

Form **990**

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

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter Social Security numbers on this form as it may be made public.**
▶ **Information about Form 990 and its instructions is at www.irs.gov/form990.**

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">United Way of Eastern Maine</p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>24 Springer Drive #201</p> City or town, state or province, country, and ZIP or foreign postal code <p>Bangor ME 04401-3621</p>	D Employer identification number <p align="center">01-0211478</p> E Telephone number <p align="center">207-941-2800</p> G Gross receipts\$ 3,054,612
F Name and address of principal officer: <p>John Kuropchak 24 Springer Drive #201 Bangor ME 04401-3621</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ http://www.unitedwayem.org/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1937 M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">See Schedule O</p>																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	18																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	18																								
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	17																								
	6 Total number of volunteers (estimate if necessary)	722																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	b Net unrelated business taxable income from Form 990-T, line 34	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">2,647,985</td> <td align="right">2,835,681</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0</td> <td align="right">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">108,355</td> <td align="right">114,341</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">82,934</td> <td align="right">104,590</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">2,839,274</td> <td align="right">3,054,612</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,647,985	2,835,681	9 Program service revenue (Part VIII, line 2g)	0	0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,355	114,341	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,934	104,590	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,839,274	3,054,612						
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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 <p align="center">John Kuropchak</p> Type or print name and title <p align="center">Executive Director</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>Mark W Chellis</p> Preparer's signature Date <p>12/03/14</p> Check <input type="checkbox"/> if self-employed PTIN <p>P00435439</p>	Firm's name ▶ Edwards, Faust & Smith Firm's EIN ▶ 01-0463272 Firm's address ▶ 716 Union St Bangor, ME 04401-3156 Phone no. 207-947-4575

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,460,462** including grants of \$ **1,460,462**) (Revenue \$)

Agency Support

June 30, 2014 marked the end of a two year funding cycle. United Way volunteers carefully review agency applications to ensure the best programs that meet our outcomes under Education, Income and Health are approved. Volunteers approved a total of \$936,455 supporting 68 programs at 41 Health and Human Service non-profit organizations throughout Hancock, Piscataquis, Penobscot, Washington and Waldo Counties. Funding partners submitted 6 month and end of funding reports which were reviewed by staff.

(Continued on Schedule O)

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4b (Code:) (Expenses \$ **77,307** including grants of \$) (Revenue \$)

Volunteerism

The Volunteer Center is a one-stop resource for all things volunteer. Through our online database we match volunteers to meaningful opportunities every day. We encourage adults to serve, youth to build character, families to bond, young professionals to excel as leaders, mature adults to stay engaged and businesses to address community needs. Additionally, the Volunteer Center offers capacity building and technical support for agencies that utilize volunteers by providing regular training opportunities, volunteer management resources and bimonthly peer to peer networking.

(Continued on Schedule O)

4c (Code:) (Expenses \$ **104,389** including grants of \$) (Revenue \$)

211

UWEM administers 2-1-1 Maine for our 5 county service area. 2-1-1 is a comprehensive statewide directory of over 10,000 health and human services available in Maine. The toll free 2-1-1 hotline is confidential and anonymous, and connects callers to trained call specialists who can help 24 hours a day, 7 days a week. Finding the answers to health and human services questions and locating resources is as quick and easy as dialing 2-1-1 or visiting www.211maine.org. 211 provides UWEM with data around community needs and unmet needs on a monthly basis.

(Continued on Schedule O)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **811,715** including grants of \$ **495,871**) (Revenue \$)

4e Total program service expenses **2,453,873**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	6		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ME**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Jennifer Hazelwood** **24 Springer Drive**

Bangor

ME 04401

207-941-2800

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

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) P. Andrew Hamilton Chair	1.00 0.00	X		X				0	0	0
(2) Amanda Butterfield Treasurer	1.00 0.00	X		X				0	0	0
(3) Yolanda Moffatt Vice - Chair	1.00 0.00	X		X				0	0	0
(4) Helen McKinnon Secretary/Scribe	1.00 0.00	X		X				0	0	0
(5) Frank Bragg Director	1.00 0.00	X						0	0	0
(6) Kristin Coffey Canders Director	1.00 0.00	X						0	0	0
(7) Brian Donahue Director	1.00 0.00	X						0	0	0
(8) John Dougherty Director	1.00 0.00	X						0	0	0
(9) Susan Faloon Director	1.00 0.00	X						0	0	0
(10) Andy Fitzpatrick Director	1.00 0.00	X						0	0	0
(11) Ben Haskell Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(12)Sgt. Brad Johnston	1.00									
Director	0.00	X						0	0	
(13)Jim Miller	1.00									
Director	0.00	X						0	0	
(14)Tom Palmer	1.00									
Director	0.00	X						0	0	
(15)Elena Perrello	1.00									
Director	0.00	X						0	0	
(16)Karen Pomeroy	1.00									
Director	0.00	X						0	0	
(17)Joseph Pratt	1.00									
Director	0.00	X						0	0	
(18)Suzanne Tyler	1.00									
Director	0.00	X						0	0	
(19)John Kuropchak	40.00									
Executive Director	0.00			X				82,207	0	
1b Sub-total								82,207		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								82,207	8,651	

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	160,327				
	1f All other contributions, gifts, grants, and similar amounts not included above	2,675,354				
	g Noncash contributions included in lines 1a-1f: \$	441,874				
	h Total. Add lines 1a-1f	2,835,681				
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	114,341			114,341	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a Service fees		104,590	104,590			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		104,590				
12 Total revenue. See instructions.		3,054,612	104,590	0	114,341	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478

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

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

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

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

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

h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.41%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	93.81%

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2013

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

Name of the organization

Employer identification number

United Way of Eastern Maine

01-0211478

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 990-PF, Part I, line 2, to certify that it does not 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
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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
1	Emera Maine 970 Illinois Ave. Bangor ME 04401	\$ 51,671	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Stephen King PO Box 855 Bangor ME 04402	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Eastern Maine

01-0211478

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a, 1b, 2 regarding art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,744,025	2,552,939	242,525	208,130	192,552
b Contributions	16,291	30	2,240,000	2,736	1,380
c Net investment earnings, gains, and losses	407,762	312,524	109,116	42,990	23,448
d Grants or scholarships					
e Other expenditures for facilities and programs	-106,410	-102,320	-29,250	-8,780	-9,250
f Administrative expenses	-37,394	-19,148	-9,452	-2,551	
g End of year balance	3,024,274	2,744,025	2,552,939	242,525	208,130

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

- a** Board designated or quasi-endowment ▶ **4.63 %**
- b** Permanent endowment ▶ **77.72 %**
- c** Temporarily restricted endowment ▶ **17.65 %**

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations Yes No
- (ii)** related organizations Yes No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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		170,459	129,967	40,492
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **40,492**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Assets Held In Perp at MCF	3,024,274
(2) Trust Assets Held at Bank of America	309,995
(3) Trust Assets Held by Acadia Trust	56,860
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,391,129

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital lease obligation	11,613
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,613

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

The Organization's endowments consist of funds established to support the Organization and its programs. Its endowments include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Organization has reported its endowment net assets as the Forever Fund.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Donor designations	\$	593,009
Provision for uncollectibles	\$	151,620

Part XII, Line 4b - Expense Amounts Included on Return - Other

Part XIII Supplemental Information (continued)

Donor designations \$ **593,009**

Part XIII - Supplemental Financial Information

The Organization's federal Return of Organization Exempt from Income Tax for 2014, 2013, and 2012 are subject to examination by the IRS, generally for three years after they were filed.

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Military Support Group of America	27-2242752	501c3	5,069				
(2)	American Red Cross - Pine Tree Chap	53-0196605	501c3	5,108				
(3)	Down East Hospice	01-0441482	501c3	5,750				
(4)	Greater Old Town Communities That C	26-1812017	501c3	6,005				
(5)	United Way of York County	01-0276862	501c3	6,218				
(6)	CancerCURE of America	81-0648432	501c3	6,626				
(7)	Legal Services for the Elderly of	01-0359131	501c3	6,991				
(8)	American Red Cross - National	94-1322159	501c3	6,999				
(9)	Make A Wish Foundation of Maine	01-0477512	501c3	7,102				

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 58**
- 3 Enter total number of other organizations listed in the line 1 table **▶**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Health and Medical Research Chariti	94-3217739	501c3	7,231				
(2)	Down East Family YMCA	01-0412269	501c3	7,252				
(3)	KidCare America - Lincoln	57-1237933	501c3	7,478				
(4)	UMaine Cooperative Extension	01-6000769	501c3	7,994				
(5)	EarthShare	52-1601960	501c3	8,514				
(6)	New Hope for Women	01-0377246	501c3	8,676				
(7)	Downeast Health Services	01-0317427	501c3	9,375				
(8)	Eastern Maine Homecare	01-0328442	501c3	9,963				
(9)	Cobscook Community Learning Center	01-0449348	501c3	10,000				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Parents Are Teachers Too	20-3435737	501c3	10,325				
(2)	Healthy Acadia	04-3746379	501c3	11,259				
(3)	Bucksport Area Child Care Center	01-0449192	501c3	11,422				
(4)	Big Brothers Big Sisters of Mid-Mai	01-0384833	501c3	11,638				
(5)	First United Methodist Church - My	01-0237808	501c3	11,842				
(6)	United Way of Mid-Coast Maine	01-6004866	501c3	12,322				
(7)	Friends in Action	71-0957829	501c3	12,539				
(8)	Broadreach Family and Community Ser	01-0471985	501c3	12,761				
(9)	Global Impact	52-1273585	501c3	13,227				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Military Family and Veteran's Servi	94-3193418	501c3	14,202				
(2)	Families and Children Together	01-0483192	501c3	15,623				
(3)	Literacy Volunteers of Bangor	23-7409749	501c3	16,279				
(4)	Washington Hancock Community Agency	23-7226828	501c3	16,784				
(5)	The Housing Foundation	23-7046663	501c3	17,085				
(6)	Animal Charities of America	94-3193389	501c3	17,206				
(7)	America's Charities	54-1517707	501c3	17,559				
(8)	MAINEiacs Charities	01-0440449	501c3	17,671				
(9)	Christian Service Charities	94-3193374	501c3	18,088				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
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Department of the Treasury
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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	United Way of Aroostook Cty.	23-7147455	501c3	19,004				
(2)	Maine Mental Health Connections	01-0376510	501c3	22,098				
(3)	Center on Aging	01-6000769	501c3	22,295				
(4)	MaineShare	01-0444245	501c3	23,149				
(5)	United Way of Kennebec Valley	01-6004404	501c3	23,327				
(6)	Community Health Charities Federati	13-6167225	501c3	23,749				
(7)	Down East AIDS Network	01-0441229	501c3	24,010				
(8)	Wellspring, Inc.	22-2632367	501c3	29,969				
(9)	Community Health Charities of Maine	22-2478946	501c3	31,304				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Amicus	01-0314110	501c3	31,534				
(2)	United Way of Greater Portland	01-0241767	501c3	34,655				
(3)	YMCA Old Town-Orono	22-3160786	501c3	35,177				
(4)	The Next Step	01-0482508	501c3	44,013				
(5)	Bangor Area Homeless Shelter	01-0412267	501c3	52,773				
(6)	Good Samaritan Agency	01-0211507	501c3	68,305				
(7)	Penquis	01-0541817	501c3	70,418				
(8)	Eastern Area Agency on Aging	01-0328376	501c3	73,407				
(9)	Spruce Run-Womancare Alliance	01-0358090	501c3	78,929				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Shaw House	01-0495262	501c3	99,078				
(2)	Bangor YMCA	20-3282977	501c3	105,665				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The organization collaborates with its agency partners during the year.

Volunteers annually review funded programs to determine progress toward the goals and outcomes upon which grants are awarded. Non-agency partners must provide proof that they are exempt organizations.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Eastern Maine

Employer identification number

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	18,000	Market Value
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Food)	X	99843	412,174	Weight (lbs)
26 Other ▶ (Heat Pump)	X	1	3,500	Market Value
27 Other ▶ (Gift Card/Trip)	X	2	1,400	Market Value
28 Other ▶ (Miscellaneous)	X	1	6,800	Market Value

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part 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.

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

United Way of Eastern Maine

Employer identification number

01-0211478**Form 990 - Organization's Mission**

The mission of United Way of Eastern Maine is to improve lives by mobilizing the caring power of people and communities. We will achieve our mission through three key strategies - improving the Health, Education and Income of people in the five counties we serve.

Form 990, Part III, Line 4a - First Accomplishment

United Way staff and volunteers work year round with funded partners to maintain strong program/agency relationships. Each two year funding cycle is a new cycle and partners seeking funding must re-apply. UWEM accepts applications from current and potential partners that are aligned with our 6 community outcomes. During 2nd Quarter of FYE 2014 UWEM received 81 funding applications for the FYE15/16 funding cycle. Volunteer reviewers spent hundreds of hours reviewing and weighing the applications against pre-established criteria. The new slate of approved programs will begin receiving funds for FYE 15 on July 1, 2014 and be reported on in next year's 990.

Form 990, Part III, Line 4b - Second Accomplishment

The Volunteer Center is also responsible for managing the annual Make A Difference Eastern Maine Days of Service and Student Days of Caring.

Name of the organization

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Form 990, Part III, Line 4c - Third Accomplishment

While call volume and type vary from month to month the top tell call categories for the past several years have included heating assistance, utilities assistance, housing, basic needs-food, mental health services, health care/health insurance, substance abuse services. Call volume spikes for heating assistance Sept through March. Additionally 211 receives calls for seasonal service needs (Thanksgiving and Christmas), tax services (Jan-March) and weather related disasters (i.e. ice storms). In FYE 2014 there were 414 agencies listed in the 211 database and 11,065 calls for UWEM's service area.

Form 990, Part III, Line 4d - All Other Accomplishment

FamilyWize: United Way is the official partner of FamilyWize® Community Service Partnership. FamilyWize plans to reduce the cost of prescription medicine for children, families and individuals by \$1 billion by the end of 2015. UWEM distributes pharmacy discount cards at no charge to organizations and individuals. UWEM has been participating in this program since 2012; use of the card and savings passed on to individuals as a result has increased greatly since that time. In FYE 2014 FamilyWize saved individuals \$167,386 in prescription drug costs in UWEM's service area.

Neighbors Helping Neighbors: Since 2007 UWEM has been a leader in identifying solutions to the Energy Crisis many families face each winter. We know this is a great need in our service area based on the sheer volume of individuals seeking out LIHEAP funds and the annual volume of calls to 211 around this issue. Heating assistance calls to 211 make up

Name of the organization

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approximately 15% of calls for UWEM's service area each year. Neighbors Helping Neighbors grew out of our work with the Eastern Maine Funders in 2007. This initiative provides small grants that help families stay safe through the winter by providing funds for emergency heating assistance, energy audits, winterization, weatherization and hands on training in energy saving methods. In FYE 2014 this program awarded \$21,900 in grants serving 600 individuals and families in Eastern Maine.

FEMA Emergency Food & Shelter Program (EFSP): UWEM acts as the local manager for the distribution of Federal Emergency Management Agency Emergency Food & Shelter Program (EFSP) funds to area social service agencies in an effort to help people with economic emergencies. EFSP funds provide food, shelter and General Assistance to those in need. New funding was not released from the federal government in FYE 2014.

National Association of Letter Carriers(NALC) Food Drive: Over the last 15+ years the UWEM co-manages the NALC Food drive in the Bangor area each spring in cooperation with the NALC postal workers union. NALC is the largest food drive in the United States. UWEM supports publicity efforts, volunteer recruitment and organization leading up to the event; UWEM manages the administrative functions and volunteer management on the day of the event. In FYE 2014 this program generated 77, 156 pounds of food, translating into 64,297 meals valued over \$162,028.

Pantry Project: More than 20% of Maine households do not have reliable and consistent access to food. Although the holiday season brings many donations of food, by spring, many pantries experience a food shortage.

Name of the organization

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Through our pantry project we distribute shelving to a different business partner from January through April. The food collected each month is distributed through Good Shepherd Food Bank to area food cupboards. In FYE 2014 the program raised 12,012 pounds of food from 18 sites throughout Eastern Maine. This translates to approximately 10,010 meals at a value of \$25,225.

Hancock County Food Drive: Since 2012 UWEM has partnered with the Maine Community Foundation, health and human service organizations, University of Maine Cooperative Extension, businesses, schools and towns to collect food and donations during the month of March to benefit the food cupboards of Hancock County. In FYE 2014 the program raised 15,175 pounds of food (through food and cash donations) from 141 sites throughout Hancock County Maine. This translates to approximately 12,646 meals at a value of \$38,242.

The Backpack Program: is designed to meet the needs of hungry children at times when other resources are not available, such as weekends and school vacations. UWEM partners exclusively with Good Shepherd Food Bank to most effectively deliver the program. In FYE 2014 through our partnership with Good Shepherd Food Bank 9 schools were added; East Millinocket (Opal Myrick Elementary School, Schenck High School), Millinocket (Granite Elementary School, Millinocket Middle School), Medway (Medway Middle School), Bangor (James F Doughty School, Fairmount School, Vine Street School, 14th Street School). Since 2011 UWEM has supported the launch of a total of 19 Backpack Programs throughout Eastern Maine.

Born Learning: Age zero to five is critical in the development of a child's

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brain, social skills, ability to bond and much more. A positive start in life helps kids succeed not only in school, but all throughout life. UWEM partners with local communities and groups to install Born Learning Trails in public parks and playgrounds; The Born Learning Trail is an interactive, playful and visible community engagement tool. A Born Learning Trail is an engaging path of interactive activities that helps encourage language and pre-literacy skills, motor skills and school readiness in young children. Each trail contains 10 stations with fun and meaningful activities that adults can play with their young children. In FYE 2014 two trail installations (Bangor and Dover-Foxcroft) were in the planning phases with completion expected in FYE 2015.

The Mentor, Tutor, Reader drive is focused on recruiting 1,000 new mentors, tutors and readers in Eastern Maine. UWEM is focused on increasing the number of and retention rate of youth & young adults ages 11-24 and individuals 55 and over serving as volunteers in Penobscot County. United Way also supports volunteerism that addresses local needs related to dropout prevention, increased high school graduation rates, and pursuit of post-secondary education. While this initiative is primarily focused in Penobscot County we have several partners participating from other counties in our service area.

Eastern Maine CA\$H Coalition:

The Eastern Maine CA\$H Coalition (EMCA\$H) is a UWEM led collaboration, comprised of 21 non-and for-profit partners, working together to help low-and moderate-income Mainers make the most of their money. The mission is to provide access to free tax preparation, financial education, and asset

Name of the organization

United Way of Eastern Maine

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development products leading to financial stability for Eastern Maine families and individuals. In FYE 2014 EMCA\$H provided free tax preparation services to 5,269 individuals generating \$4,460,450 in total refunds and saving \$895,730 in tax preparation fees. 144 individuals also received In FYE 2014 this imitative leveraged 56 volunteers contributing over 6,000 hours of time.

Downeast Community Transformation Grant (CTG) is a state wide project aimed at improving healthy eating and active living for children based at Early Childhood Education sites and Schools in Hancock and Washington Counties. UWEM is a member of the Oversight Committee (leadership team) for the Downeast and Penquis projects and serves as fiscal agent for the Downeast project supervising the project coordinator, budget and general activities. To date over 40 Early Childhood Education Sites and 21 schools have enrolled and committed to making positive changes to achieve the goals of improving nutrition and physical education for children. The project is slated to run through September 2014, final results will be available at the close of the project.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the Finance and Audit Committee prior to submission. If time allows, the Finance and Audit Committee will provide a full report to the Board at the next meeting. Additionally, each Board member receives a copy of the return prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At the beginning of each fiscal year, Board Members are asked to sign the

Name of the organization

United Way of Eastern Maine

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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, Part VI, Line 15a - Compensation Process for Top Official
United Way's executive compensation program is administered by the Executive Committee of the Board of Directors which also serves as the personnel committee. The Executive Committee is responsible for establishing and maintaining a competitive compensation program for the President, and consulting with the President regarding the recommendations for senior staff compensation. The Committee meets to review the compensation program and make recommendations to the Board of Directors, as appropriate.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The Executive Committee solicits information from various sources including Maine Association of Nonprofits and the United Way of America Salary Survey to evaluate the organization's executive compensation program within the market. The evaluation is reviewed annually and is intended to ensure that the compensation program falls within a reasonable range of competitive practices for comparable positions among similarly situated organizations. Following this review, the Committee reviews and approves the President's compensation, base salary, annual incentive opportunity adjustment, and

Name of the organization

United Way of Eastern Maine

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objectives and goals for the upcoming fiscal year and consults with the President as to senior staff. The Committee reviews and recommends to the Board for approval, salary and incentive awards for the President.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation 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 - Reconciliation of Changes - Other

Donor designations	\$	-593,009
Provision for uncollectibles	\$	-151,620
Donor designations	\$	593,009

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Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14		

Name

Taxpayer Identification Number

United Way of Eastern Maine**01-0211478**

		2012	2013	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 2,518,230	2,675,354	157,124
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 129,755	160,327	30,572
	4. Program service revenue	4.		
	5. Investment income	5. 108,355	114,341	5,986
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 82,934	104,590	21,656
	12. Total revenue. Add lines 1 through 11	12. 2,839,274	3,054,612	215,338
E x p e n s e s	13. Grants and similar amounts paid	13. 2,073,803	1,956,333	-117,470
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 91,731	90,858	-873
	16. Salaries, other compensation, and employee benefits	16. 539,500	575,051	35,551
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 70,085	89,230	19,145
	19. Occupancy, rent, utilities, and maintenance	19. 60,811	65,352	4,541
	20. Depreciation and Depletion	20. 18,968	21,536	2,568
	21. Other expenses	21. 170,696	236,335	65,639
	22. Total expenses. Add lines 13 through 21	22. 3,025,594	3,034,695	9,101
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -186,320	19,917	206,237
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 2,839,274	3,054,612	215,338
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 2,839,274	3,054,612	215,338
	27. Total assets	27. 5,676,485	5,779,999	103,514
	28. Total liabilities	28. 1,101,056	918,318	-182,738
	29. Retained earnings	29. 4,575,429	4,861,681	286,252
	30. Number of voting members of governing body	30. 18	18	
31. Number of independent voting members of governing body	31. 18	18		
32. Number of employees	32. 13	17		
33. Number of volunteers	33. 833	722		

Form 990T	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning 07/01/13 , ending 06/30/14		

Name **United Way of Eastern Maine** Taxpayer Identification Number **01-0211478**

		2012	2013	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	1,000
	27. Unrelated business taxable income.	27.	-1,000	-1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
31. Total taxes		31.		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
35. Total credits		35.		
36. Net tax after credits		36.		
37. Recapture taxes		37.		
38. Total Taxes	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. Total due/(Refund)	47.		

Form **990****Tax Return History****2013**

Name

United Way of Eastern Maine

Employer Identification Number

01-0211478

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				2,647,985	2,835,681	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income				108,355	114,341	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				82,934	104,590	
Total revenue				2,839,274	3,054,612	
Grants and similar amounts paid				2,073,803	1,956,333	
Benefits paid to or for members						
Compensation of officers, etc.				91,731	90,858	
Other compensation				539,500	575,051	
Professional fees					89,230	
Occupancy costs				60,811	65,352	
Depreciation and depletion				18,968	21,536	
Other expenses				240,781	236,335	
Total expenses				3,025,594	3,034,695	
Excess or (Deficit)				-186,320	19,917	
Total exempt revenue				2,839,274	3,054,612	
Total unrelated revenue						
Total excludable revenue				2,839,274	3,054,612	
Total Assets				5,676,485	5,779,999	
Total Liabilities				1,101,056	918,318	
Net Fund Balances				4,575,429	4,861,681	

Form 990T	Tax Return History	2013
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Name United Way of Eastern Maine	Employer Identification Number 01-0211478
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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Form 990T	Tax Return History	2013
------------------	---------------------------	-------------

Name United Way of Eastern Maine	Employer Identification Number 01-0211478
--	---

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Beneficiary of Danforth Trust						
\$ 6,692			14			
Beneficiary of Helen & Wilbur						
1,941			14			
Beneficiary of Whitney Trust						
4,856			14			
Maine Community Foundation						
106,410			14			
Investment Income						
30			14			
Investment Income						
-5,588			14			
Total	\$ 114,341					

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01-0211478

Federal Statements

FYE: 6/30/2014

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional fees	\$ 89,230	\$ 26,632	\$ 48,833	\$ 13,765
Total	\$ 89,230	\$ 26,632	\$ 48,833	\$ 13,765

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Office Supplies	\$ 13,086	\$ 9,647	\$ 957	\$ 2,482
Equip/Computer Rental	11,001	6,563	-793	5,231
Special Events	8,302	1,492		6,810
In-Kind Volunteer Gen Fud	5,470	5,470		
Search, Moving Media	5,351	4,459	593	299
Bank Credit Card Fees	4,500		4,156	344
Training	3,905	3,905		
Dues	3,677	1,250	1,407	1,020
Volunteer/Agency Meetings	2,838	1,763	161	914
Staff Volunteer Recognit	672	184	265	223
Misc	637	-292	-239	1,168
Rounding	1	1		
Total	\$ 59,440	\$ 34,442	\$ 6,507	\$ 18,491

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Federal Statements

FYE: 6/30/2014

Schedule A, Part II, Line 1(e)

Description	Amount
Government grants	\$ 160,327
Campaign revenues	1,392,499
Sponsorships	16,550
Other contributions, grants, bequest	129,751
Donor designations	593,009
In-kind - car	18,000
In-kind - heat pump	3,500
In-kind - Bar Harbor get away	900
In-kind - LLBean gift card	500
In-kind - miscellaneous	6,800
In-kind - food	412,174
Emera Maine	
Cash Contribution	51,671
Stephen King	
Cash Contribution	50,000
Total	<u>\$ 2,835,681</u>

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Schedule A, Part II, Line 8(e)

Description	Amount
Beneficiary of Danforth Trust	\$ 6,692
Beneficiary of Helen & Wilbur	1,941
Beneficiary of Whitney Trust	4,856
Maine Community Foundation	106,410
Investment Income	30
Investment Income	-5,588
Total	<u>\$ 114,341</u>

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
Service fees	\$ 104,590
Total	\$ <u>104,590</u>

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