

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 private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code: BANGOR, ME 044013621

D Employer identification number: 01-0211478
E Telephone number: (207) 941-2800
G Gross receipts \$ 3,054,612

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: HTTP://WWW.UNITEDWAYEM.ORG/

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF UNITED WAY OF EASTERN MAINE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE AND COMMUNITIES WE WILL ACHIEVE OUR MISSION THROUGH THREE KEY STRATEGIES - IMPROVING THE HEALTH, EDUCATION AND INCOME OF PEOPLE IN THE FIVE COUNTIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	722
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,647,985	2,835,681
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,355	114,341
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,934	104,590
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,839,274	3,054,612
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,073,803
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		631,231	665,909
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶418,822			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		320,560	412,453
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,025,594	3,034,695
19 Revenue less expenses Subtract line 18 from line 12	-186,320	19,917	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,676,485	5,779,999
	22 Net assets or fund balances Subtract line 21 from line 20	1,101,056	918,318
		4,575,429	4,861,681

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: 2014-11-07
 JOHN KUROPCHAK EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARK W CHELLIS Preparer's signature: Date: 2014-12-10 Check if self-employed PTIN: P00435439
 Firm's name: EDWARDS FAUST & SMITH Firm's EIN: 01-0463272
 Firm's address: 716 UNION ST BANGOR, ME 044013156 Phone no: (207) 947-4575

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 1,460,462 including grants of \$ 1,460,462) (Revenue \$)
 AGENCY SUPPORT JUNE 30, 2014 MARKED THE END OF A TWO YEAR FUNDING CYCLE UNITED WAY VOLUNTEERS CAREFULLY REVIEW AGENCY APPLICATIONS TO ENSURE THE BEST PROGRAMS THAT MEET OUR OUTCOMES UNDER EDUCATION, INCOME AND HEALTH ARE APPROVED VOLUNTEERS APPROVED A TOTAL OF 936,455 SUPPORTING 68 PROGRAMS AT 41 HEALTH AND HUMAN SERVICE NON-PROFIT ORGANIZATIONS THROUGHOUT HANCOCK, PISCATAQUIS, PENOBSCOT, WASHINGTON AND WALDO COUNTIES FUNDING PARTNERS SUBMITTED 6 MONTH AND END OF FUNDING REPORTS WHICH WERE REVIEWED BY STAFF (CONTINUED ON SCHEDULE O) UNITED WAY STAFF AND VOLUNTEERS WORK YEAR ROUND WITH FUNDED PARTNERS TO MAINTAIN STRONG PROGRAM/AGENCY RELATIONSHIPS EACH TWO YEAR FUNDING CYCLE IS A NEW CYCLE AND PARTNERS SEEKING FUNDING MUST RE-APPLY UWEM ACCEPTS APPLICATIONS FROM CURRENT AND POTENTIAL PARTNERS THAT ARE ALIGNED WITH OUR 6 COMMUNITY OUTCOMES DURING 2ND QUARTER OF FYE 2014 UWEM RECEIVED 81 FUNDING APPLICATIONS FOR THE FYE15/16 FUNDING CYCLE VOLUNTEER REVIEWERS SPENT HUNDREDS OF HOURS REVIEWING AND WEIGHING THE APPLICATIONS AGAINST PRE-ESTABLISHED CRITERIA THE NEW SLATE OF APPROVED PROGRAMS WILL BEGIN RECEIVING FUNDS FOR FYE 15 ON JULY 1, 2014 AND BE REPORTED ON IN NEXT YEAR'S 990

4b (Code) (Expenses \$ 77,307 including grants of \$) (Revenue \$)
 VOLUNTEERISM THE VOLUNTEER CENTER IS A ONE-STOP RESOURCE FOR ALL THINGS VOLUNTEER THROUGH OUR ONLINE DATABASE WE MATCH VOLUNTEERS TO MEANINGFUL OPPORTUNITIES EVERY DAY 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 ADDITIONALLY, 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 (CONTINUED ON SCHEDULE O) THE VOLUNTEER CENTER IS ALSO RESPONSIBLE FOR MANAGING THE ANNUAL MAKE A DIFFERENCE EASTERN MAINE DAYS OF SERVICE AND STUDENT DAYS OF CARING

4c (Code) (Expenses \$ 104,389 including grants of \$) (Revenue \$)
 211 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 211 PROVIDES UWEM WITH DATA AROUND COMMUNITY NEEDS AND UNMET NEEDS ON A MONTHLY BASIS (CONTINUED ON SCHEDULE O) WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP TELL CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, SUBSTANCE ABUSE SERVICES CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPT THROUGH MARCH ADDITIONALLY 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JAN-MARCH) AND WEATHER RELATED DISASTERS (I E ICE STORMS) IN FYE 2014 THERE WERE 414 AGENCIES LISTED IN THE 211 DATABASE AND 11,065 CALLS FOR UWEM'S SERVICE AREA

(Code) (Expenses \$ 811,715 including grants of \$ 495,871) (Revenue \$)
 FAMILYWISE UNITED WAY IS THE OFFICIAL PARTNER OF FAMILYWISE COMMUNITY SERVICE PARTNERSHIP FAMILYWISE PLANS TO REDUCE THE COST OF PRESCRIPTION MEDICINE FOR CHILDREN, FAMILIES AND INDIVIDUALS BY 1 BILLION BY THE END OF 2015 UWEM DISTRIBUTES PHARMACY DISCOUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS UWEM HAS BEEN PARTICIPATING IN THIS PROGRAM SINCE 2012, USE OF THE CARD AND SAVINGS PASSED ON TO INDIVIDUALS AS A RESULT HAS INCREASED GREATLY SINCE THAT TIME IN FYE 2014 FAMILYWISE SAVED INDIVIDUALS 167,386 IN PRESCRIPTION DRUG COSTS IN UWEM'S SERVICE AREA NEIGHBORS HELPING NEIGHBORS SINCE 2007 UWEM HAS BEEN A LEADER IN IDENTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER WE KNOW THIS IS A GREAT NEED IN OUR SERVICE AREA BASED ON THE SHEER VOLUME OF INDIVIDUALS SEEKING OUT LIHEAP FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 15% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR NEIGHBORS HELPING NEIGHBORS GREW OUT OF OUR WORK WITH THE EASTERN MAINE FUNDERS IN 2007 THIS INITIATIVE PROVIDES SMALL GRANTS THAT HELP FAMILIES STAY SAFE THROUGH THE WINTER BY PROVIDING FUNDS FOR EMERGENCY HEATING ASSISTANCE, ENERGY AUDITS, WINTERIZATION, WEATHERIZATION AND HANDS ON TRAINING IN ENERGY SAVING METHODS IN FYE 2014 THIS PROGRAM AWARDED 21,900 IN GRANTS SERVING 600 INDIVIDUALS AND FAMILIES IN EASTERN MAINE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP) UWEM ACTS AS THE LOCAL MANAGER FOR THE DISTRIBUTION OF FEDERAL EMERGENCY MANAGEMENT AGENCY EMERGENCY FOOD & SHELTER PROGRAM (EFSP) FUNDS TO AREA SOCIAL SERVICE AGENCIES IN AN EFFORT TO HELP PEOPLE WITH ECONOMIC EMERGENCIES EFSP FUNDS PROVIDE FOOD, SHELTER AND GENERAL ASSISTANCE TO THOSE IN NEED NEW FUNDING WAS NOT RELEASED FROM THE FEDERAL GOVERNMENT IN FYE 2014 NATIONAL ASSOCIATION OF LETTER CARRIERS(NALC) FOOD DRIVE OVER THE LAST 15+ YEARS THE UWEM CO-MANAGES THE NALC FOOD DRIVE IN THE BANGOR AREA EACH SPRING IN COOPERATION WITH THE NALC POSTAL WORKERS UNION NALC IS THE LARGEST FOOD DRIVE IN THE UNITED STATES UWEM SUPPORTS PUBLICITY EFFORTS,VOLUNTEER RECRUITMENT AND ORGANIZATION LEADING UP TO THE EVENT, UWEM MANAGES THE ADMINISTRATIVE FUNCTIONS AND VOLUNTEER MANAGEMENT ON THE DAY OF THE EVENT IN FYE 2014 THIS PROGRAM GENERATED 77, 156 POUNDS OF FOOD, TRANSLATING INTO 64,297 MEALS VALUED OVER 162,028 PANTRY PROJECT MORE THAN 20% OF MAINE HOUSEHOLDS DO NOT HAVE RELIABLE AND CONSISTENT ACCESS TO FOOD ALTHOUGH THE HOLIDAY SEASON BRINGS MANY DONATIONS OF FOOD, BY SPRING, MANY PANTRIES EXPERIENCE A FOOD SHORTAGE THROUGH OUR PANTRY PROJECT WE DISTRIBUTE SHELVEON TO A DIFFERENT BUSINESS PARTNER FROM JANUARY THROUGH APRIL THE FOOD COLLECTED EACH MONTH IS DISTRIBUTED THROUGH GOOD SHEPHERD FOOD BANK TO AREA FOOD CUPBOARDS IN FYE 2014 THE PROGRAM RAISED 12,012 POUNDS OF FOOD FROM 18 SITES THROUGHOUT EASTERN MAINE THIS TRANSLATES TO APPROXIMATELY 10,010 MEALS AT A VALUE OF 25,225 HANCOCK COUNTY FOOD DRIVE SINCE 2012 UWEM HAS PARTNERED WITH THE MAINE COMMUNITY FOUNDATION, HEALTH AND HUMAN SERVICE ORGANIZATIONS, UNIVERSITY OF MAINE COOPERATIVE EXTENSION, BUSINESSES, SCHOOLS AND TOWNS TO COLLECT FOOD AND DONATIONS DURING THE MONTH OF MARCH TO BENEFIT THE FOOD CUPBOARDS OF HANCOCK COUNTY IN FYE 2014 THE PROGRAM RAISED 15,175 POUNDS OF FOOD (THROUGH FOOD AND CASH DONATIONS) FROM 141 SITES THROUGHOUT HANCOCK COUNTY MAINE THIS TRANSLATES TO APPROXIMATELY 12,646 MEALS AT A VALUE OF 38,242 THE BACKPACK PROGRAM IS DESIGNED TO MEET THE NEEDS OF HUNGRY CHILDREN AT TIMES WHEN OTHER RESOURCES ARE NOT AVAILABLE, SUCH AS WEEKENDS AND SCHOOL VACATIONS UWEM PARTNERS EXCLUSIVELY WITH GOOD SHEPHERD FOOD BANK TO MOST EFFECTIVELY DELIVER THE PROGRAM IN FYE 2014 THROUGH OUR PARTNERSHIP WITH GOOD SHEPHERD FOOD BANK 9 SCHOOLS WERE ADDED, EAST MILLINOCKET (OPAL MYRICK ELEMENTARY SCHOOL, SCHENCK HIGH SCHOOL), MILLINOCKET (GRANITE ELEMENTARY SCHOOL, MILLINOCKET MIDDLE SCHOOL), MEDWAY (MEDWAY MIDDLE SCHOOL), BANGOR (JAMES F DOUGHTY SCHOOL, FAIRMOUNT SCHOOL, VINE STREET SCHOOL, 14TH STREET SCHOOL) SINCE 2011 UWEM HAS SUPPORTED THE LAUNCH OF A TOTAL OF 19 BACKPACK PROGRAMS THROUGHOUT EASTERN MAINE BORN LEARNING AGE ZERO TO FIVE IS CRITICAL IN THE DEVELOPMENT OF A CHILD'S BRAIN, SOCIAL SKILLS, ABILITY TO BOND AND MUCH MORE A POSITIVE START IN LIFE HELPS KIDS SUCCEED NOT ONLY IN SCHOOL, BUT ALL THROUGHOUT LIFE UWEM PARTNERS WITH LOCAL COMMUNITIES AND GROUPS TO INSTALL BORN LEARNING TRAILS IN PUBLIC PARKS AND PLAYGROUNDS, THE BORN LEARNING TRAIL IS AN INTERACTIVE, PLAYFUL AND VISIBLE COMMUNITY ENGAGEMENT TOOL A BORN LEARNING TRAIL IS AN ENGAGING PATH OF INTERACTIVE ACTIVITIES THAT HELPS ENCOURAGE LANGUAGE AND PRE-LITERACY SKILLS, MOTOR SKILLS AND SCHOOL READINESS IN YOUNG CHILDREN EACH TRAIL CONTAINS 10 STATIONS WITH FUN AND MEANINGFUL ACTIVITIES THAT ADULTS CAN PLAY WITH THEIR YOUNG CHILDREN IN FYE 2014 TWO TRAIL INSTALLATIONS (BANGOR AND DOVER-FOXCROFT) WERE IN THE PLANNING PHASES WITH COMPLETION EXPECTED IN FYE 2015 THE MENTOR, TUTOR, READER DRIVE IS FOCUSED ON RECRUITING 1,000 NEW MENTORS, TUTORS AND READERS IN EASTERN MAINE UWEM IS FOCUSED ON INCREASING THE NUMBER OF AND RETENTION RATE OF YOUTH & YOUNG ADULTS AGES 11-24 AND INDIVIDUALS 55 AND OVER SERVING AS VOLUNTEERS IN PENOBSCOT COUNTY UNITED WAY ALSO SUPPORTS VOLUNTEERISM THAT ADDRESSES LOCAL NEEDS RELATED TO DROPOUT PREVENTION, INCREASED HIGH SCHOOL GRADUATION RATES, AND PURSUIT OF POST-SECONDARY EDUCATION WHILE THIS INITIATIVE IS PRIMARILY FOCUSED IN PENOBSCOT COUNTY WE HAVE SEVERAL PARTNERS PARTICIPATING FROM OTHER COUNTIES IN OUR SERVICE AREA EASTERN MAINE CAH COALITION THE EASTERN MAINE CAH COALITION (EMCAH) IS A UWEM LED COLLABORATION, COMPRISED OF 21 NON-AND FOR-PROFIT PARTNERS, WORKING TOGETHER TO HELP LOW- AND MODERATE-INCOME MAINERS MAKE THE MOST OF THEIR MONEY THE MISSION IS TO PROVIDE ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR EASTERN MAINE FAMILIES AND INDIVIDUALS IN FYE 2014 EMCAH PROVIDED FREE TAX PREPARATION SERVICES TO 5,269 INDIVIDUALS GENERATING 4,460,450 IN TOTAL REFUNDS AND SAVING 895,730 IN TAX PREPARATION FEES 144 INDIVIDUALS ALSO RECEIVED IN FYE 2014 THIS IMITATIVE LEVERAGED 56 VOLUNTEERS CONTRIBUTING OVER 6,000 HOURS OF TIME DOWNEAST COMMUNITY TRANSFORMATION GRANT (CTG) IS A STATE WIDE PROJECT AIMED AT IMPROVING HEALTHY EATING AND ACTIVE LIVING FOR CHILDREN BASED AT EARLY CHILDHOOD EDUCATION SITES AND SCHOOLS IN HANCOCK AND WASHINGTON COUNTIES UWEM IS A MEMBER OF THE OVERSIGHT COMMITTEE (LEADERSHIP TEAM) FOR THE DOWNEAST AND PENQUIS PROJECTS AND SERVES AS FISCAL AGENT FOR THE DOWNEAST PROJECT SUPERVISING THE PROJECT COORDINATOR, BUDGET AND GENERAL ACTIVITIES TO DATE OVER 40 EARLY CHILDHOOD EDUCATION SITES AND 21 SCHOOLS HAVE ENROLLED AND COMMITTED TO MAKING POSITIVE CHANGES TO ACHIEVE THE GOALS OF IMPROVING NUTRITION AND PHYSICAL EDUCATION FOR CHILDREN THE PROJECT IS SLATED TO RUN THROUGH SEPTEMBER 2014, FINAL RESULTS WILL BE AVAILABLE AT THE CLOSE OF THE PROJECT

4d Other program services (Describe in Schedule O)
 (Expenses \$ 811,715 including grants of \$ 495,871) (Revenue \$)

4e Total program service expenses 2,453,873

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 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
7 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
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e 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	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JENNIFER HAZELWOOD 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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) P ANDREW HAMILTON CHAIR	1 00	X		X			0	0	0	
(2) AMANDA BUTTERFIELD TREASURER	1 00	X		X			0	0	0	
(3) YOLANDA MOFFATT VICE - CHAIR	1 00	X		X			0	0	0	
(4) HELEN MCKINNON SECRETARY/SC	1 00	X		X			0	0	0	
(5) FRANK BRAGG DIRECTOR	1 00	X					0	0	0	
(6) KRISTIN COFFEY CANDERS DIRECTOR	1 00	X					0	0	0	
(7) BRIAN DONAHUE DIRECTOR	1 00	X					0	0	0	
(8) JOHN DOUGHERTY DIRECTOR	1 00	X					0	0	0	
(9) SUSAN FALOON DIRECTOR	1 00	X					0	0	0	
(10) ANDY FITZPATRICK DIRECTOR	1 00	X					0	0	0	
(11) BEN HASKELL DIRECTOR	1 00	X					0	0	0	
(12) SGT BRAD JOHNSTON DIRECTOR	1 00	X					0	0	0	
(13) JIM MILLER DIRECTOR	1 00	X					0	0	0	
(14) TOM PALMER DIRECTOR	1 00	X					0	0	0	
(15) ELENA PERRELLO DIRECTOR	1 00	X					0	0	0	
(16) KAREN POMEROY DIRECTOR	1 00	X					0	0	0	
(17) JOSEPH PRATT DIRECTOR	1 00	X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	160,327				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,675,354				
	g	Noncash contributions included in lines 1a-1f \$	441,874				
	h	Total. Add lines 1a-1f	2,835,681				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	114,341			114,341	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b Less direct expenses b				
			c Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a				
			b Less direct expenses b				
c Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	SERVICE FEES		104,590	104,590			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		104,590				
12	Total revenue. See Instructions		3,054,612	104,590		114,341	

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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,956,333	1,956,333		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	90,858	36,734	27,639	26,485
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	465,647	206,809	45,604	213,234
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,275	2,787	363	3,125
9	Other employee benefits	58,903	28,163	7,156	23,584
10	Payroll taxes	44,226	19,782	5,780	18,664
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	89,230	26,632	48,833	13,765
12	Advertising and promotion				
13	Office expenses	25,172	4,153	1,141	19,878
14	Information technology	4,776	3,184	496	1,096
15	Royalties				
16	Occupancy	65,352	30,317	8,658	26,377
17	Travel	23,743	17,164	315	6,264
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,428	8,654	1,872	902
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,536	13,998	11	7,527
23	Insurance	7,153	3,182	812	3,159
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMUNITY INPACT FUNDS	38,298	38,298		
b	CAMPAIGN SUPPLIES/INCENT	24,749	232	12	24,505
c	UWA DUES	21,049	9,674	3,285	8,090
d	SOFTWARE SUPP & LICENSE	20,527	13,335	3,516	3,676
e	All other expenses	59,440	34,442	6,507	18,491
25	Total functional expenses. Add lines 1 through 24e	3,034,695	2,453,873	162,000	418,822
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	141,041	1	91,126
	2 Savings and temporary cash investments	201,091	2	260,338
	3 Pledges and grants receivable, net	1,031,886	3	873,528
	4 Accounts receivable, net	47,854	4	36,867
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,774	9	19,330
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 170,459		
	b Less accumulated depreciation	10b 129,967	62,028	10c 40,492
	11 Investments—publicly traded securities	1,060,704	11	1,067,189
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,079,107	15	3,391,129
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,676,485	16	5,779,999	
Liabilities	17 Accounts payable and accrued expenses	42,438	17	54,394
	18 Grants payable	1,002,661	18	852,311
	19 Deferred revenue	41,679	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	14,278	25	11,613
	26 Total liabilities. Add lines 17 through 25	1,101,056	26	918,318
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,291,239	27	1,254,972
	28 Temporarily restricted net assets	614,778	28	889,233
	29 Permanently restricted net assets	2,669,412	29	2,717,476
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,575,429	33	4,861,681	
34 Total liabilities and net assets/fund balances	5,676,485	34	5,779,999	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,054,612
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,034,695
3	Revenue less expenses Subtract line 2 from line 1	3	19,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,575,429
5	Net unrealized gains (losses) on investments	5	417,955
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-151,620
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,861,681

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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 supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,119,338	2,798,998	2,903,337	2,647,985	2,835,681	14,305,339
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,119,338	2,798,998	2,903,337	2,647,985	2,835,681	14,305,339
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						185,178
6 Public support. Subtract line 5 from line 4						14,120,161

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,119,338	2,798,998	2,903,337	2,647,985	2,835,681	14,305,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,348	40,974	38,332	108,355	114,341	341,350
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. (Add lines 7 through 10)						14,646,689
12 Gross receipts from related activities, etc. (see instructions)					12	104,590

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.410 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	93.810 %

16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, 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, and other details.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

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

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

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

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 XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 4 630 %
b Permanent endowment 77 720 %
c Temporarily restricted endowment 17 650 %
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations

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

Table with 3 columns: Description, Yes, No. Row: 3b

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD IN PERP AT MCF	3,024,274
(2) TRUST ASSETS HELD AT BANK OF AMERICA	309,995
(3) TRUST ASSETS HELD BY ACADIA TRUST	56,860
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,391,129

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATION	11,613
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11,613

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,727,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	417,955	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	417,955
3	Subtract line 2e from line 1		3	2,309,983
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	744,629	
c	Add lines 4a and 4b		4c	744,629
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	3,054,612

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,441,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,441,686
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	593,009	
c	Add lines 4a and 4b		4c	593,009
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	3,034,695

Part XIII Supplemental Information

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

Return Reference	Explanation
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
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 593,009 PROVISION FOR UNCOLLECTIBLES 151,620
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 593,009
SCHEDULE D, PAGE 4, PART XIII	THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR 2014, 2013, AND 2012 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. Part II can be duplicated 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.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY SUPPORT GROUP OF AMERICA	27-2242752	501C3	5,069				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - PINE TREE CHAP	53-0196605	501C3	5,108				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN EAST HOSPICE	01-0441482	501C3	5,750				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER OLD TOWN COMMUNITIES THAT C	26-1812017	501C3	6,005				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF YORK COUNTY	01-0276862	501C3	6,218				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCERCURE OF AMERICA	81-0648432	501C3	6,626				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES FOR THE ELDERLY OF	01-0359131	501C3	6,991				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - NATIONAL	94-1322159	501C3	6,999				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF MAINE	01-0477512	501C3	7,102				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND MEDICAL RESEARCH CHARITI	94-3217739	501C3	7,231				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN EAST FAMILY YMCA	01-0412269	501C3	7,252				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDCARE AMERICA - LINCOLN	57-1237933	501C3	7,478				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMAINE COOPERATIVE EXTENSION	01-6000769	501C3	7,994				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE	52-1601960	501C3	8,514				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE FOR WOMEN	01-0377246	501C3	8,676				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNEAST HEALTH SERVICES	01-0317427	501C3	9,375				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MAINE HOMECARE	01-0328442	501C3	9,963				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBSCOOK COMMUNITY LEARNING CENTER	01-0449348	501C3	10,000				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS ARE TEACHERS TOO	20-3435737	501C3	10,325				

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	501C3	11,259				

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

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BUCKSPORT AREA CHILD CARE CENTER	01-0449192	501C3	11,422				

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-MAI	01-0384833	501C3	11,638				

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

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FIRST UNITED METHODIST CHURCH - MY	01-0237808	501C3	11,842				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MID-COAST MAINE	01-6004866	501C3	12,322				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS IN ACTION	71-0957829	501C3	12,539				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADREACH FAMILY AND COMMUNITY SER	01-0471985	501C3	12,761				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL IMPACT	52-1273585	501C3	13,227				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY FAMILY AND VETERAN'S SERVI	94-3193418	501C3	14,202				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES AND CHILDREN TOGETHER	01-0483192	501C3	15,623				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS OF BANGOR	23-7409749	501C3	16,279				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON HANCOCK COMMUNITY AGENCY	23-7226828	501C3	16,784				

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

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THE HOUSING FOUNDATION	23-7046663	501C3	17,085				

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

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ANIMAL CHARITIES OF AMERICA	94-3193389	501C3	17,206				

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	501C3	17,559				

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

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MAINEIACS CHARITIES	01-0440449	501C3	17,671				

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

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CHRISTIAN SERVICE CHARITIES	94-3193374	501C3	18,088				

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 AROOSTOOK CTY	23-7147455	501C3	19,004				

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

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MAINE MENTAL HEALTH CONNECTIONS	01-0376510	501C3	22,098				

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

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CENTER ON AGING	01-6000769	501C3	22,295				

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

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MAINESHARE	01-0444245	501C3	23,149				

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 KENNEBEC VALLEY	01-6004404	501C3	23,327				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES FEDERATI	13-6167225	501C3	23,749				

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN EAST AIDS NETWORK	01-0441229	501C3	24,010				

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

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WELLSPRING INC	22-2632367	501C3	29,969				

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

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COMMUNITY HEALTH CHARITIES OF MAINE	22-2478946	501C3	31,304				

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

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AMICUS	01-0314110	501C3	31,534				

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 GREATER PORTLAND	01-0241767	501C3	34,655				

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

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YMCA OLD TOWN-ORONO	22-3160786	501C3	35,177				

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

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THE NEXT STEP	01-0482508	501C3	44,013				

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

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BANGOR AREA HOMELESS SHELTER	01-0412267	501C3	52,773				

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

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GOOD SAMARITAN AGENCY	01-0211507	501C3	68,305				

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

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PENQUIS	01-0541817	501C3	70,418				

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

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EASTERN AREA AGENCY ON AGING	01-0328376	501C3	73,407				

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

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SPRUCE RUN-WOMANCARE ALLIANCE	01-0358090	501C3	78,929				

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

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SHAW HOUSE	01-0495262	501C3	99,078				

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

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BANGOR YMCA	20-3282977	501C3	105,665				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	18,000	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 ▶ (FOOD)	X	99,843	412,174	WEIGHT (LBS)
26 Other ▶ (HEAT PUMP)	X	1	3,500	MARKET VALUE
27 Other ▶ (GIFT CARD/TRIP)	X	2	1,400	MARKET VALUE
28 Other ▶ (MISCELLANEOUS)	X	1	6,800	MARKET VALUE

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 through 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 noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2013)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	UNITED WAY STAFF AND VOLUNTEERS WORK YEAR ROUND WITH FUNDED PARTNERS TO MAINTAIN STRONG PROGRAM/AGENCY RELATIONSHIPS EACH TWO YEAR FUNDING CYCLE IS A NEW CYCLE AND PARTNERS SEEKING FUNDING MUST RE-APPLY UWEM ACCEPTS APPLICATIONS FROM CURRENT AND POTENTIAL PARTNERS THAT ARE ALIGNED WITH OUR 6 COMMUNITY OUTCOMES DURING 2ND QUARTER OF FYE 2014 UWEM RECEIVED 81 FUNDING APPLICATIONS FOR THE FYE15/16 FUNDING CYCLE. VOLUNTEER REVIEWERS SPENT HUNDREDS OF HOURS REVIEWING AND WEIGHING THE APPLICATIONS AGAINST PRE-ESTABLISHED CRITERIA THE NEW SLATE OF APPROVED PROGRAMS WILL BEGIN RECEIVING FUNDS FOR FYE 15 ON JULY 1, 2014 AND BE REPORTED ON IN NEXT YEAR'S 990

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	THE VOLUNTEER CENTER IS ALSO RESPONSIBLE FOR MANAGING THE ANNUAL MAKE A DIFFERENCE EASTERN MAINE DAYS OF SERVICE AND STUDENT DAYS OF CARING

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP TELL CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, SUBSTANCE ABUSE SERVICES CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPT THROUGH MARCH ADDITIONALLY 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JAN-MARCH) AND WEATHER RELATED DISASTERS (I E ICE STORMS) IN FYE 2014 THERE WERE 414 AGENCIES LISTED IN THE 211 DATABASE AND 11,065 CALLS FOR UWEM'S SERVICE AREA

Return Reference	Explanation	
FORM 990, PAGE 2, PART III, LINE 4D		<p>FAMILYWIZE UNITED WAY IS THE OFFICIAL PARTNER OF FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP FAMILYWIZE PLANS TO REDUCE THE COST OF PRESCRIPTION MEDICINE FOR CHILDREN, FAMILIES AND INDIVIDUALS BY 1 BILLION BY THE END OF 2015 UWEM DISTRIBUTES PHARMACY DISCOUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS UWEM HAS BEEN PARTICIPATING IN THIS PROGRAM SINCE 2012, USE OF THE CARD AND SAVINGS PASSED ON TO INDIVIDUALS AS A RESULT HAS INCREASED GREATLY SINCE THAT TIME IN FYE 2014 FAMILYWIZE SAVED INDIVIDUALS 167,386 IN PRESCRIPTION DRUG COSTS IN UWEM'S SERVICE AREA NEIGHBORS HELPING NEIGHBORS SINCE 2007 UWEM HAS BEEN A LEADER IN IDENTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER WE KNOW THIS IS A GREAT NEED IN OUR SERVICE AREA BASED ON THE SHEER VOLUME OF INDIVIDUALS SEEKING OUT LIHEAP FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 15% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR NEIGHBORS HELPING NEIGHBORS GREW OUT OF OUR WORK WITH THE EASTERN MAINE FUNDERS IN 2007 THIS INITIATIVE PROVIDES SMALL GRANTS THAT HELP FAMILIES STAY SAFE THROUGH THE WINTER BY PROVIDING FUNDS FOR EMERGENCY HEATING ASSISTANCE, ENERGY AUDITS, WINTERIZATION, WEATHERIZATION AND HANDS ON TRAINING IN ENERGY SAVING METHODS IN FYE 2014 THIS PROGRAM AWARDED 21,900 IN GRANTS SERVING 600 INDIVIDUALS AND FAMILIES IN EASTERN MAINE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP) UWEM ACTS AS THE LOCAL MANAGER FOR THE DISTRIBUTION OF FEDERAL EMERGENCY MANAGEMENT AGENCY EMERGENCY FOOD & SHELTER PROGRAM (EFSP) FUNDS TO AREA SOCIAL SERVICE AGENCIES IN AN EFFORT TO HELP PEOPLE WITH ECONOMIC EMERGENCIES EFSP FUNDS PROVIDE FOOD, SHELTER AND GENERAL ASSISTANCE TO THOSE IN NEED NEW FUNDING WAS NOT RELEASED FROM THE FEDERAL GOVERNMENT IN FYE 2014 NATIONAL ASSOCIATION OF LETTER CARRIERS(NALC) FOOD DRIVE OVER THE LAST 15+ YEARS THE UWEM CO-MANAGES THE NALC FOOD DRIVE IN THE BANGOR AREA EACH SPRING IN COOPERATION WITH THE NALC POSTAL WORKERS UNION NALC IS THE LARGEST FOOD DRIVE IN THE UNITED STATES UWEM SUPPORTS PUBLICITY EFFORTS, VOLUNTEER RECRUITMENT AND ORGANIZATION LEADING UP TO THE EVENT, UWEM MANAGES THE ADMINISTRATIVE FUNCTIONS AND VOLUNTEER MANAGEMENT ON THE DAY OF THE EVENT IN FYE 2014 THIS PROGRAM GENERATED 77,156 POUNDS OF FOOD, TRANSLATING INTO 64,297 MEALS VALUED OVER 162,028 PANTRY PROJECT MORE THAN 20% OF MAINE HOUSEHOLDS DO NOT HAVE RELIABLE AND CONSISTENT ACCESS TO FOOD ALTHOUGH THE HOLIDAY SEASON BRINGS MANY DONATIONS OF FOOD, BY SPRING, MANY PANTRIES EXPERIENCE A FOOD SHORTAGE THROUGH OUR PANTRY PROJECT WE DISTRIBUTE SHELVING TO A DIFFERENT BUSINESS PARTNER FROM JANUARY THROUGH APRIL THE FOOD COLLECTED EACH MONTH IS DISTRIBUTED THROUGH GOOD SHEPHERD FOOD BANK TO AREA FOOD CUPBOARDS IN FYE 2014 THE PROGRAM RAISED 12,012 POUNDS OF FOOD FROM 18 SITES THROUGHOUT EASTERN MAINE THIS TRANSLATES TO APPROXIMATELY 10,010 MEALS AT A VALUE OF 25,225 HANCOCK COUNTY FOOD DRIVE SINCE 2012 UWEM HAS PARTNERED WITH THE MAINE COMMUNITY FOUNDATION, HEALTH AND HUMAN SERVICE ORGANIZATIONS, UNIVERSITY OF MAINE COOPERATIVE EXTENSION, BUSINESSES, SCHOOLS AND TOWNS TO COLLECT FOOD AND DONATIONS DURING THE MONTH OF MARCH TO BENEFIT THE FOOD CUPBOARDS OF HANCOCK COUNTY IN FYE 2014 THE PROGRAM RAISED 15,175 POUNDS OF FOOD (THROUGH FOOD AND CASH DONATIONS) FROM 141 SITES THROUGHOUT HANCOCK COUNTY MAINE THIS TRANSLATES TO APPROXIMATELY 12,646 MEALS AT A VALUE OF 38,242 THE BACKPACK PROGRAM IS DESIGNED TO MEET THE NEEDS OF HUNGRY CHILDREN AT TIMES WHEN OTHER RESOURCES ARE NOT AVAILABLE, SUCH AS WEEKENDS AND SCHOOL VACATIONS UWEM PARTNERS EXCLUSIVELY WITH GOOD SHEPHERD FOOD BANK TO MOST EFFECTIVELY DELIVER THE PROGRAM IN FYE 2014 THROUGH OUR PARTNERSHIP WITH GOOD SHEPHERD FOOD BANK 9 SCHOOLS WERE ADDED, EAST MILLINOCKET (OPAL MYRICK ELEMENTARY SCHOOL, SCHENCK HIGH SCHOOL), MILLINOCKET (GRANITE ELEMENTARY SCHOOL, MILLINOCKET MIDDLE SCHOOL), MEDWAY (MEDWAY MIDDLE SCHOOL), BANGOR (JAMES F DOUGHTY SCHOOL, FAIRMOUNT SCHOOL, VINE STREET SCHOOL, 14TH STREET SCHOOL) SINCE 2011 UWEM HAS SUPPORTED THE LAUNCH OF A TOTAL OF 19 BACKPACK PROGRAMS THROUGHOUT EASTERN MAINE BORN LEARNING AGE ZERO TO FIVE IS CRITICAL IN THE DEVELOPMENT OF A CHILD'S BRAIN, SOCIAL SKILLS, ABILITY TO BOND AND MUCH MORE A POSITIVE START IN LIFE HELPS KIDS SUCCEED NOT ONLY IN SCHOOL, BUT ALL THROUGHOUT LIFE UWEM PARTNERS WITH LOCAL COMMUNITIES AND GROUPS TO INSTALL BORN LEARNING TRAILS IN PUBLIC PARKS AND PLAYGROUNDS, THE BORN LEARNING TRAIL IS AN INTERACTIVE, PLAYFUL AND VISIBLE COMMUNITY ENGAGEMENT TOOL A BORN LEARNING TRAIL IS AN ENGAGING PATH OF INTERACTIVE ACTIVITIES THAT HELPS ENCOURAGE LANGUAGE AND PRE-LITERACY SKILLS, MOTOR SKILLS AND SCHOOL READINESS IN YOUNG CHILDREN EACH TRAIL CONTAINS 10 STATIONS WITH FUN AND MEANINGFUL ACTIVITIES THAT ADULTS CAN PLAY WITH THEIR YOUNG CHILDREN IN FYE 2014 TWO TRAIL INSTALLATIONS (BANGOR AND DOVER-FOXCROFT) WERE IN THE PLANNING PHASES WITH CO</p>

Return Reference	Explanation	
FORM 990, PAGE 2, PART III, LINE 4D		<p>COMPLETION EXPECTED IN FYE 2015 THE MENTOR, TUTOR, READER DRIVE IS FOCUSED ON RECRUITING 1, 000 NEW MENTORS, TUTORS AND READERS IN EASTERN MAINE UWEM IS FOCUSED ON INCREASING THE NUMBER OF AND RETENTION RATE OF YOUTH & YOUNG ADULTS AGES 11-24 AND INDIVIDUALS 55 AND OVER SERVING AS VOLUNTEERS IN PENOBSCOT COUNTY UNITED WAY ALSO SUPPORTS VOLUNTEERISM THAT ADDRESSES LOCAL NEEDS RELATED TO DROPOUT PREVENTION, INCREASED HIGH SCHOOL GRADUATION RATES, AND PURSUIT OF POST-SECONDARY EDUCATION WHILE THIS INITIATIVE IS PRIMARILY FOCUSED IN PENOBSCOT COUNTY WE HAVE SEVERAL PARTNERS PARTICIPATING FROM OTHER COUNTIES IN OUR SERVICE ARE AN EASTERN MAINE CAH COALITION THE EASTERN MAINE CAH COALITION (EMCAH) IS A UWEM LED COLLABORATION, COMPRISED OF 21 NON-AND FOR-PROFIT PARTNERS, WORKING TOGETHER TO HELP LOW- AND MODERATE-INCOME MAINERS MAKE THE MOST OF THEIR MONEY THE MISSION IS TO PROVIDE ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR EASTERN MAINE FAMILIES AND INDIVIDUALS IN FYE 2014 EMCAH PROVIDED FREE TAX PREPARATION SERVICES TO 5,269 INDIVIDUALS GENERATING 4,460,450 IN TOTAL REFUNDS AND SAVING 895,730 IN TAX PREPARATION FEES 144 INDIVIDUALS ALSO RECEIVED IN FYE 2014 THIS INITIATIVE LEVERAGED 56 VOLUNTEERS CONTRIBUTING OVER 6,000 HOURS OF TIME DOWNEAST COMMUNITY TRANSFORMATION GRANT (CTG) IS A STATE WIDE PROJECT AIMED AT IMPROVING HEALTHY EATING AND ACTIVE LIVING FOR CHILDREN BASED AT EARLY CHILDHOOD EDUCATION SITES AND SCHOOLS IN HANCOCK AND WASHINGTON COUNTIES UWEM IS A MEMBER OF THE OVERSIGHT COMMITTEE (LEADERSHIP TEAM) FOR THE DOWNEAST AND PENQUIS PROJECTS AND SERVES AS FISCAL AGENT FOR THE DOWNEAST PROJECT SUPERVISING THE PROJECT COORDINATOR, BUDGET AND GENERAL ACTIVITIES TO DATE OVER 40 EARLY CHILDHOOD EDUCATION SITES AND 21 SCHOOLS HAVE ENROLLED AND COMMITTED TO MAKING POSITIVE CHANGES TO ACHIEVE THE GOALS OF IMPROVING NUTRITION AND PHYSICAL EDUCATION FOR CHILDREN THE PROJECT IS SLATED TO RUN THROUGH SEPTEMBER 2014, FINAL RESULTS WILL BE AVAILABLE AT THE CLOSE OF THE PROJECT</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION. ADDITIONALLY, EACH BOARD MEMBER RECEIVES A COPY OF THE RETURN PRIOR TO FILING.

Return Reference	Explanation
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.

Return Reference	Explanation
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.

Return Reference	Explanation
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

Return Reference	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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONOR DESIGNATIONS -593,009 PROVISION FOR UNCOLLECTIBLES -151,620 DONOR DESIGNATIONS 593,009