

990 Form 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)

OMB No. 1545-0047 2019 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable: Address change, Name change, Initial return, Final 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): 700 MAIN STREET SUITE 1. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: BANGOR, ME 04401

D Employer identification number: 01-0211478

E Telephone number: (207) 941-2800

G Gross receipts \$ 2,754,184

F Name and address of principal officer: SHIRAR PATTERSON, 700 MAIN STREET SUITE 1, BANGOR, ME 04401

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

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

J Website: 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

1 Briefly describe the organization's mission or most significant activities: THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE.

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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, SHIRAR PATTERSON PRESIDENT & CEO, Date: 2021-04-29

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2021-04-29, Check self-employed, PTIN: P01874526, Firm's name: RUNYON KERSTEEN OUELLETTE, Firm's EIN: 01-0440155, Firm's address: 20 LONG CREEK DR, SOUTH PORTLAND, ME 04106, Phone no. (207) 773-2986

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

1 Briefly describe the organization's mission:

THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE.

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 \$ 1,604,643 including grants of \$ 1,260,234) (Revenue \$)

OPPORTUNITY 2028 - THROUGH THE COMMUNITY GRANTING PROCESS, 29 COMMUNITY- BASED PROGRAMS IMPACT THE LIVES OF 24,000+ PEOPLE ANNUALLY. AS THE LARGEST PRIVATE FUNDER IN THE AREA, UWEM CURRENTLY MANAGES 659,791 IN GRANTS FOR 29 PROGRAMS IN 20 AGENCIES TO MEET BASIC NEEDS AND PROMOTE SELF- SUFFICIENCY; PREVENT, TREAT AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDER; AND ENSURE THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES. THE COMMUNITY MAPPING PROCESS ALLOWS UWEM TO IDENTIFY THE AREAS IN WHICH IT HAS A UNIQUE POSITION TO LEVERAGE RELATIONSHIPS AND COMMUNITY RESOURCES TO CREATE SOLUTIONS THROUGH COLLECTIVE IMPACT. THESE ONGOING COMMUNITY CONVERSATIONS LED UWEM TO EVOLVE OUR COMMUNITY IMPACT WORK THROUGH A COLLECTIVE IMPACT PLAN KNOWN AS OPPORTUNITY 2028. THESE ARE ISSUES THAT HAVE MULTIPLE CAUSES AND CAN'T BE SOLVED WITH A QUICK-FIX SOLUTION. UWEM WORKS TO ADDRESS THE ISSUE AT ITS CORE. WITH DONORS, VOLUNTEERS, AND LIKE-MINDED ORGANIZATIONS, UNITED WAY COORDINATES EFFORTS AROUND CLEAR GOALS TO CREATE LASTING CHANGE THAT WILL IMPROVE LIVES AND COMMUNITY CONDITIONS TODAY AND FOR FUTURE GENERATIONS. THE GOALS OF OPPORTUNITY 2028 INCLUDE: MEETING BASIC NEEDS AND PROMOTING SELF- SUFFICIENCY BY MOVING 10,746 PEOPLE OUT OF POVERTY BY 2028; PREVENTING, TREATING AND SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDER BY ELIMINATING DEATHS DUE TO SUBSTANCE USE DISORDER BY 2028; AND ASSURING THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES BY INCREASING THE PERCENT OF CHILDREN READING PROFICIENTLY AT THE END OF THIRD GRADE TO 58% BY 2028.

4b (Code:) (Expenses \$ 19,470 including grants of \$) (Revenue \$)

VOLUNTEERISM - THROUGH AN ONLINE DATABASE (VOLUNTEERME.UNITEDWAY.ORG) VOLUNTEERS ARE MATCHED TO MEANINGFUL OPPORTUNITIES THROUGHOUT THE REGION. ADDITIONALLY, THE VOLUNTEER CENTER OFFERS CAPACITY BUILDING AND TECHNICAL SUPPORT FOR AGENCIES THAT UTILIZE VOLUNTEERS BY PROVIDING REGULAR TRAINING OPPORTUNITIES, VOLUNTEER MANAGEMENT RESOURCES AND MONTHLY PEER TO PEER NETWORKING. THE VOLUNTEER CENTER IS ALSO RESPONSIBLE FOR COORDINATING DAYS OF CARING TWICE YEARLY TO ASSIST NONPROFITS IN THE REGION WITH ONE-DAY SERVICE PROJECTS THAT THEY OTHERWISE MAY NOT HAVE THE CAPACITY TO COMPLETE.

4c (Code:) (Expenses \$ 45,308 including grants of \$) (Revenue \$)

211 - UWEM SUPPORTS 2-1-1 MAINE FOR THE 5-COUNTY AREA IT SERVES. 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, TEXTING YOUR ZIP CODE TO 898-211, OR BY VISITING 211MAINE.ORG. 211 PROVIDES UWEM WITH UP TO DATE DATA AROUND COMMUNITY NEEDS AND UNMET NEEDS ON A MONTHLY BASIS. WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, AND SUBSTANCE ABUSE SERVICES. CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPTEMBER THROUGH MARCH WITH HEATING ASSISTANCE CALLS OFTEN MAKING UP 60 - 70% OF THE CALLS. ADDITIONALLY, 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JANUARY-MARCH), AND WEATHER-RELATED DISASTERS (I.E. ICE STORMS).

(Code:) (Expenses \$ 439,413 including grants of \$ 397,968) (Revenue \$)

EASTERN MAINE CAH COALITION - ALSO KNOWN AS EMCAH, IS A UWEM LED COALITION OF MORE THAN 20 ORGANIZATIONS PROVIDING FREE TAX PREPARATION AND FINANCIAL LITERACY SERVICES FOR LOW TO MID-INCOME FAMILIES IN UWEM'S SERVICE AREA. 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. LAST TAX SEASON, UWEM COORDINATED 10 IRS-CERTIFIED TAX PREPARATION VOLUNTEERS AND 4 FINANCIAL LITERACY VOLUNTEERS AND SERVED 677 TAX FILERS AT 7 SITES THROUGHOUT THE FIVE-COUNTY AREA. THIS RESULTED IN 565,886 IN REFUNDS, INCLUDING 99,926 IN EARNED INCOME TAX CREDITS AND 44,023 IN CHILD TAX CREDITS. THIS SAVED PARTICIPANTS A TOTAL OF 117,312 IN TAX PREPARATION COSTS. FAMILYWIZE - UNITED WAY IS THE OFFICIAL PARTNER OF FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP. UWEM DISTRIBUTES PHARMACY DISCOUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS. FAMILYWIZE CARDS SAVE INDIVIDUALS OVER 550,000 ANNUALLY. NEIGHBORS UNITED - UNITED WAY OF EASTERN MAINE IS A LEADER IN IDENTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER. UWEM CONSISTENTLY IDENTIFIES HEATING FUEL ASSISTANCE AS A SIGNIFICANT NEED IN THE SERVICE AREA BASED ON THE VOLUME OF INDIVIDUALS SEEKING OUT LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE. HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 12% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR. NEIGHBORS UNITED - PROJECT HEAT GREW OUT OF 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 SAVINGS METHODS. IN FY 2019 THIS PROGRAM AWARDED 9,820 IN GRANTS TO NON-PROFITS IN UWEM'S SERVICE AREA. FOOD SECURITY - UWEM HAS HAD A LONG-STANDING FOCUS ON FOOD SECURITY THROUGH PROGRAMS LIKE THE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP), THE NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE, AND UWEM'S PANTRY PROJECT. UWEM IS COMMITTED TO RAISING THE RESOURCES NECESSARY TO MEET THE IMMEDIATE FOOD SECURITY NEEDS FOR THE REGION WHILE ADDRESSING THE UNDERLYING CAUSES OF HUNGER AND WORKING WITH PARTNERS TO STRENGTHEN THE FOOD SECURITY NETWORK. UWEM ADMINISTERED OVER 120,000 IN FEDERAL EFSP AIDE TO ORGANIZATIONS WITHIN PENOBSCOT COUNTY IN THE LAST YEAR. OVER THE PAST 10 YEARS THE NALC FOOD DRIVE HAS GENERATED OVER 1 MILLION POUNDS OF FOOD, TRANSLATING INTO NEARLY 825,000 MEALS VALUED OVER 1.9 MILLION DOLLARS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 439,413 including grants of \$ 397,968) (Revenue \$)

4e Total program service expenses 2,108,834

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions and input fields for 'Yes', 'No', and numerical values.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 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?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHIRAR PATTERSON 700 MAIN STREET SUITE 1 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.

See instructions for the order in which to list the persons above.

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) HELEN MCKINNON CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (2) PAT KIMBALL VICE-CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (3) ERIN BARRY TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (4) KAREN POMEROY SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) DOUG MICHAEL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) DEBBIE GENDREAU DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) SUSAN HUNTER DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) JEN MONTGOMERY-RICE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) AUSTIN MUCHEMORE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) RON RUSSELL DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) CHRISTOPHER SHAW DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) ELIZABETH SUTHERLAND DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) ERIC ANDERSON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) SNO BARRY DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) MELISSA HUSTON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) MARY NADEAU DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) SHIRAR PATTERSON PRESIDENT & | 40.00 | | | X | | | | 96,537 | 0 | 6,925 |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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 | 494,780 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 140,676 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,832,704 | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 52,673 | | |
| h Total. Add lines 1a-1f . . . | | 2,468,160 | | | |

| Program Service Revenue | | | Business Code | | | |
|---|--|--|---------------|--|--|--|
| | | | | | | |
| 2a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. . . . | | | | | | |

| | | | | | | | |
|--|---|----------------|---------|--------|--|---------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 160,835 | | | 160,835 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 49,256 | | | | |
| | | (ii) Other | | | | | |
| | | 7a | 49,256 | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | 49,256 | | | | |
| | d Net gain or (loss) | | | 49,256 | | 49,256 | |
| 8a Gross income from fundraising events (not including \$ 494,780 of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | 8a | | | | | | |
| | b Less: direct expenses | 8b | 9,780 | | | | |
| c Net income or (loss) from fundraising events | | | -9,780 | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |

| | | | | | |
|--|---------------|-----------|--------|--|---------|
| 10a Gross sales of inventory, less returns and allowances . . . | 10a | | | | |
| b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of inventory . . . | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a SERVICE FEES | 900099 | 74,521 | 74,521 | | |
| b OTHER INCOME | 900099 | 1,412 | 1,412 | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d ▶ | | 75,933 | | | |
| 12 Total revenue. See instructions ▶ | | 2,744,404 | 75,933 | | 210,091 |

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 domestic organizations and domestic governments. See Part IV, line 21 | 1,658,202 | 1,658,202 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 105,212 | 41,188 | 24,568 | 39,456 |
| 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 | 405,613 | 159,196 | 94,136 | 152,281 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,463 | 2,813 | 1,896 | 2,754 |
| 9 Other employee benefits | 67,823 | 26,842 | 15,426 | 25,555 |
| 10 Payroll taxes | 38,165 | 14,980 | 8,857 | 14,328 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 110 | | 110 | |
| c Accounting | 69,462 | | 69,462 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 5,243 | | 5,243 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 80,941 | 35,392 | 662 | 44,887 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 44,099 | 9,099 | 20,997 | 14,003 |
| 14 Information technology | 1,473 | | 1,473 | |
| 15 Royalties | | | | |
| 16 Occupancy | 55,462 | | 55,462 | |
| 17 Travel | 4,870 | 2,581 | 725 | 1,564 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 15,909 | 10,574 | 5,183 | 152 |
| 20 Interest | 518 | | 518 | |
| 21 Payments to affiliates | 19,108 | 327 | 18,781 | |
| 22 Depreciation, depletion, and amortization | 8,880 | | 8,880 | |
| 23 Insurance | 5,900 | | 5,900 | |
| 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 MISCELLANEOUS EXPENSES | 20,460 | 3,597 | 14,647 | 2,216 |
| b EVENT PRIZES | 16,637 | 16,637 | | |
| c VOLUNTEER/AGENCY MEETINGS | 4,667 | 3,039 | 1,278 | 350 |
| d DUES AND SUBSCRIPTIONS | 2,661 | 769 | 1,039 | 853 |
| e All other expenses | | 123,598 | -265,016 | 141,418 |
| 25 Total functional expenses. Add lines 1 through 24e | 2,638,878 | 2,108,834 | 90,227 | 439,817 |
| 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 IX

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

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 | 2,744,404 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,638,878 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 105,526 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,827,231 |
| 5 | Net unrealized gains (losses) on investments | 5 | -68,347 |
| 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 | -174,388 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A)) | 10 | 4,690,022 |

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. | | |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 2,086,603 | 2,228,549 | 2,166,618 | 2,147,017 | 2,468,160 | 11,096,947 |
| 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 | 2,086,603 | 2,228,549 | 2,166,618 | 2,147,017 | 2,468,160 | 11,096,947 |
| 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). . . | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 11,096,947 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4. . . | 2,086,603 | 2,228,549 | 2,166,618 | 2,147,017 | 2,468,160 | 11,096,947 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 128,365 | 153,373 | 145,803 | 156,838 | 160,835 | 745,214 |
| 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 VI.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 11,842,161 |

12 Gross receipts from related activities, etc. (see instructions) **12** 75,933

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.710 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 93.870 % |

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** 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 VI 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 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2019. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2018. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|---|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

Name of the organization UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED | | \$ RESTRICTED | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Name of organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |

| | |
|---|--|
| Name of organization UNITED WAY OF EASTERN MAINE | Employer identification number 01-0211478 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| | | | |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,174,055 | 3,241,657 | 3,044,640 | 2,797,128 | 2,969,826 |
| b Contributions | 9,967 | 3,000 | 90,000 | 12,294 | 10,000 |
| c Net investment earnings, gains, and losses | 25,442 | 131,008 | 225,477 | 352,988 | -65,988 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 134,700 | 201,610 | 118,460 | 117,770 | 116,710 |
| f Administrative expenses | | | | | |
| g End of year balance | 3,074,764 | 3,174,055 | 3,241,657 | 3,044,640 | 2,797,128 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 5.980 %
 - b** Permanent endowment ▶ 76.450 %
 - c** Temporarily restricted endowment ▶ 17.570 %
- The percentages on 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:
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 130,005 | 112,854 | 17,151 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶ | | | | 17,151 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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 | | |
| (3) Other _____ | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on 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 |
|--|----------------|--|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) INTEREST IN ASSETS HELD BY MCF | 3,157,364 |
| (2) BENEFICIAL INTERESTS IN PERPETUAL TR | 370,005 |
| (3) CASH SURRENDER VALUE OF LIFE INSURAN | 7,309 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 3,534,678 |

Part X Other Liabilities.

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 545,867 |

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' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,990,542 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -68,347 | |
| b | Donated services and use of facilities | 2b | 6,372 | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -102,170 | |
| e | Add lines 2a through 2d | 2e | | -164,145 |
| 3 | Subtract line 2e from line 1 | 3 | | 2,154,687 |
| 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 | 5,243 | |
| b | Other (Describe in Part XIII.) | 4b | 584,474 | |
| c | Add lines 4a and 4b | 4c | | 589,717 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | | 2,744,404 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,127,752 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 6,372 | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 6,372 |
| 3 | Subtract line 2e from line 1 | 3 | | 2,121,380 |
| 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 | 5,243 | |
| b | Other (Describe in Part XIII.) | 4b | 512,255 | |
| c | Add lines 4a and 4b | 4c | | 517,498 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | | 2,638,878 |

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 3, PART X | ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. |
| SCHEDULE D, PAGE 4, PART XI, LINE 2D | CHANGE IN VALUE OF PERPETUAL TRUSTS 988 CHANGE IN VALUE OF ASSETS HELD BY MCF -103,158 |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B | DONOR DESIGNATIONS 495,619 PROVISIONS FOR UNCOLLECTIBLES 72,218 VALUE OF DONATED CAR 16,637 |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | VALUE OF DONATED CAR 16,637 DONOR DESIGNATIONS 495,618 |

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | (a) Event # 1 | (b) Event # 2 | (c) Other events | (d) Total events |
|--|---------------------------------|---------------|------------------|---------------------------------|
| | MAINE UNITED TE (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| 1 Gross receipts | 494,780 | | | 494,780 |
| 2 Less: Contributions | 494,780 | | | 494,780 |
| 3 Gross income (line 1 minus line 2) | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | 25 | | | 25 |
| 7 Food and beverages | 1,000 | | | 1,000 |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 8,755 | | | 8,755 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 9,780 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -9,780 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|--|--|--|--|
| | 1 Gross revenue | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

| | | |
|--|---|---|
| Schedule I (Form 990) Department of the Treasury Internal Revenue Service | Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2019</div> Open to Public Inspection |
|--|---|---|

| | |
|---|--|
| Name of the organization UNITED WAY OF EASTERN MAINE | Employer identification number 01-0211478 |
|---|--|

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) 211 MAINE - UNITED WAY OF GREATER PORTLAND PLAZA PORTLAND, ME 041125200 | 30-0194364 | 501C3 | 14,384 | | | | EDU, INC, HEALTH |
| (2) BANGOR AREA HOMELESS SHELTER 263 MAIN STREET BANGOR, ME 04401 | 01-0412267 | 501C3 | 16,142 | | | | EDU, INC, HEALTH |
| (3) BANGOR AREA RECOVERY NETWORK 142 CENTER STREET BANGOR, ME 04401 | 27-0363459 | 501C3 | 34,200 | | | | EDU, INC, HEALTH |
| (4) BANGOR YMCA 17 SECOND STREET BANGOR, ME 04401 | 01-0211485 | 501C3 | 57,017 | | | | EDU, INC, HEALTH |
| (5) COBSCOOK INSTITUTE 10 COMMISSARY PT ROAD TRECOTT, ME 04652 | 01-0449348 | 501C3 | 33,754 | | | | EDU, INC, HEALTH |
| (6) COMMUNITY COMPASS 248 BUCKSPORT ROAD ELLSWORTH, ME 04605 | 01-0288757 | 501C3 | 13,200 | | | | EDU, INC, HEALTH |
| (7) COMMUNITY HEALTH CHARITIES OF MAINE PO BOX 75153 BALTIMORE, MD 212755153 | 22-2478946 | 501C3 | 7,995 | | | | EDU, INC, HEALTH |
| (8) DOVER FOXCROFT AREA FOOD CUPBOARD 76 NORTH STREET DOVER FOXCROFT, ME 04426 | 47-4851960 | 501C3 | 10,300 | | | | EDU, INC, HEALTH |
| (9) DOWNEAST AIDS NETWORK 5 LONG LANE 1 ELLSWORTH, ME 04605 | 01-0441229 | 501C3 | 33,000 | | | | EDU, INC, HEALTH |
| (10) EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412 | 01-0328376 | 501C3 | 75,080 | | | | EDU, INC, HEALTH |
| (11) FRIENDS IN ACTION PO BOX 1446 ELLSWORTH, ME 04605 | 01-0378369 | 501C3 | 6,465 | | | | EDU, INC, HEALTH |
| (12) GOOD SAMARITAN AGENCY 100 RIDGEWOOD DRIVE BANGOR, ME 04401 | 01-0211507 | 501C3 | 83,249 | | | | EDU, INC, HEALTH |
| (13) GOOD SHEPHERD FOOD BANK PO BOX 1807 AUBURN, ME 04211 | 22-2986809 | 501C3 | 14,158 | | | | EDU, INC, HEALTH |
| (14) HABITAT FOR HUMANITY 382 HARLOW STREET BANGOR, ME 04401 | 01-0441147 | 501C3 | 33,230 | | | | EDU, INC, HEALTH |
| (15) HEALTHY ACADIA 140 STATE STREET 1 ELLSWORTH, ME 04605 | 27-0548057 | 501C3 | 21,241 | | | | EDU, INC, HEALTH |
| (16) HEALTHY PENINSULA PO BOX 945 BLUE HILL, ME 04614 | 81-2799943 | 501C3 | 13,449 | | | | EDU, INC, HEALTH |
| (17) HOPE HOUSE 179-181 CORPORATE DRIVE BANGOR, ME 04401 | 01-0514750 | 501C3 | 5,124 | | | | EDU, INC, HEALTH |
| (18) INDEPENDENCE ADVOCATES OF MAINE PO BOX 457 ORONO, ME 04473 | 01-0349310 | 501C3 | 18,587 | | | | EDU, INC, HEALTH |
| (19) LITERACY VOLUNTEERS OF BANGOR 354 HOGAN ROAD BANGOR, ME 04401 | 23-7409749 | 501C3 | 20,502 | | | | EDU, INC, HEALTH |
| (20) NEW HOPE FOR WOMEN PO BOX A ROCKLAND, ME 04841 | 01-0377246 | 501C3 | 13,840 | | | | EDU, INC, HEALTH |
| (21) OHI 25 FREEDOM PARKWAY HERMON, ME 04401 | 01-0362709 | 501C3 | 15,732 | | | | EDU, INC, HEALTH |
| (22) PARTNERS FOR PEACE PO BOX 653 BANGOR, ME 04402 | 01-0358090 | 501C3 | 10,521 | | | | EDU, INC, HEALTH |
| (23) PARTNERSHIP FOR CHILDREN'S ORAL HEALTH PO BOX 11 YARMOUTH, ME 04096 | 31-1783164 | 501C3 | 7,900 | | | | EDU, INC, HEALTH |
| (24) PENOBSCOT COMMUNITY HEALTH CENTER 103 MAINE AVENUE BANGOR, ME 04401 | 01-0514750 | 501C3 | 38,000 | | | | EDU, INC, HEALTH |
| (25) PENQUIS 262 HARLOW STREET BANGOR, ME 04401 | 01-6023748 | 501C3 | 40,810 | | | | EDU, INC, HEALTH |
| (26) SALVATION ARMY PO BOX 1101 BANGOR, ME 04402 | 13-5562351 | 501C3 | 7,000 | | | | EDU, INC, HEALTH |
| (27) SHAW HOUSE PO BOX 936 BANGOR, ME 04402 | 01-0495262 | 501C3 | 135,452 | | | | EDU, INC, HEALTH |
| (28) SPECTRUM GENERATIONS ONE WESTON COURT SUITE 109 AUGUSTA, ME 043305543 | 01-0318051 | 501C3 | 9,454 | | | | EDU, INC, HEALTH |
| (29) THE COMMONS AT CENTRAL HALL 152 E MAIN STREET DOVER FOXCROFT, ME 04426 | 45-5213907 | 501C3 | 11,500 | | | | EDU, INC, HEALTH |
| (30) THE SALVATION ARMY PO BOX 1101 BANGOR, ME 044021101 | 13-5562351 | 501C3 | 6,500 | | | | EDU, INC, HEALTH |
| (31) TOWN OF DEXTER 23 MAIN STREET DEXTER, ME 04930 | 01-6000140 | GOV | 6,000 | | | | EDU, INC, HEALTH |
| (32) UNITED WAY OF ANDROSCOGGIN PO BOX 888 LEWISTON, ME 042400888 | 01-0211564 | 501C3 | 53,449 | | | | EDU, INC, HEALTH |
| (33) UNITED WAY OF AROOSTOOK COUNTY 830 MAIN STREET UNIT 4 PRESQUE ISLE, ME 047692277 | 23-7147455 | 501C3 | 46,797 | | | | EDU, INC, HEALTH |
| (34) UNITED WAY OF GREATER PORTLAND ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101 | 01-0241767 | 501C3 | 133,755 | | | | EDU, INC, HEALTH |
| (35) UNITED WAY OF KENNEBEC VALLEY 121 COMMERCIAL STREET AUGUSTA, ME 04330 | 01-6004404 | 501C3 | 25,445 | | | | EDU, INC, HEALTH |
| (36) UNITED WAY OF MID-MAINE 105 KENNEDY MEMORIAL DRIVE WATERVILLE, ME 04901 | 01-0233280 | 501C3 | 41,404 | | | | EDU, INC, HEALTH |
| (37) UNITED WAY OF MID COAST MAINE 34 WING FARM PARKWAY 201 BATH, ME 045301515 | 01-6004866 | 501C3 | 44,347 | | | | EDU, INC, HEALTH |
| (38) UNITED WAY OF TRI-VALLEY AREA PO BOX 126 FARMINGTON, ME 049380126 | 01-0377559 | 501C3 | 12,401 | | | | EDU, INC, HEALTH |
| (39) UNITED WAY OF YORK COUNTY PO BOX 727 KENNEBUNK, ME 040430727 | 01-0276862 | 501C3 | 69,473 | | | | EDU, INC, HEALTH |
| (40) WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915 | 01-6020566 | 501C3 | 6,500 | | | | EDU, INC, HEALTH |
| (41) WASHINGTON COUNTY CAN 232 COURT STREET MACHIAS, ME 04654 | 01-0407276 | 501C3 | 7,120 | | | | EDU, INC, HEALTH |
| (42) WELLSPRING INC 98 CUMBERLAND STREET BANGOR, ME 04401 | 22-2632367 | 501C3 | 47,510 | | | | EDU, INC, HEALTH |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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 REVIEW FUNDED PROGRAMS SEMI-ANNUALLY TO DETERMINE PROGRESS TOWARD THE GOALS AND OUTCOMES UPON WHICH GRANTS ARE AWARDED. AGENCY PARTNERS MUST PROVIDE PROOF THAT THEY ARE EXEMPT ORGANIZATIONS. |

Additional Data

Return to Form

Software ID:
Software Version:

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) SUTHERLAND WESTON | ELIZABETH S. | 26,963 | MARKETING EXPENSES | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|--------------------|--|
| SCHEDULE L, PART V | SUTHERLAND WESTON PROVIDES MARKETING SERVICES FOR THE ORGANIZATION. ELIZABETH SUTHERLAND, A PARTNER AT SUTHERLAND WESTON, SERVES AS A MEMBER OF THE BOARD. |

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

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 | 16,637 | MARKET VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 5 | 21,036 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| Other (GIFT CARDS) | X | 3 | 4,500 | MARKET VALUE |
| 25 ▶ () | | | | |
| 26 Other ▶ (FOOD) | X | 1 | 10,500 | MARKET VALUE |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

29

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II **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 |
|------------------|-------------|
|------------------|-------------|

Additional Data

Return to Form

Software ID:

Software Version:

2019

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service
UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

| Return Reference | Explanation |
|-------------------------------------|--|
| FORM 990 - ORGANIZATION'S MISSION | THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE. |
| FORM 990, PAGE 2, PART III, LINE 4A | OPPORTUNITY 2028 - THROUGH THE COMMUNITY GRANTING PROCESS, 29 COMMUNITY- BASED PROGRAMS IMPACT THE LIVES OF 24,000+ PEOPLE ANNUALLY. AS THE LARGEST PRIVATE FUNDER IN THE AREA, UWEM CURRENTLY MANAGES 659,791 IN GRANTS FOR 29 PROGRAMS IN 20 AGENCIES TO MEET BASIC NEEDS AND PROMOTE SELF-SUFFICIENCY; PREVENT, TREAT AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDER; AND ENSURE THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES. THE COMMUNITY MAPPING PROCESS ALLOWS UWEM TO IDENTIFY THE AREAS IN WHICH IT HAS A UNIQUE POSITION TO LEVERAGE RELATIONSHIPS AND COMMUNITY RESOURCES TO CREATE SOLUTIONS THROUGH COLLECTIVE IMPACT. THESE ONGOING COMMUNITY CONVERSATIONS LED UWEM TO EVOLVE OUR COMMUNITY IMPACT WORK THROUGH A COLLECTIVE IMPACT PLAN KNOWN AS OPPORTUNITY 2028. THESE ARE ISSUES THAT HAVE MULTIPLE CAUSES AND CAN'T BE SOLVED WITH A QUICK-FIX SOLUTION. UWEM WORKS TO ADDRESS THE ISSUE AT ITS CORE. WITH DONORS, VOLUNTEERS, AND LIKE-MINDED ORGANIZATIONS, UNITED WAY COORDINATES EFFORTS AROUND CLEAR GOALS TO CREATE LASTING CHANGE THAT WILL IMPROVE LIVES AND COMMUNITY CONDITIONS TODAY AND FOR FUTURE GENERATIONS. THE GOALS OF OPPORTUNITY 2028 INCLUDE: MEETING BASIC NEEDS AND PROMOTING SELF- SUFFICIENCY BY MOVING 10,746 PEOPLE OUT OF POVERTY BY 2028; PREVENTING, TREATING AND SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDER BY ELIMINATING DEATHS DUE TO SUBSTANCE USE DISORDER BY 2028; AND ASSURING THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES BY INCREASING THE PERCENT OF CHILDREN READING PROFICIENTLY AT THE END OF THIRD GRADE TO 58% BY 2028. |
| FORM 990, PAGE 2, PART III, LINE 4C | 211 - UWEM SUPPORTS 2-1-1 MAINE FOR THE 5-COUNTY AREA IT SERVES. 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, TEXTING YOUR ZIP CODE TO 898-211, OR BY VISITING 211MAINE.ORG. 211 PROVIDES UWEM WITH UP TO DATE DATA AROUND COMMUNITY NEEDS AND UNMET NEEDS ON A MONTHLY BASIS. WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, AND SUBSTANCE ABUSE SERVICES. CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPTEMBER THROUGH MARCH WITH HEATING ASSISTANCE CALLS OFTEN MAKING UP 60 - 70% OF THE CALLS. ADDITIONALLY, 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JANUARY-MARCH), AND WEATHER-RELATED DISASTERS (I.E. ICE STORMS). |
| FORM 990, PAGE 2, PART III, LINE 4D | EASTERN MAINE CAH COALITION - ALSO KNOWN AS EMCAH, IS A UWEM LED COALITION OF MORE THAN 20 ORGANIZATIONS PROVIDING FREE TAX PREPARATION AND FINANCIAL LITERACY SERVICES FOR LOW TO MID-INCOME FAMILIES IN UWEM'S SERVICE AREA. 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. LAST TAX SEASON, UWEM COORDINATED 10 IRS-CERTIFIED TAX PREPARATION VOLUNTEERS AND 4 FINANCIAL LITERACY VOLUNTEERS AND SERVED 677 TAX FILERS AT 7 SITES THROUGHOUT THE FIVE-COUNTY AREA. THIS RESULTED IN 565,886 IN REFUNDS, INCLUDING 99,926 IN EARNED INCOME TAX CREDITS AND 44,023 IN CHILD TAX CREDITS. THIS SAVED PARTICIPANTS A TOTAL OF 117,312 IN TAX PREPARATION COSTS. FAMILYWIZE - UNITED WAY IS THE OFFICIAL PARTNER OF FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP. UWEM DISTRIBUTES PHARMACY DISCOUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS. FAMILYWIZE CARDS SAVE INDIVIDUALS OVER 550,000 ANNUALLY. NEIGHBORS UNITED - UNITED WAY OF EASTERN MAINE IS A LEADER IN IDENTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER. UWEM CONSISTENTLY IDENTIFIES HEATING FUEL ASSISTANCE AS A SIGNIFICANT NEED IN THE SERVICE AREA BASED ON THE VOLUME OF INDIVIDUALS SEEKING OUT LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE. HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 12% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR. NEIGHBORS UNITED - PROJECT HEAT GREW OUT OF 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 SAVINGS METHODS. IN FY 2019 THIS PROGRAM AWARDED 9,820 IN GRANTS TO NON-PROFITS IN UWEM'S SERVICE AREA. FOOD SECURITY - UWEM HAS HAD A LONG-STANDING FOCUS ON FOOD SECURITY THROUGH PROGRAMS LIKE THE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP), THE NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE, AND UWEM'S PANTRY PROJECT. UWEM IS COMMITTED TO RAISING THE RESOURCES NECESSARY TO MEET THE IMMEDIATE FOOD SECURITY NEEDS FOR THE REGION WHILE ADDRESSING THE UNDERLYING CAUSES OF HUNGER AND WORKING WITH PARTNERS TO STRENGTHEN THE FOOD SECURITY NETWORK. UWEM ADMINISTERED OVER 120,000 IN FEDERAL EFSP AIDE TO ORGANIZATIONS WITHIN PENOBSCOT COUNTY IN THE LAST YEAR. OVER THE PAST 10 YEARS THE NALC FOOD DRIVE HAS GENERATED OVER 1 |

| Return Reference | Explanation |
|-------------------------------------|--|
| | MILLION POUNDS OF FOOD, TRANSLATING INTO NEARLY 825,000 MEALS VALUED OVER 1.9 MILLION DOLLARS. |
| FORM 990, PAGE 6, PART VI, LINE 11B | THE BOARD RECEIVES A COPY OF THE 990 TO BE FILED. THE FINANCE COMMITTEE REVIEWS THE 990 AND MAKES INQUIRIES OR COMMENTS FOR EDITS BEFORE THE 990 IS FILED. |
| 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. |
| FORM 990, PAGE 6, PART VI, LINE 15A | THE EXECUTIVE COMMITTEE SETS THE CEO COMPENSATION DURING THE FISCAL YEAR BUDGETING PROCESS. |
| 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. |
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF PERPETUAL TRUSTS 988 PROVISION FOR UNCOLLECTIBLES -72,218 CHANGE IN VALUE OF ASSETS HELD BY MCF -103,158 TOTAL -174,388 |

Additional Data

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