUPPORT CHILDREN AND FAMILIES, SUPPORT SENIORS AND MEET BASIC NEEDS ARE APPROVED THIS YEAR OUR VOLUNTEERS APPROVED A TOTAL OF 964,000 IN GRANTS FOR OUR NEXT FUNDING CYCLE BEGINNING JULY 1, 2012 CONTINUED ON SCHEDULE O AT THE END OF THE UNITED WAY OF EASTERN MAINE FUNDING CYCLE FOR FISCAL YEAR 2012 ALL 76 FUNDED PROGRAMS SUBMITTED YEAR END REPORTS THAT WERE REVIEWED BY STAFF WHO FOLLOWED-UP WITH PROGRAMS WHO DID NOT MEET OUTCOMES PER THEIR LOGIC MODEL, OR HAD OTHER ISSUES REQUIRING ATTENTION UNITED WAY OF EASTERN MAINE STAFF WORKS YEAR-ROUND TO MAINTAIN STRONG PROGRAM/AGENCY CONTACTS, INCLUDING ON-SITE VISITS WITH ALL FUNDED PROGRAMS

**4b** (Code ) (Expenses \$ 75,920 including grants of \$ ) (Revenue \$ )  
 VOLUNTEERISM THE VOLUNTEER CENTER IS A ONE-STOP RESOURCE FOR ALL THINGS VOLUNTEER WE ENCOURAGE ADULTS TO SERVE, YOUTH TO BUILD CHARACTER, FAMILIES TO BOND, YOUNG PROFESSIONALS TO EXCEL AS LEADERS, MATURE ADULTS TO STAY ENGAGED AND BUSINESSES TO ADDRESS COMMUNITY NEEDS THROUGH OUR ONLINE DATABASE AT WWW UNITEDWAYEM ORG, WE MATCH VOLUNTEERS TO MEANINGFUL OPPORTUNITIES EVERY DAY THROUGH THE VOLUNTEER CENTER WE COORDINATE AN ANNUAL "DAY OF CARING", THE "I WILL" CAMPAIGN, "WISDOM WORKS", THE NATIONAL LETTER CARRIER FOOD DRIVE, THE MENTOR/TUTOR/READER DRIVE AS WELL AS FAMILY, GROUP AND CORPORATE OPPORTUNITIES CONTINUED ON SCHEDULE O THE VOLUNTEER CENTER OFFERS CAPACITY BUILDING AND TECHNICAL SUPPORT FOR AGENCIES THAT UTILIZE VOLUNTEERS BY PROVIDING REGULAR TRAINING OPPORTUNITIES, VOLUNTEER MANAGEMENT RESOURCES AND BIMONTHLY PEER TO PEER NETWORKING

**4c** (Code ) (Expenses \$ 57,611 including grants of \$ ) (Revenue \$ )  
 2-1-1 MAINE UWEM ADMINISTERS 2-1-1 MAINE FOR OUR 5 COUNTY SERVICE AREA 2-1-1 IS A COMPREHENSIVE STATEWIDE DIRECTORY OF OVER 10,000 HEALTH AND HUMAN SERVICES AVAILABLE IN MAINE THE TOLL FREE 2-1-1 HOTLINE IS CONFIDENTIAL AND ANONYMOUS, AND CONNECTS CALLERS TO TRAINED CALL SPECIALISTS WHO CAN HELP 24 HOURS A DAY, 7 DAYS A WEEK FINDING THE ANSWERS TO HEALTH AND HUMAN SERVICES QUESTIONS AND LOCATING RESOURCES IS AS QUICK AND EASY AS DIALING 2-1-1 OR VISITING WWW 211MAINE ORG

(Code ) (Expenses \$ 545,590 including grants of \$ 329,245 ) (Revenue \$ )  
 HUNGER INITIATIVES NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE THE UNITED WAY OF EASTERN MAINE CO-MANAGES THE NALC FOOD DRIVE EACH SPRING IN COOPERATION WITH THE NALC POSTAL WORKERS UNION NALC IS THE LARGEST FOOD DRIVE IN THE UNITED STATES UWEM HANDLES THE ADMINISTRATIVE FUNCTIONS AND RECRUITING OF VOLUNTEERS FOR THE DAY LAST YEAR THIS DRIVE COLLECTED 81,688 POUNDS OF FOOD WHICH TRANSLATES TO 68,073 MEALS AND 171,544 FOR LOCAL PANTRIES PANTRY PROJECT THE LATEST STATISTICS SHOW THAT MORE THAN 20% OF MAINE HOUSEHOLDS DO NOT HAVE RELIABLE AND CONSISTENT ACCESS TO FOOD 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 6,713 POUNDS OF FOOD WAS COLLECTED TRANSLATING TO 5,594 MEALS OR 14,087 IN VALUE HANCOCK COUNTY FOOD DRIVE NEW THIS YEAR, IN HANCOCK COUNTY, 60 BUSINESSES PARTICIPATED IN A MONTH LONG FOOD DRIVE TO BENEFIT THE FOOD CUPBOARDS OF HANCOCK COUNTY THIRTEEN CUPBOARDS RECEIVED FOOD THAT RAISED APPROXIMATELY 7,000 LBS OF FOOD AND MATCHING CONTRIBUTIONS FROM THE MAINE COMMUNITY FOUNDATION AND UNITED WAY OF EASTERN MAINE BACKPACK PROGRAM THE BACK PACK PROGRAM IS DESIGNED TO MEET THE NEEDS OF HUNGRY CHILDREN AT TIMES WHEN OTHER RESOURCES ARE NOT AVAILABLE, SUCH AS WEEKENDS AND SCHOOL VACATIONS UNITED WAY OF EASTERN MAINE HAS PARTNERED WITH SEVERAL SCHOOL DISTRICTS AND FOOD PANTRIES UNITED WAY BRINGS TOGETHER A COALITION OF THE HOST SCHOOL DISTRICT, A LOCAL FOOD PANTRY, COMMUNITY PARTNERS AND FISCAL SPONSORS TO PROVIDE BACKPACKS FILLED WITH NUTRITIOUS, EASILY ACCESSIBLE FOOD TO THESE CHILDREN EVERY WEEKEND CURRENTLY BACKPACK FOOD PROGRAMS ARE ACTIVE IN CORINTH, GUILFORD AND KINGMAN SERVING OVER 200 CHILDREN CONTACT UWEM IF YOU ARE INTERESTED IN STARTING A BACKPACK PROGRAM IN YOUR COMMUNITY FAMILYWIZE PRESCRIPTION DISCOUNT CARDS THE FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP WITH UNITED WAY ALLOWS INDIVIDUALS AND FAMILIES TO OBTAIN SAVINGS ON PRESCRIPTION DRUGS THIS YEAR FAMILYWIZE RECEIVED 2,743 CLAIMS WHICH RESULTED IN A TOTAL SAVINGS OF 62,763 FOR THE INDIVIDUALS AND FAMILIES IN OUR FIVE COUNTY REGION EASTERN MAINE CAH (CREATING ASSETS SAVINGS AND HOPE) A UWEM LEAD COLLABORATION, COMPRISED OF 20+ NON-AND FOR-PROFIT PARTNERS, WORKING TOGETHER TO HELP LOW- AND MODERATE-INCOME MAINERS MAKE THE MOST OF THEIR MONEY THE EASTERN MAINE CAH COALITION PROVIDES ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN EASTERN MAINE SINCE 2009 EASTERN MAINE CAH HAS SERVED 16,600 INDIVIDUALS, BROUGHT IN 3 8 MILLION IN EARNED INCOME TAX CREDITS AND SAVED 2 8 MILLION IN TAX PREPARATION SERVICES EASTERN MAINE CAH OFFERS FREE TAX PREPARATION AT 75 SITES ACROSS OUR SERVICE AREA FROM JANUARY THROUGH APRIL

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 545,590 including grants of \$ 329,245 ) (Revenue \$ )

**4e Total program service expenses** \$ 2,453,976

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	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> . . . . .	<b>21</b>	Yes	
<b>22</b>	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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>		No
<b>24a</b>	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>		No
<b>34</b>	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> . . . . .	<b>34</b>		No
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	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> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 (18), 1b (18), 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 made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made 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 EDNEY
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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) HELEN MCKINNON SECRETARY/SC	1 00	X		X				0	0	0
(5) FRANK BRAGG MD DIRECTOR	1 00	X						0	0	0
(6) AMANDA BUTTERFIELD DIRECTOR	1 00	X						0	0	0
(7) MR JOHN DOUGHERTY DIRECTOR	1 00	X						0	0	0
(8) SUSAN FALON 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) BEN HASKELL DIRECTOR	1 00	X						0	0	0
(12) JIM MILLER DIRECTOR	1 00	X						0	0	0
(13) YOLANDA LANNIE MOFFATT DIRECTOR	1 00	X						0	0	0
(14) TOM PALMER DIRECTOR	1 00	X						0	0	0
(15) ESTHER RAUCH DIRECTOR	1 00	X						0	0	0
(16) DONALD STURGEON DIRECTOR	1 00	X						0	0	0
(17) BRIAN DONAHUE 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JOHN KUROPCHAK EXECUTIVE DI	43 00			X				82,754	0	12,214
(19) KARLA EDNEY FINANCE DIRE	44 00			X				62,522	0	9,802
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							145,276			22,016

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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
<b>5</b> 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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 41,729					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b> 45,990					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 2,815,618					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 226,685					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>h</b> 2,903,337	2,903,337				
	<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____				
<b>b</b>		_____					
<b>c</b>		_____					
<b>d</b>		_____					
<b>e</b>		_____					
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . <b>g</b>					
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . <b>3</b> 38,332	38,332			38,332
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>4</b>					
	<b>5</b>	Royalties . . . . . <b>5</b>					
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross rents				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Net rental income or (loss) . . . . . <b>d</b>					
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory				
		<b>c</b>	Less cost or other basis and sales expenses				
	<b>d</b>	Net gain or (loss) . . . . . <b>d</b>					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>c</b>					
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . <b>c</b>						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . . <b>c</b>						
	Miscellaneous Revenue	Business Code					
<b>11a</b>	SERVICE FEES		112,793	112,793			
<b>b</b>	SPECIAL EVENTS		2,273	2,273			
<b>c</b>	MISCELLANEOUS INCOME		606	606			
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>e</b> 115,672		115,672				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>12</b> 3,057,341		3,057,341	115,672		38,332	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,104,100	2,104,100		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	167,292	42,889	87,796	36,607
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	357,605	158,807	35,263	163,535
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	49,162	21,210	2,008	25,944
<b>10</b>	Payroll taxes . . . . .	44,946	18,009	9,811	17,126
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	21,000		21,000	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	21,406	12,089	5,636	3,681
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	22,737	3,619	1,693	17,425
<b>14</b>	Information technology . . . . .	16,233	8,714	3,988	3,531
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	62,889	28,168	12,119	22,602
<b>17</b>	Travel . . . . .	16,486	10,800	450	5,236
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	11,589	3,424	2,033	6,132
<b>20</b>	Interest . . . . .	579	264	113	202
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	12,063	5,346	2,326	4,391
<b>23</b>	Insurance . . . . .	5,514	2,134	954	2,426
<b>24</b>	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 )				
<b>a</b>	MATERIAL AND SUPPLIES	31,324	5,450	2,246	23,628
<b>b</b>	NATIONAL DUES PAYMENTS	22,929	10,314	4,886	7,729
<b>c</b>	COMMUNITY EVENTS	14,115	5,379	1,046	7,690
<b>d</b>	MAINTENANCE AND REPAIRS	11,278	4,565	2,061	4,652
<b>e</b>					
<b>f</b>	All other expenses	11,618	8,695	1,068	1,855
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	3,004,865	2,453,976	196,497	354,392
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	84,074	<b>1</b>	151,194
	<b>2</b> Savings and temporary cash investments . . . . .	579,844	<b>2</b>	363,773
	<b>3</b> Pledges and grants receivable, net . . . . .	1,083,631	<b>3</b>	1,120,253
	<b>4</b> Accounts receivable, net . . . . .	2,268,812	<b>4</b>	28,106
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	59,320	<b>9</b>	49,399
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	145,094		
	<b>b</b> Less accumulated depreciation . . . . .	105,837	<b>10c</b>	39,257
	<b>11</b> Investments—publicly traded securities . . . . .	884,358	<b>11</b>	1,061,801
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	571,122	<b>15</b>	2,870,856
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,561,025	<b>16</b>	5,684,639	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	42,864	<b>17</b>	70,770
	<b>18</b> Grants payable . . . . .	950,354	<b>18</b>	997,599
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	31,944
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	9,823	<b>25</b>	5,971
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,003,041	<b>26</b>	1,106,284
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,383,839	<b>27</b>	1,362,377
	<b>28</b> Temporarily restricted net assets . . . . .	511,917	<b>28</b>	563,731
	<b>29</b> Permanently restricted net assets . . . . .	2,662,228	<b>29</b>	2,652,247
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	4,557,984	<b>33</b>	4,578,355	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,561,025	<b>34</b>	5,684,639	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,057,341
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,004,865
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	52,476
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,557,984
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-32,105
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	4,578,355

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	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		
<b>3a</b>	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>b</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**

OMB No 1545-0047

**2011**

**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 **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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,263,488	3,881,237	3,119,338	2,798,998	2,903,337	16,966,398
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,263,488	3,881,237	3,119,338	2,798,998	2,903,337	16,966,398
<b>5</b> 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)						1,343,061
<b>6 Public Support.</b> Subtract line 5 from line 4						15,623,337

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	4,263,488	3,881,237	3,119,338	2,798,998	2,903,337	16,966,398
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,673	39,942	39,348	40,974	38,332	222,269
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						17,188,667
<b>12</b> Gross receipts from related activities, etc. (See instructions)					<b>12</b>	115,672

**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**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	90.890%
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	87.230%

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0211478

**Name:** UNITED WAY OF EASTERN MAINE

## Form 990, Special Condition Description:

### Special Condition Description

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

### 4d. Other program services

(Code ) (Expenses \$ 545,590 including grants of \$ 329,245 ) (Revenue \$ )

HUNGER INITIATIVES NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE THE UNITED WAY OF EASTERN MAINE CO-MANAGES THE NALC FOOD DRIVE EACH SPRING IN COOPERATION WITH THE NALC POSTAL WORKERS UNION NALC IS THE LARGEST FOOD DRIVE IN THE UNITED STATES UWEM HANDLES THE ADMINISTRATIVE FUNCTIONS AND RECRUITING OF VOLUNTEERS FOR THE DAY LAST YEAR THIS DRIVE COLLECTED 81,688 POUNDS OF FOOD WHICH TRANSLATES TO 68,073 MEALS AND 171,544 FOR LOCAL PANTRIES PANTRY PROJECT THE LATEST STATISTICS SHOW THAT MORE THAN 20% OF MAINE HOUSEHOLDS DO NOT HAVE RELIABLE AND CONSISTENT ACCESS TO FOOD 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 6,713 POUNDS OF FOOD WAS COLLECTED TRANSLATING TO 5,594 MEALS OR 14,087 IN VALUE HANCOCK COUNTY FOOD DRIVE NEW THIS YEAR, IN HANCOCK COUNTY, 60 BUSINESSES PARTICIPATED IN A MONTH LONG FOOD DRIVE TO BENEFIT THE FOOD CUPBOARDS OF HANCOCK COUNTY THIRTEEN CUPBOARDS RECEIVED FOOD THAT RAISED APPROXIMATELY 7,000 LBS OF FOOD AND MATCHING CONTRIBUTIONS FROM THE MAINE COMMUNITY FOUNDATION AND UNITED WAY OF EASTERN MAINE BACKPACK PROGRAM THE BACK PACK PROGRAM IS DESIGNED TO MEET THE NEEDS OF HUNGRY CHILDREN AT TIMES WHEN OTHER RESOURCES ARE NOT AVAILABLE, SUCH AS WEEKENDS AND SCHOOL VACATIONS UNITED WAY OF EASTERN MAINE HAS PARTNERED WITH SEVERAL SCHOOL DISTRICTS AND FOOD PANTRIES UNITED WAY BRINGS TOGETHER A COALITION OF THE HOST SCHOOL DISTRICT, A LOCAL FOOD PANTRY, COMMUNITY PARTNERS AND FISCAL SPONSORS TO PROVIDE BACKPACKS FILLED WITH NUTRITIOUS, EASILY ACCESSIBLE FOOD TO THESE CHILDREN EVERY WEEKEND CURRENTLY BACKPACK FOOD PROGRAMS ARE ACTIVE IN CORINTH, GUILFORD AND KINGMAN SERVING OVER 200 CHILDREN CONTACT UWEM IF YOU ARE INTERESTED IN STARTING A BACKPACK PROGRAM IN YOUR COMMUNITY FAMILYWIZE PRESCRIPTION DISCOUNT CARDS THE FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP WITH UNITED WAY ALLOWS INDIVIDUALS AND FAMILIES TO OBTAIN SAVINGS ON PRESCRIPTION DRUGS THIS YEAR FAMILYWIZE RECEIVED 2,743 CLAIMS WHICH RESULTED IN A TOTAL SAVINGS OF 62,763 FOR THE INDIVIDUALS AND FAMILIES IN OUR FIVE COUNTY REGION EASTERN MAINE CAH (CREATING ASSETS SAVINGS AND HOPE) A UWEM LEAD COLLABORATION, COMPRISED OF 20+ NON-AND FOR-PROFIT PARTNERS, WORKING TOGETHER TO HELP LOW- AND MODERATE-INCOME MAINERS MAKE THE MOST OF THEIR MONEY THE EASTERN MAINE CAH COALITION PROVIDES ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN EASTERN MAINE SINCE 2009 EASTERN MAINE CAH HAS SERVED 16,600 INDIVIDUALS, BROUGHT IN 3 8 MILLION IN EARNED INCOME TAX CREDITS AND SAVED 2 8 MILLION IN TAX PREPARATION SERVICES EASTERN MAINE CAH OFFERS FREE TAX PREPARATION AT 75 SITES ACROSS OUR SERVICE AREA FROM JANUARY THROUGH APRIL

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	242,525	208,130	192,552	248,747	
<b>b</b> Contributions . . . . .	2,240,000	2,736	1,380		
<b>c</b> Investment earnings or losses . . . . .	109,116	42,990	23,448	-46,335	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-29,250	-8,780	-9,250	-9,860	
<b>f</b> Administrative expenses . . . . .	-9,452	-2,551			
<b>g</b> End of year balance . . . . .	2,552,939	242,525	208,130	192,552	

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

- a** Board designated or quasi-endowment **▶** 4 630 %
- b** Permanent endowment **▶** 91 430 %
- c** Term endowment **▶** 3 940 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		145,094	105,837	39,257
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) <b>▶</b>				39,257



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	3,057,341
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	3,004,865
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	52,476
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	42,391
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-74,496
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-32,105
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	20,371

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,201,130
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	42,391
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-74,496
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-32,105
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,233,235
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	824,106
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	824,106
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	3,057,341

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	2,180,759
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,180,759
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	824,106
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	824,106
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	3,004,865

**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	LOSSES FROM UNCOLLETIBLE PLEDGES -74,496 DONOR DESIGNATIONS -824,106 DONOR DESIGNATIONS 824,106
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	LOSSES FROM UNCOLLETIBLE PLEDGES -74,496
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 824,106
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	DONOR DESIGNATIONS 824,106
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2012, 2011, AND 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Schedule I (Form 990)

OMB No 1545-0047

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

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. 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 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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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.

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**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.

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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
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

**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**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BANGOR Y	20-3282977	501	126,460				
SHAW HOUSE	01-0495262	501	99,839				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER PORTLAND	01-0241767	501	77,450				
EASTERN AREA AGENCY ON AGING	01-0328376	501	75,091				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PENQUIS	01-0541817	501	75,013				
GOOD SAMARITAN AGENCY	01-0211507	501	71,210				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPRUCE RUN ASSOCIATION	01-0358090	501	61,408				
BANGOR AREA HOMELESS SHELTER	01-0412267	501	54,329				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE NEXT STEP	01-0482508	501	43,012				
OLD TOWNORONO YMCA	22-3160786	501	34,174				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMICUS	01-0314110	501	32,808				
COMMUNITY HEALTH CHARITIES OF MAINE	22-2478946	501	31,977				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELLSPRING INC	22-2632367	501	30,761				
WASHINGTON HANCOCK COMMUNITY AGENCY	23-7226828	501	26,288				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAINE MENTAL HEALTH CONNECTIONS	01-0376510	501	24,070				
UNITED WAY WORLDWIDE	13-1635294	501	23,101				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES NATIONAL	13-6167225	501	22,693				
DOWN EAST AIDS NETWORK	01-0441229	501	22,484				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UMAINE CENTER ON AGING	01-6000769	501	21,401				
MAINESHARE	01-0444245	501	19,520				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF MID-COAST MAINE	01-6004866	501	18,975				
CHARLOTTE WHITE CENTER	22-2582271	501	18,336				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF KENNEBEC VALLEY	01-6004404	501	18,245				
UCP OF MAINE	23-7193853	501	17,247				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HOUSING FOUNDATION	23-7046663	501	16,533				
ANIMAL CHARITIES OF AMERICA	94-3193389	501	16,450				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITERACY VOLUNTEERS OF BANGOR	23-7409749	501	16,009				
MILITARY VETERANS & PATRIOTIC SER	94-3193418	501	15,911				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMANCARE AEGIS ASSOCIATION	01-0376014	501	15,630				
FAMILIES & CHILDREN TOGETHER	01-0483192	501	14,833				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN SERVICE CHARITIES	94-3193374	501	13,589				
BUCKSPORT AREA CHILD CARE CENTER	01-0449192	501	13,048				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEW CHARITABLE TRUST	56-2307147	501	13,000				
FRIENDS IN ACTION	71-0957829	501	12,826				

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

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BIG BROTHERS BIG SISTERS OF MID C	01- 0384833	501	12,788				
DOWNEAST HEALTH SERVICES	01- 0317427	501	11,900				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MY FRIENDS PLACE	01-0237808	501	11,783				
EASTERN MAINE HOMECAREBAVN	01-0328442	501	11,387				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF MAINE	01-0211531	501	10,904				
BROADREACH FAMILY AND COMMUNITY SER	01-0471985	501	10,824				

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

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HEALTHY ACADIA	04-3746379	501	10,796				
MAINEIACS CHARITIES	01-0440449	501	10,682				

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

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CANCERCURE OF AMERICA	81-0648432	501	9,961				
PARENTS ARE TEACHERS TOO	20-3435737	501	9,776				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UMAINE COOPERATIVE EXTENSION PROG	01-6000769	501	9,588				
GLOBAL IMPACT	52-1273585	501	9,003				

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KATAHDIN AREA COUNCIL BOY SCOUTS	01-0211489	501	8,877				
HEALTH AND MEDICAL RESEARCH CHAR	94-3217739	501	8,860				

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

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MAINE COMMUNITY FOUNDATION	01-0391479	501	8,809				
NEW HOPE FOR WOMEN	01-0377246	501	8,252				

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

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KIDCARE AMERICA - LINCOLN	57-1237933	501	8,182				
DOWN EAST FAMILY YMCA	01-0412269	501	7,506				

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

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AMERICA'S CHARITIES	54-1517707	501	7,308				
UNITED WAY OF AROOSTOOK CTY	23-7147455	501	6,785				

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

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LEGAL SERVICES FOR THE ELDERLY	01-0359131	501	6,722				
UNITED WAY OF YORK COUNTY	01-0276862	501	6,564				

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

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SAFE PLACE FOOD PANTRY	23-7434041	501	6,508				
FOOD AND MEDICINE - JOBS WJUSTICE	27-0565468	501	5,958				

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

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LITERACY VOLUNTEERS - WALDO	01-0480593	501	5,748				
MAINE NATIONAL GUARD FOUNDATION	01-0450803	501	5,576				

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

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CHILDREN'S CHARITIES OF AMERICA	94-3148588	501	5,542				
GREATER OLD TOWN COMMUNITIES CARE	26-1812017	501	5,450				

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

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UNITED WAY OF MID-MAINE	01-0233280	501	5,367				
ACADIA HOSPITAL CORPORATION	01-0459837	501	5,124				

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

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EARTHSHARE	52-1601960	501	5,059				
MAKE A WISH FOUNDATION OF MAINE	01-0477512	501	5,003				

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

**2011**

**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**

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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 . . . . .	X	1	18,195	MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 ▶ ( <u>FOOD</u> ) . . . . .	X	1	200,342	WEIGHT
26 Other ▶ ( <u>MISCELLANEOUS</u> ) . . . . .	X	1	8,148	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

	Yes	No
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? . . . . .		No
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? . . . . .	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
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		

**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 M (Form 990) 2011

**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

**2011**

**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 ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	AT THE END OF THE UNITED WAY OF EASTERN MAINE FUNDING CYCLE FOR FISCAL YEAR 2012 ALL 76 FUNDED PROGRAMS SUBMITTED YEAR END REPORTS THAT WERE REVIEWED BY STAFF WHO FOLLOWED-UP WITH PROGRAMS WHO DID NOT MEET OUTCOMES PER THEIR LOGIC MODEL, OR HAD OTHER ISSUES REQUIRING ATTENTION UNITED WAY OF EASTERN MAINE STAFF WORKS YEAR-ROUND TO MAINTAIN STRONG PROGRAM/AGENCY CONTACTS, INCLUDING ON-SITE VISITS WITH ALL FUNDED PROGRAMS

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE VOLUNTEER CENTER OFFERS CAPACITY BUILDING AND TECHNICAL SUPPORT FOR AGENCIES THAT UTILIZE VOLUNTEERS BY PROVIDING REGULAR TRAINING OPPORTUNITIES, VOLUNTEER MANAGEMENT RESOURCES AND BIMONTHLY PEER TO PEER NETWORKING

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>HUNGER INITIATIVES NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE THE UNITED WAY OF EASTERN MAINE CO-MANAGES THE NALC FOOD DRIVE EACH SPRING IN COOPERATION WITH THE NALC POSTAL WORKERS UNION NALC IS THE LARGEST FOOD DRIVE IN THE UNITED STATES UWEM HANDLES THE ADMINISTRATIVE FUNCTIONS AND RECRUITING OF VOLUNTEERS FOR THE DAY LAST YEAR THIS DRIVE COLLECTED 81,688 POUNDS OF FOOD WHICH TRANSLATES TO 68,073 MEALS AND 171,544 FOR LOCAL PANTRIES PANTRY PROJECT THE LATEST STATISTICS SHOW THAT MORE THAN 20% OF MAINE HOUSEHOLDS DO NOT HAVE RELIABLE AND CONSISTENT ACCESS TO FOOD 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 6,713 POUNDS OF FOOD WAS COLLECTED TRANSLATING TO 5,594 MEALS OR 14,087 IN VALUE HANCOCK COUNTY FOOD DRIVE NEW THIS YEAR, IN HANCOCK COUNTY, 60 BUSINESSES PARTICIPATED IN A MONTH LONG FOOD DRIVE TO BENEFIT THE FOOD CUPBOARDS OF HANCOCK COUNTY THIRTEEN CUPBOARDS RECEIVED FOOD THAT RAISED APPROXIMATELY 7,000 LBS OF FOOD AND MATCHING CONTRIBUTIONS FROM THE MAINE COMMUNITY FOUNDATION AND UNITED WAY OF EASTERN MAINE BACKPACK PROGRAM THE BACK PACK PROGRAM IS DESIGNED TO MEET THE NEEDS OF HUNGRY CHILDREN AT TIMES WHEN OTHER RESOURCES ARE NOT AVAILABLE, SUCH AS WEEKENDS AND SCHOOL VACATIONS UNITED WAY OF EASTERN MAINE HAS PARTNERED WITH SEVERAL SCHOOL DISTRICTS AND FOOD PANTRIES UNITED WAY BRINGS TOGETHER A COALITION OF THE HOST SCHOOL DISTRICT, A LOCAL FOOD PANTRY, COMMUNITY PARTNERS AND FISCAL SPONSORS TO PROVIDE BACKPACKS FILLED WITH NUTRITIOUS, EASILY ACCESSIBLE FOOD TO THESE CHILDREN EVERY WEEKEND CURRENTLY BACKPACK FOOD PROGRAMS ARE ACTIVE IN CORINTH, GUILFORD AND KINGMAN SERVING OVER 200 CHILDREN CONTACT UWEM IF YOU ARE INTERESTED IN STARTING A BACKPACK PROGRAM IN YOUR COMMUNITY FAMILYWIZE PRESCRIPTION DISCOUNT CARDS THE FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP WITH UNITED WAY ALLOWS INDIVIDUALS AND FAMILIES TO OBTAIN SAVINGS ON PRESCRIPTION DRUGS THIS YEAR FAMILYWIZE RECEIVED 2,743 CLAIMS WHICH RESULTED IN A TOTAL SAVINGS OF 62,763 FOR THE INDIVIDUALS AND FAMILIES IN OUR FIVE COUNTY REGION EASTERN MAINE CAH (CREATING ASSETS SAVINGS AND HOPE) A UWEM LEAD COLLABORATION, COMPRISED OF 20+ NON-AND FOR-PROFIT PARTNERS, WORKING TOGETHER TO HELP LOW- AND MODERATE-INCOME MAINERS MAKE THE MOST OF THEIR MONEY THE EASTERN MAINE CAH COALITION PROVIDES ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN EASTERN MAINE SINCE 2009 EASTERN MAINE CAH HAS SERVED 16,600 INDIVIDUALS, BROUGHT IN 3.8 MILLION IN EARNED INCOME TAX CREDITS AND SAVED 2.8 MILLION IN TAX PREPARATION SERVICES EASTERN MAINE CAH OFFERS FREE TAX PREPARATION AT 75 SITES ACROSS OUR SERVICE AREA FROM JANUARY THROUGH APRIL</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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	42,391 OF UNREALIZED INVESTMENT GAINS WERE INCURRED AND REPORTED ON THE FINANCIAL STATEMENTS 74,496 LOSSES FROM UNCOLLECTIBLE PLEDGES