

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginnin	ng 07-01-2008	and ending 06-30-200)9				
B Ch	eck ıf a	pplicable	Please	C Name of organization UNITED WAY INC			D Employer id	entification number			
☐ Add	tress ch	nange	use IRS label or	dba UNITED WAY OF G	REATER PORTLANI	D		01-02417			
☐ Na	me cha	nge	print or type. See	Doing Business As				E Telephone n	umber		
┌ Init	al retu	rn	Specific	Number and street (or	P O box if mail is	not delivered to street addre	ess) Room/suite	(207) 874-			
Г Теі	mınatıd	on	Instruc- tions.	PO BOX 15200				G Gross receip	ots \$ 12,237,943		
┌ Am	ended	return		City or town, state or co	ountry, and ZIP +	4		-{			
☐ Apr	olication	n pending		PORTLAND, ME 041125	5200						
			F Nan	L ne and address of Prin	ocinal Officer		W->	-			
			MEG B		icipai O ilicei			ns a group retur ates?	n for		
				X 15200 AND,ME 04112520	0				_ ` _		
T Ta	x-exen	npt status		(3) ◀ (insert no) ☐		527		ll affiliates includ			
		<u>'</u>						No," attach a lis up Exemption N	t See instructions)		
J 44	eb sit	e: F ww	wiiveunited	iportland org			"(c) =	ap Exemption II			
К Тур	e of or	ganızatıon	▽ Corporat	ion trust association	other ►		L Year of F	ormation 1929	1 State of legal domicile ME		
							·	•			
Pa	rt I	Sum	mary								
	1	Briefly	describe th	e organızatıon's mıssı	on or most sıg	nıfıcant actıvıtıes					
ጽ		ımprovı	ng lives by	focusing on the buildi	ing blocks of a	strong community edu	ic , income &	health			
ĕ											
E .	١,	Charlet	this hav F	if the organization dia	continued its	marations or disposed	of more than :	25% of the page	•		
Governance	2		·			operations or disposed (
	3		_	_		:VI, line 1a) ng body (Part VI, line 1			28		
Activities &	5			nployees (Part V, line			0)		42		
Ĕ	6			lunteers (estimate if r				6	200		
Ş.				ted business revenue		7a	0				
		_		ness taxable income t		7b	0				
						<u> </u>	Pri	or Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, lır	ne 1h)			10,624,615	10,291,333		
를	9			revenue (Part VIII, lır	-			194,377	51,846		
Revent	10	Invest	tment incor	ne (Part VIII, column	(A), lines 3, 4	, and 7d)		509,670	-59,060		
æ	11	Other	revenue (P	art VIII, column (A),	lınes 5, 6d, 8c	, 9c, 10c, and 11e)		82,283	236,629		
	12		revenue—a	dd lines 8 through 11	(must equal Pa	art VIII, column (A), lır	ne	11,410,945	10 520 749		
	13	12)	and similar	ar amounts paid (Part	TV solumn (A)	lines 1 2)			10,520,748		
	14			or for members (Part I)				7,414,210	7,975,589		
	15		•	•		rt IX, column (A), lines	5-				
82	13	10)	es, other co	impensation, employe	e bellelles (1 al	t 1x, column (x), imes		1,962,729	1,961,651		
⊕	16a	Profes	sional fund	raising fees (Part IX,	column (A), lın	e 11e)			0		
Expenses	ь	(Total f	undraising exp	penses, Part IX, column (D), line 25 <u>809,208</u>)					
_	17	Other	expenses ((Part IX, column (A), l	ınes 11a–11d	, 11f-24f)		1,177,192	1,112,411		
	18	Total	expenses—	add lines 13-17 (mus	st equal Part I	X, line 25, column (A))		10,554,131	11,049,651		
	19	Reven	ue less exp	enses Subtract line :	18 from line 12	2		856,814			
<u>8</u> 88							Beginr	ing of Year	End of Year		
Net Assets or Fund Balances	20	Total	assets (Par	t X, line 16)				16,238,295	14,470,334		
A AS	21	Total I	liabilities (F	Part X, line 26)				2,313,302	2,390,848		
žĒ	22	Netas	sets or fun	d balances Subtract I	lıne 21 from lır	ne 20		13,924,993	12,079,486		
Pai	rt II	Sign	ature Blo	ock			•				
						turn, including accompanying er (other than officer) is base					
Plea	SA	****		correct, and complete Deci	атасют от ртерате	er (other than officer) is base	1		iei ilas aliy kilowledge		
Sigr		I B	ature of office	r			Date	0-05-03 e			
Here	е	SUZA	ANNE MCCORI	MICK PRESIDENT/CEO							
			e or print name								
		Preparer	's L			Date	Check If	Preparer's PTIN	(See Gen Inst)		
Paid		signature			self- empolyed ▶ 	-					
	arer's		ame (or yours	BAKER NEWMAN & NO	· ' •						
Use (ıf self-er	nployed), and ZIP + 4	PO BOX 507	EIN Þ						
		3.355,	•	PORTLAND, ME 0411	Phone no 🕨 (207) 879-2100					
May '	the IR	.S discus	s this retu	•		See instructions)					

orm	990 (2008)					Page 2
Part	Statement	of Program Servi	ce Accomp	lishments (See the	e instructions.)	
1	Briefly describe the org	anızatıon's mıssıon				
See Ad	ldıtıonal Data Table					
2	the prior Form 990 o	r 990-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
3		ese new services on Sc cease conducting or m 		changes in how it con	ducts any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) ai		d 4947(a)(1) t	rusts are required to re	largest program services beport the amount of grants d	
4a	good health for many re in the community From tirelessly to improve life partners manages the L communities The goal eat at least 5 fruits and sugar-sweetened bever more than 1,000 childre of Portland's largest em meeting at least 3 out of aware of Lets Go! and 4 sector theory is validate	esidents of Greater Portland an addressing substance abuse for thousands of friends, neet's Go! Program, a commulate to increase physical activition vegetables a day, limit recrages and choose low fat miler at 13 childcare sites, 128 ployers Evaluation data in 2 of 4 of the recommended 5-13% are aware of the 5-2-1 departs in the second substantial parents reporting exposu	United Way fund e to funding vision eighbors and co-winity-based initiativy and healthy eat eational TV or corlik or water instead physicians in practicology confirms that 2-1-0 behaviors (-0 message - 96% re to 5-2-1-0 acres	the building blocks of a threat the subject of the	r Agencies that focus on health, I d outpatient mental health clinica n addition, United Way in collabo estyles for children, youth and fa with obesity We accomplish our s, get 1 hour or more of physica Let's Go! has engaged more than imunities, 780 youths at five aft ack - There was a 27% increasi	ration with several community miles in 12 Greater Portland goals with the 5-2-1-0 message I activity every day, and drink 0 6,800 students at 43 schools, erschool recreation centers, and six e in the proportion of children ts in the 12 communities are now ach and messages - The multito - be aware of the 5-2-1-0
4b	It is also fundamental to Agencies that focus on a centers, United Way is lifuture learning, behavious are prepared for kindergeducation about child do two of the goals of the success in both areas - behavioral issues decreased	o a community's economic peducation, helping us advanced and for and health is based on one garten, that teenagers build evelopment. Our Westbrook Project are to reduce absent the number of students who ased by 19 percent. The Project are to reduce The Project are to reduce absent the number of students who ased by 19 percent.	rosperity a well- ce our education of amilies reach thei e's early experien- self-esteem and Children's Project teeism and out-of o were absent eigl ject had a success	educated workforce attracts goals in the community Froi r potential Just as the strenges Our vision is that young have safe places to go after is an example of how we acclassroom referrals, two but or more times decreased sful first year Working with	world-class jobs United Way furm addressing youth self-esteemigth of the foundation determines a people will grow up healthy and self-esteem of the foundation determines and guare working to fulfill our vision. For working to academic successiby 8 percent and the number of schools, community agencies an	to funding accredited child care the stability of the home, all dready for the future, that they lardians have support and ocusing initially on children in K-2, s. In its first year, there was
4-2	behavior referrals) (Evpenses ¢	1 002 725	including grants of \$	1.025.012.) (Pavanua \$	
4c	taken a strategic appro- opportunities they need securing the basics, help forces emergency servic to financial stability Ano experts focused on help season, bringing financi, connects people to loca get their taxes prepared	to meet their basic needs a ping us advance our financia ces and legal services prograther United Way initiative, Coing families and individuals all education tools to the configuration from the financial services and finot only saved \$500,000 ir 10,000 from the Earned Income	nes and financial s nd attain affordat I stability goals in ims, United Way i A\$H Greater Portl achieve long-term numity and educ our website www income tax filing	tability is no exception Fina ble housing United Way fun the community From addring s linking community member and (Creating Assets, Savin in financial stability It does to ating hard-working resident or cashap org is a financial ed fees, but they received \$3	ds 24 programs at 13 Partner Ag essing the needs of refugees and ers to tools that will help them ge gs & Hope) is a partnership of a his by offering free tax preparati s about how they can make the ducation clearing house Individual million in state and federal ref	ing families with the resources and encies that focus on income and ill immigrants to funding armed et on, or continue down, the path ommunity leaders and industry on to qualified filers during tax most of their money CA\$H als who came to CA\$H in 2009 to
	(6.1		4 2		2 2	
	(Code) (Expenses \$	4,949,299	including grants of \$	3,789,381) (Revenue \$	45,351)

Other program services (Describe in Schedule O)

Total program service expenses \$

including grants of \$

4d

4e

(Expenses \$

) (Revenue \$

9,843,412 Must equal Part IX, Line 25, column (B).

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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 48			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 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 this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N
h	return?	3a 3b		No
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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and 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? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5c		
c-	Tax Shelter Transaction?	6a		N
6a 	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		No
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
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?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		V	
_	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			l
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them)			
17-		43-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Α.	Governing	Body	and	Management	

			Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 28						
b	Enter the number of voting members that are independent 1b 28						
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?	2	Yes				
3	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? .						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
b	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or 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	11		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

UNITED WAY INC 400 CONGRESS STREET PORTLAND, ME 04112 (207) 874-1000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al			(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(ition that a			all			(E)	(1	=)
(A) Name and Title		(B) Average hours per week	Individual Trustæ or Director	Officel Institutional Trustee Inclindual Trustee or Prestor		Key employee	Former Highest compensated employee Key employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of othe compensation from the organization ar related organizations	
								ı				
1b	Total			٠.				 	276,47	2	0	43,895
1b 2	Total	g those ın 1									0	43,895
	Total number of individuals (includin	g those ın 1									Yes	43,895 No
	Total number of individuals (includin compensation from the organization) Did the organization list any former	g those in 1 ▶1 officer, direc	a) who	recei	ved e, k	mor	e thar	n \$1	00,000 in reportab	le	Yes	No
2	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu	g those in 1 1 officer, directled for such is the sum of	a) who	ruste	e, k	mor ey e	e thar employ	n \$1 /ee, •	or highest compens	sated employee	<u> </u>	<u> </u>
3	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu	g those in 1 1 officer, directled for such is the sum of	a) who	ruste	e, k	mor ey e	e thar employ	n \$1 /ee, •	or highest compens	sated employee	Yes	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization.	g those in 1 1 officer, direct le J for such the sum of ns greater th enve or accre	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens f "Y fror	employ ation es," co	ee,	or highest compensor other compensation lete Schedule J for su	sated employee n from the uch for services	Yes	No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater the the sum of ns greater the the sum of	a) who	ruste ual ble c 0,00	e, k omp 0? l	ey e ens f "Y fror	employ ation es," co	ee,	or highest compensor other compensation lete Schedule J for su	sated employee n from the uch for services	Yes 3 4 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, directle J for such is the sum of insign a true in the sum of insign and insign an	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste ual ble c 0,00 ensa	e, k omp 0? I	ey e ens f "Y fror	employ ation (es," co	yee, and omp	or highest compensation other compensation elated organization	sated employee in from the uch for services	Yes 3 4 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, directle J for such is the sum of insign a true in the sum of insign and insign an	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste ual ble c 0,00 ensa	e, k omp 0? I	ey e ens f "Y fror	employ ation (es," co	yee, and omp	or highest compensation of the schedule J for such that organization or that received mo	sated employee in from the uch for services	Yes 3 4 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste ual ble c 0,00 ensa	e, k omp 0? I	ey e ens f "Y fror	employ ation (es," co	yee, and omp	or highest compensation of the schedule J for such that organization or that received mo	sated employee n from the uch for services	Yes 3 4 Yes	No No
3 4 5	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste ual ble c 0,00 ensa	e, k omp 0? I	ey e ens f "Y fror	employ ation (es," co	yee, and omp	or highest compensation of the schedule J for such that organization or that received mo	sated employee n from the uch for services	Yes 3 4 Yes	No No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a	73,270				,
mts ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b /ents					
# <u>#</u> #	d	Related organ	ızatıons1d					
E, S	e	Government grar	nts (contributions) 1e					
utior Yer s	f	All other contribu	tions, gifts, grants, and not included above	10,218,063				
語言	g	Noncash cont	1f ributions included in					
and	_	lines 1a-1f \$						
•	h	Total (Add lin	es 1a-1f)		10,291,333			
				Business Code				
)III	2a	WORKSHOPS/TR	AINING	900,099	51,846	51,846		
₹	ь							
- 3 - 3	С							
Æ. ≅	d							
S =	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Δ	g	Total. Add line ► \$ 51,846	es 2a-2f					
	3		come (including divi	dends, interest				
		other similar a	amounts)		186,448			186,448
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,471,687					
		assets other than inventory						
	ь	Less cost or other basis and	1,717,195					
		sales expenses	-245,508					
	c d	Gain or (loss) Net gain or (lo			-245,508			-245,508
				. ▶	,			
	8a	Gross income events (not in	from fundraısıng cludıng					
<u> </u>		\$	 ns reported on line					
듄		1c) See Part	IV, line 18					
ě			e G ıf total exceeds					
<u>.</u>	ь		xpensesb					
Other Revenue	с		· ·(loss) from fundrais	ing events				
_	9a	Gross income	from gaming					
		activities See Complete Sche	e part IV , line 19					
		exceeds \$15,00						
			a					
	b c		xpensesb ·(loss) from gaming a	a ctivities				
				- Livities				
	10a	Gross sales o returns and al	f inventory, less lowances . a					
	ь	Less cost of	goods sold b					
	С		(loss) from sales of					
		Miscellaneou		Business Code 900,099	236,629	226 620		
	11a	MISCELLANE	OUS	900,099	236,629	236,629		
	Ь							
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 236,629				
	12		. Add lines 1h, 2g, 3		10,520,748	288,475	0	-59,060
		8c, 9c, 10c, and 1	l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do ı	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	6,798,399	6,798,399		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,177,190	1,177,190		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	1/1///150	1,111,1150		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	320,118	106,651	144,053	69,414
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	1,351,469	801,965		420,988
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,792	31,566		16,226
9	Other employee benefits	123,104	71,536	13,540	38,028
10	Payroll taxes	119,168	72,817	16,005	30,346
11	Fees for services (non-employees)				
а	Management	9,609	5,353	1,276	2,980
b	Legal	19,652	12,394	2,072	5,186
С	Accounting	22,163	113	22,050	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	263,920	248,341	6,688	8,891
12	Advertising and promotion	275,973	208,955	2,555	64,463
13	Office expenses	118,310	73,457	12,033	32,820
14	Information technology				
15	Royalties				
16	Occupancy	183,018	103,424	23,878	55,716
17	Travel	44,908	27,810	3,977	13,121
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	41,816	28,486	2,782	10,548
20	Interest				
21	Payments to affiliates	80,722	44,968	10,726	25,028
22	Depreciation, depletion, and amortization	25,383	14,140	3,373	7,870
23	Insurance	17,377	9,602	2,522	5,253
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MISCELLANEOUS	9,560	6,245	985	2,330
ь		2,222	-,		_,
c				+	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11 040 651	0 942 412	397,031	809,208
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	11,049,651	9,843,412	397,031	609,208

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B	
	1	Cash—non-interest-bearing			1,510	1		21,297
	2	Savings and temporary cash investments		4,376,756	2		4,325,443	
	3	Pledges and grants receivable, net		3,887,230	3		3,801,930	
	4	Accounts receivable, net			175,207	4		86,255
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	1958(f)(1)) and		6			
	7	Notes and loans receivable, net			198,121	7		192,497
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges				9		
ssets	10a	Land, buildings, and equipment cost basis	10a	308,457				
⋖	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a	242,164	85,084	100		66,293
	11	Investments—publicly traded securities	TOB	242,104	6,047,906	-		4,918,038
	12	·	• •• \/TT -		1,364,084	-11		982,426
		Investments—other securities See Part IV, line 11 Complete Part Schedule D		1,304,004	12		902,420	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			102,397	15		76,155
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,238,295	16	1	4,470,334
	17	Accounts payable and accrued expenses .			472,023	17		400,857
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
<u>, o</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	129,306	21		105,415		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		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				24		
	25	Other liabilities Complete Part X of Schedule D		1,711,973	25		1,884,576	
	26	Total liabilities. Add lines 17 through 25			2,313,302	26		2,390,848
У		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
Ē	27	Unrestricted net assets			5,704,974	27		5,456,267
Balance	28	Temporarily restricted net assets			5,389,903	28		4,037,403
귤	29	Permanently restricted net assets		2,830,116	29		2,585,816	
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	let e					
S Of	30	Capital stock or trust principal, or current funds			30			
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .			31			
Assets	32	Retained earnings, endowment, accumulated income, or other fur				32		
Net	33	Total net assets or fund balances			13,924,993	33	1	2,079,486
z —	34	Total liabilities and net assets/fund balances			16,238,295	34	1	4,470,334
Pa	rt XI	Financial Statements and Reporting						
		· ····································					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

As Filed Data -

DLN: 93493134027710

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

UNITED dba UN		INC WAY OF GREAT	er portland					01	-024176	7		
Par	tΙ	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganızatıo					
The o	ganız	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))		•		
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	\Box	A medical i	research organi	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	▽	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ı	ınıt or fron	n the gene	ral public	
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Pari	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)	
11	Γ	_	=	and operated exclusively fo					•	•		
				orted organizations describe						Section 5	09(a)(3).	Check
			ype I b	type of supporting organiza		- Function			⊓ d	Type	III - Oth	ner
e	\Box			rtify that the organization is			-			' ''		
	•	•	- '	agers and other than one or			•			•	•	
_		section 50										
f		If the organ		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation,
g				as the organization accepted	d anv gift	or contrib	ution from	anv of the	1			,
		following pe		.	, 3			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
				ty of a person described in (11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
	(i) N =	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(v) Did v	ou notify	(vi) I	s the	(vii) Am	ount of
		orted	(11) ETIN	(described on lines 1-9		ation in	`	nization	l	ation in	supp	
		ıızatıon		above or IRC section	col (i)	listed in) of your	col (i) o	rganızed	'	
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?				I		
		Yes No Yes				No	Yes	No				
						 						
						-						
						 						
				I	1	1		ı	ı	I	1	

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,733,991	9,998,154	10,377,631	10,624,615		10,218,063	50,952,454
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 line 1-3	9,733,991	9,998,154	10,377,631	10,624,615		10,218,063	50,952,454
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							7,688,106
6	(f) Public Support subtract line 5 from line 4							43,264,348
Т	otal Support		<u>.</u>				-	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	9,733,991	275,991	10,377,631	10,624,615		10,218,063	50,952,454
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	202,742	275,991	323,404	329,709	186,448		1,318,294
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on 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)							52,270,748
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		1,335,243
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	led by line 11 co	olumn (f))		14		82.770 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		83.060 %
	33 1/3% Test - 2008. 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 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" and circumstances.	If the organizations to the contraction of the cont	on did not check ances" test, ch	a box on line 1. eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circumstances" and circumstances.	ts and circumst	ances" test, ch	eck this box and	stop here. Exp	laın ın	Part IV ho	
18	Private Foundation. If the organization did							. , .

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 01-0241767

Name: UNITED WAY INC

dba UNITED WAY OF GREATER PORTLAND

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
CHERYL BASCOMB , DIRECTOR	1 00	Х						0	0	0
BETH NEWLANDS CAMPBELL , DIRECTOR	1 00	Х						0	0	0
KEVIN CARLETON , DIRECTOR	1 00	X						0	0	0
WILLIAM CARON JR , DIRECTOR	1 00	Х						0	0	0
MICHAEL R CURRIE , DIRECTOR	1 00	Х						0	0	0
CHRISTOPHER WEMMONS, VICE CHAIR	1 00	Х		х				0	0	0
MARK L FASOLD , DIRECTOR	1 00	Х						0	0	0
MICHAEL E DUBYAK , DIRECTOR	1 00	Х						0	0	0
KEITH C JONES , DIRECTOR	1 00	Х						0	0	0
VICTORIA LORING , TREASURER	1 00	Х		Х				0	0	0
DAVID MENTION , DIRECTOR	1 00	Х						0	0	0
LAUREL MILOS , DIRECTOR	1 00	Х						0	0	0
JUDITH AUSTIN , DIRECTOR	1 00	Х						0	0	0
REV KENNETH I LEWIS J, DIRECTOR	1 00	Х						0	0	0
JUDY LUCAS , DIRECTOR	1 00	Х						0	0	0
HENRY ROY PARTRIDGE JR , DIRECTOR	1 00	Х						0	0	0
BRIAN S PETROVEK , CHAIR	1 00	Х		Х				0	0	0
SAM NOVICK , DIRECTOR	1 00	Х						0	0	0
MICHAEL R STODDARD , DIRECTOR	1 00	Х						0	0	0
BRENDA GARRAND , DIRECTOR	1 00	Х						0	0	0
DEVINDER MALHOTRA , DIRECTOR	1 00	Х						0	0	0
STEVEN THAXTON , DIRECTOR	1 00	X						0	0	0
MICHAEL SIMONDS , DIRECTOR	1 00	Х						0	0	0
ALBERT G SWALLOW III , DIRECTOR	1 00	X						0	0	0
BARBARA WHEATON ESQ , DIRECTOR	1 00	X						0	0	0
GRACE VALENZUELA , DIRECTOR	1 00	Х						0	0	0
RICHARD W PETERSEN , DIRECTOR	1 00	X						0	0	0
THOMAS ZUKE , DIRECTOR	1 00	X						0	0	0
MEG BAXTER , PRESIDENT	40 00			Х				179,577	0	32,985
MICHAEL BEVILACQUA , CFO & COO	40 00			Х				96,895	0	10,910

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

United Way of Greater Portland improves people's lives by mobilizing the caring power of our communities. We work to achieve community-wide change that improves the Education, Income and Health of Greater Portland residents. To these ends, we -Educate the community and raise resources to address the most pressing human care needs -Provide funding, technical assistance, volunteer resources, and a wide range of support to strengthen the capacity of our nonprofit partners to address community needs -Convene and work side by side with individuals, nonprofits, government, businesses, and other community partners. -Create, fund and replicate initiatives that improve the quality of life for individuals and families -Work with policy makers and advocates on important issues around education, income and health

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

	. , . ,	t have NOT filed Form \$768 (election t s," to Form 990, Part IV, Line 5 (Pr		h)) Complete Part II-B Do n	not complete Par	t II-A	
	ection 501(c)(4), (5), or (6) organi	•	roxy rax)				
Na	me of the organization			Employer iden	ntıfıcatıon numb	er	
	ITED WAY INC IN UNITED WAY OF GREATER PORTLAND			01-0241767	7		
Par	t I-A To be completed b	y all organizations exempt	under sectior		527		
		e the instructions for Schedule (
1	Provide a description of the org	ganızatıon's dırect and ındırect politı	cal campaign act	ıvıtıes ın Part IV			
2	Political expenditures				\$		
3	Volunteer hours						
Par	t I-B To be completed b	oy all organizations exempt etails.)	under section	501(c)(3). (See the	instructions		
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$		
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectior	1 4 9 5 5	\$		
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	7	☐ Yes	∏ No	
4a	Was a correction made?				☐ Yes	∏ No	
ь	If "Yes," describe in Part IV						
Par		y all organizations exempt	under sectior	1 501(c), except sect	tion 501(c)(3).	
	•	for Schedule C for details.)					
1		ended by the filing organization for se			\$		
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıbu	ted to other organ	nizations for section	\$		
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	er here and on Form	\$		
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes	∏ No	
5	were made Enter the amount p political contributions received	nd Employer Identification Number (locald and indicate if the amount was performed and promptly and directly delivered action committee (PAC) If additional	aid from the filing I to a separate po	organization's own interna litical organization, such a	l funds or were s a separate	ments	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions and promp directly delived as a contribution or contribution or contribution contributions c	received otly and vered to a political i Ifnone,	

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a Enter -0 - if line g is more than line a ${f i}$ Subtract line 1f from line 1c Enter -0 - if line f is more than line c

В

Scl	hedule C (Form 990 or 990-EZ) 2008			Page 2						
Ρ		organizations exempt under section 501(tion 501(h)). (See the instructions for Scheduk								
	Check If the filing organization	eck 🔲 if the filing organization belongs to an affiliated group								
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)								
b	Total lobbying expenditures to influe		8,12							
c	Total lobbying expenditures (add line		8,12							
d	Other exempt purpose expenditures		9,570,77							
е	Total exempt purpose expenditures	(add lines 1c and 1d)		9,578,90						
f	columns —	he amount from the following table in both		628,94						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	Not over \$500,000	20% of the amount on line 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000									
	Over \$17,000,000	\$1,000,000								

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

157,236

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total						
2a	Lobbying non-taxable amount	566,686	600,159	607,666	628,945	2,403,456						
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,605,184						
c	Total lobbying expenditures	7,308	7,410	7,889	8,124	30,731						
_d	Grassroots non-taxable amount	141,672	150,040	151,917	157,236	600,865						
е 	Grassroots ceiling amount (150% of line d, column (e))					901,298						
f	Grassroots lobbying expenditures											

	edule C (Form 990 or 990-EZ) 2008 rt II-B To be completed by or					ed F		age 3
	5768 (election under s	ection 501(h)). (See the	instructions for Schedule C for					
				(;	a)		(b)	
				Yes	No	A	moun	it
1	During the year, did the filing organizati legislation, including any attempt to infl referendum, through the use of							
а	Volunteers?							
Ь	Paid staff or management (include comp	pensation in expenses reported	on lines c through i)?					
С	Media advertisements?							
d	Mailings to members, legislators, or the	•						
е	Publications, or published or broadcast	statements?				<u> </u>		
f	Grants to other organizations for lobbyi	ng purposes?						
g	Direct contact with legislators, their sta	affs, government officials, or a l	egislative body?					
h	Rallies, demonstrations, seminars, conv	entions, speeches, lectures, o	r any other means?					
i	Other activities If "Yes," describe in P	art IV						
j	Total lines 1c through							
2a	1: Did the activities in line 1 cause the org	anization to be not described i	n section 501(c)(3)?		1 1	1		
	If "Yes" enter the amount of any tax inc		, , ,					
	If "Yes" enter the amount of any tax inc		s under section 4912					
	If the filing organization incurred a sect	· -						
	rt IIII-A To be completed by all			ction	501(c)(5)	. or	
		the instructions for Schedi						
1	Were substantially all (90% or more) du	use recoved pendeductible by	mambara?			1	Yes	No
2	Did the organization make only in-house	·			-	2		
3	Did the organization make only in-nous				F	3		
	rt IIII-B To be completed by all			ction	F01/c			
	section 501(c)(6) if BO question 3 is answered	TH Part III-A, questions I "Yes." (See the instruction	1 and 2 are answered "No" ons for Schedule C for details.)	OR if	f Part			
1	Dues, assessments and similar amount				1 \$			
2	Section 162(e) non-deductible lobbying expenses for which the section 527(f		not include amounts of political	'				
а	Current Year	, un was paraj.			2a \$			
	Carryover from last year			Ī	2b\$			
С	Total			ŀ	2c \$			
3	Aggregate amount reported in section 6	033(e)(1)(A) notices of nonde	ductible section 162(e) dues	f	3 \$			
4	If notices were sent and the amount on	line 2c exceeds the amount on	line 3, what portion of the excess	ŀ				
	does the organization agree to carryove	r to the reasonable estimate of	nondeductible lobbying and politic					
_	expenditure next year?			-	4 \$			
5	Taxable amount of lobbying and politica		nus 3 and 4)		5 \$			
	art IV Supplemental Informa							
	implete this part to provide the descriptions, complete this part for any additional in		Part I-B, line 4, Part I-C, line 5, and	l Part I	I-B, line	11		
	Ident if ier	Return Reference	Explana	tion				

Part IV Supplemental Information									
Ident if ier	Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization UNITED WAY INC dba UNITED WAY OF GREATER PORTLAND 01-0241767 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

3	Using the organization's accession and other	-				•			ontinued)
	items (check all that apply)			_	_	_			
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	n how	the	y further the or	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Comp	olet	e if the orgar		ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary 1	for c	ontributions oi	r other assets r		Yes	√ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A mou	ınt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				ল	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization	ansv	wer					
		(a)Current Year	(b)	Prior	Year (c)Two	Years Back (d)	Three Years Back (e	Four Y	ears Back
1a	Beginning of year balance	6,051,730							
b	Contributions	7,707							
С	Investment earnings or losses	-1,056,186							
d	Grants or scholarships	14,334							
е	Other expenditures for facilities and programs	145,429							
f	Administrative expenses	32,083							
g	End of year balance	4,811,405							
2	Provide the estimated percentage of the yea	r end balance held as	s						
а	Board designated or quasi-endowment 🕨	55 000 %							
ь	Permanent endowment - 45 000 %								
c	Term endowment ► 0 %								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat:	are held and ad	lministered for	the		
	organization by	J						Yes	No
	(i) unrelated organizations			•			3a(i)	Yes	
	(ii) related organizations						3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organization						3b		<u> </u>
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipmen	I t. 56					1	
	Description of investment				a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land						7		
b	Buildings		•						
c	Leasehold improvements		•						
d	Equipment					308,457	242,164		66,293
	O + h = v			1		I	1	1	
e	Other		•						

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other BENEFICIAL INTEREST IN PERPETUAL TRUST	967,441		
Other OTHER	14,985		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	982,426		
Part VIII Investments—Program Related. Se		13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-or-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
Tabal (Caluman (b) about a sual Farms 000 Part V and (B) line	15.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DESIGNATIONS PAYABLE	1,884,576		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,884,576		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,520,748
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,049,65
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-528,90
4	Net unrealized gains (losses) on investments	4	-1,186,73
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-129,867
9	Total adjustments (net) Add lines 4 - 8	9	-1,316,604
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,845,50
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial		9,165,64
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	9,165,64
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,355,10
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,520,748
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	11,011,148
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1 1	
e	Add lines 2a through 2d	2e	1,432,24
3	Subtract line 2e from line 1	3	9,578,90
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	1,470,748
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,049,65
Par	t XIV Supplemental Information		

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part IV , Line 2b		United Way Inc holds an endowment for the benefit of Preble Street, a social service agency that provides services to people experiencing problems with homelessness, housing, hunger, and poverty Income from the endowment is to be used by Preble Street to promote and support self sufficiency of the individuals and families it serves
Part V, Line 4	Description of Intended Use of Endowment Funds	Income from the United Way's endowment is used to support the mission of United Way
Part XI, Line 8 - Other Adjustments		DONOR DESIGNATION ADJUSTMENT -129867
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATED CONTRIBUTIONS 1600615 REALIZED LOSS ON INVESTMENTS -245508
Part XIII, Line 2d - Other Adjustments		REALIZED & UNREALIZED LOSSES 1432245
Part XIII, Line 4b - O ther A djustments		DONOR DESIGNATED GRANTS & AWARDS 1470748

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493134027710

(Form 990)

Internal Revenue Service	Complete	e if the organization ans	wered "Yes," on Form 99	90, Part IV, lines 21 or	22. Attach to Form 990.		Inspection
Name of the organization						Employer identif	ication number
UNITED WAY INC dba UNITED WAY OF GREATE	RPORTLAND					01-0241767	
Part I General Inform	mation on Gra	nts and Assistanc	e				
Does the organization ma the selection criteria use							✓ Yes
2 Describe in Part IV the o							į. Tes į
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	served more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							130
organizations					•		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SUMMERCHAMPS (LIBRA) CAMP SCHOLARSHIPS	1546	1,166,742			
HIGGINS SCHOLARSHIPS	10	10,448			
	•	•			·

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Allocations Organizations receiving discretionary funding from United Way of Greater Portland undergo an intensive pre-screening process before being awarded funding. United Way of Greater Portland utilizes teams of community volunteers working in conjunction with staff to conduct this Community Investment review process, which includes a paper application and in-person review meeting. To be considered for funding, applicant organizations must meet basic certification standards, including verification of current status as an IRS Code Section 501(c)(3) nonprofit organization. Applicant agencies are required to Explain the proposed use of United Way funding and demonstrate results (client outcomes)of funding Submit agency and program-level budgets and annual audits to demonstrate financial stability, and adherence to sound fiscal policies and management practices. United Way of Greater Portland requires that all funded organizations sign a funding contract agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations such as the USA Patriot Act. Community Impact staff regularly communicate with and monitor funded organizations via annual interim reports submitted between scheduled full reviews. Interim reports demonstrate how funding has been utilized to date and the client outcomes achieved as a result of funding. Interim reports provide information on major programmatic or financial changes to the agency that might impact its ability to deliver agreed-upon client outcomes. Completion and submission of satisfactory interim reports are a requirement of continued funding. Designations Organizations receiving donor designated contributions through United Way undergo screening prior to distribution of funding. Such screening includes certification that the organization, 1) is a non-profit under IRS code section 501(c)(3), 2) provides health and human services, 3) is not fraternal, political or religious i

Software ID:

Software Version:

EIN: 01-0241767

Name: UNITED WAY INC

dba UNITED WAY OF GREATER PORTLAND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Company of GirlsPO Box 7527 Portland, ME 04112	05-0631726	501(C)(3)	45,349				Partner Agency Allocation
A merican Cancer Society 1 Bowdoin Mill Island Topsham, ME 04086	13-1788491	501(C)(3)	73,090				Partner Agency Allocation
A merican Red Cross2401 Congress Street Portland, ME 04102	01-0215209	501(C)(3)	145,078				Partner Agency Allocation
AmıstadPO Box 992 Portland,ME 04104	01-0500860	501(C)(3)	42,034				Partner Agency Allocation
Big BrothersBig Sisters of Southern Maine195 Lancaster Street Portland, ME 04101	01-0475146	501(C)(3)	47,711				Partner Agency Allocation
Boys & Girls Clubs of Southern MainePO Box 7830 Portland, ME 04112	01-0211543	501(C)(3)	335,090				Partner Agency Allocation
Catherine Morrill Day Nursery96 Danforth Street Portland,ME 04101	01-0211542	501(C)(3)	79,474				Partner Agency Allocation
Catholic Charities ME CounselingPO Box 10660 Portland, ME 04104	01-0228225	501(C)(3)	16,433				Partner Agency Allocation
Catholic Charities ME Home & Family ServicesPO Box 10660 Portland, ME 04104	01-0228225	501(C)(3)	89,297				Partner Agency Allocation
Catholic Charities ME Refugee & Immigration ServicesPO Box 10660 Portland, ME 04104	01-0228225	501(C)(3)	23,988				Partner Agency Allocation

Form 990,Schedule I,	Part II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
Catholic Charities ME St Elizabeth's Child Development CenterPO Box 10660 Portland, ME 04104	01-0228225	501(C)(3)	48,504				Partner Agency Allocation
Catholic Charities ME Support & Recovery ServicesPO Box 10660 Portland, ME 04104	01-0228225	501(C)(3)	60,184				Partner Agency Allocation
Center for Grieving ChildrenPO Box 1438 Portland, ME 04104	01-0431501	501(C)(3)	41,067				Partner Agency Allocation
Community Counseling Center343 Forest Avenue Portland, ME 04101	01-0288362	501(C)(3)	362,576				Partner Agency Allocation
Community Dental - Portland276 Canco Road Portland,ME 04103	23-7129502	501(C)(3)	147,034				Partner Agency Allocation
Community Partners Inc 66 Pearl St Portland,ME 04101	01-0351501	501(C)(3)	21,730				Partner Agency Allocation
Cumberland County YMCAPO Box 1078 70 Forest Avenue Portland, ME 04104	01-0211568	501(C)(3)	217,174				Partner Agency Allocation
Day One525 Main Street South Portland, ME 04106	01-0322532	501(C)(3)	175,423				Partner Agency Allocation
Family Crisis ServicesPO Box 704 Portland, ME 04104	01-0352636	501(C)(3)	92,211				Partner Agency Allocation
Frannie Peabody Center 335 Valley Street Portland, ME 04102	01-0416974	501(C)(3)	40,584				Partner Agency Allocation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant section cash valuation (book, non-cash assistance or assistance organization grant or government ıfapplıcable assistance FMV, appraisal, other) 01-0332769 14.463 Partner Agency Freeport Community 501(C)(3) Services 53 Depot Road Allocation PO Box 119 Freeport.ME 04032 Girl Scouts of Maine 138 01-0269802 501(C)(3) 37.793 Partner Agency Gannett Drive PO Box Allocation 9421 280 South Portland, ME 04116 Goodwill Industries of 01-0284340 501(C)(3) 89.752 Partner Agency Northern New EnglandPO Allocation Box 8600 353 Cumberland Ave Portland, ME 04104 95,957 23-7204938 501(C)(3) Partner Agency HomeHealth Visiting Nurses of Southern ME15 Allocation Industrial Park Road Saco, ME 04072 Immigration Legal 22-3260883 501(C)(3) 30,000 Partner Agency Advocacy ProjectPO Box Allocation 17917 Portland, ME 04112 Irıs Network189 Park 01-0196359 501(C)(3) 23,043 Partner Agency Avenue Allocation Portland, ME 04101 Kids First Center222 St 22-2993035 501(C)(3) 19,411 Partner Agency John Street Suite 101 Allocation Portland, ME 04102 Legal Services for the 01-0359131 501(C)(3) 39,376 Partner Agency Elderly 5 Wabon Street Allocation Augusta, ME 043307040 01-0348849 501(C)(3) Partner Agency MAPS Shelter Services 21,883 Portland107 India Street Allocation Portland, ME 04101 Mission Possible 755 01-0509578 501(C)(3) 32,123 Partner Agency Main Street Allocation Westbrook, ME 04092

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) 01-0243254 501(C)(3) Morrison Developmental 70.580 Partner Agency Center331 Veranda Allocation Street Portland, ME 04103 88,010 01-0228262 501(C)(3) Partner Agency Northeast Hearing & Speech75 West Allocation Commercial Street Suite 205 205 Portland, ME 04101 501(C)(3) 18,423 Partner Agency Northern New England 01-0238552 Poison Center22 Bramhall Allocation Street Portland, ME 04102 Peaks Island Children's 01-0482767 501(C)(3) 42,042 Partner Agency WorkshopPO Box 80 Allocation Peaks Island, ME 04108 Peoples Regional 01-0274725 501(C)(3) 210,393 Partner Agency Opportunity Program510 Allocation Cumberland Avenue Portland, ME 04101 Pine Tree LegalPO Box 01-0279387 501(C)(3) 93,531 Partner Agency 547 88 Federal Street Allocation Portland, ME 04112 501(C)(3) Preble Street18 Portland 01-0418917 353,174 Partner Agency Street PO Box 1459 Allocation Portland, ME 04104 Regional Transportation 01-0339851 501(C)(3) 73,692 Partner Agency Allocation Program127 St John Street Portland, ME 04102 Salvation ArmyPO Box 13-5662351 501(C)(3) 104,205 Partner Agency 3575 Allocation Portland, ME 04104 01-0426638 501(C)(3) 22,384 Partner Agency Serenity House30 Mellen Street Allocation Portland, ME 04101

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash or assistance FMV, appraisal, or government ıf applıcable assistance assistance other) 01-0343943 501(C)(3) Sexual Assault 36,199 Partner Agency Response ServicesPO Allocation Box 1371 Portland, ME 04104 Shalom House Inc106 23-7119236 501(C)(3) 55,516 Partner Agency Gilman Street PO Box Allocation 560 Portland, ME 04112 501(C)(3) Tri-County Mental 01-0316813 25,508 Partner Agency Allocation Health Services PO Box 2008 1155 Lisbon St Lewiston, ME 04241 Wayside Soup KitchenPO 22-2806424 501(C)(3) 32,841 Partner Agency Box 1278 Allocation Portland, ME 04104 Partner Agency Youth & Family Outreach | 22-2806424 501(C)(3) 40,148 331 Cumberland Avenue Allocation Portland, ME 04101 01-0316041 501(C)(3) 335,666 Partner Agency Youth Alternatives Ingraham50 Lydia Lane Allocation South Portland, ME 04106 Let's Gol Cumberland County 01-0211568 501(C)(3) 5,000 YMCAPO Box 1078 70 School/Community Forest Avenue Mini-Grants Portland, ME 04104 Falmouth Conservation 01-6000161 501(C)(3) 5,000 Let's Gol Corps451 Blackstrap School/Community Mini-Grants Road Falmouth, ME 04105 Westbrook School 01-6000038 Government 8,500 Let's Gol School/Community Department117 Stroudwater Street Mini-Grants Westbrook, ME 04092 Aroostook County Action 01-0315849 26,783 501(C)(3) Emergency Program771 Main Street Heating/Food Presque Isle, ME 04769 Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance orassistance ıfapplıcable FMV, appraisal, or government assistance other) 01-6000036 501(C)(3) City of South Portland25 15,000 Emergency Cottage Road Heating/Food South Portland, ME Assistance 04106 Coastal Economic 01-0315732 501(C)(3) 12,897 Emergency Development Corp34 Heating/Food Wing Farm Parkway Assistance Bath, ME 04530 501(C)(3) Community Concepts PO 01-0424969 31,494 Emergency Heating/Food Box 278 South Paris, ME 04281 Assistance 501(C)(3) 15.179 Heritage United Way228 02-0225575 Emergency Maple Street 4th Floor Heating/Food Manchester, NH 03103 Assistance 01-0496955 501(C)(3) Hour Exchange Portland 5,000 Emergency 85 Grant Street Heating/Food Portland, ME 04101 Assistance Kennebec Valley 01-0277678 501(C)(3) 37,205 Emergency Heating/Food Community Action Program97 Water Street Assistance Waterville, ME 04901 Penguis CAP IncPO Box 01-6023748 45,119 501(C)(3) Emergency 1162 Heating/Food Bangor, ME 04401 Assistance Peoples Regional 01-0274725 501(C)(3) 73,840 Emergency Opportunity Program510 Heating/Food Cumberland Avenue Assistance Portland, ME 04101 01-0418917 501(C)(3) Preble Street18 Portland 114,019 Emergency Street PO Box 1459 Heating/Food Portland, ME 04104 Assistance United Way of 01-0211564 501(C)(3) 36,185 Emergency Androscoggin CountyPO Heating/Food Box 888 Assistance Lewiston, ME 04243

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		h (e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant			
United Way of Aroostook County480 Main Street 3rd Floor Presque Isle, ME 04769		501(C)(3)	29,994				Emergency Heating/Food Assistance			
United Way of Eastern Maine24 Springer Drive Suite 201 Bangor, ME 04401	01-0211478	501(C)(3)	74,178				Emergency Heating/Food Assistance			
United Way of Kennebec Valley331 Water Street Suite 5 Augusta, ME 04330	01-6004404	501(C)(3)	23,939				Emergency Heating/Food Assistance			
United Way of Mid-Coast Maine34 Wing Farm Parkway Ste 201 Bath, ME 04530	01-6004866	501(C)(3)	30,854				Emergency Heating/Food Assistance			
United Way of Mid-Maine PO Box 91 Waterville, ME 04901	01-0233280	501(C)(3)	9,169				Emergency Heating/Food Assistance			
United Way of Oxford CountyPO Box 291 South Paris, ME 04281	01-0450352	501(C)(3)	20,197				Emergency Heating/Food Assistance			
United Way of Tri-Valley PO Box 126 Farmington, ME 04938	01-0377559	501(C)(3)	7,867				Emergency Heating/Food Assistance			
United Way of York CountyPO Box 727 Kennebunk, ME 04043	01-0276862	501(C)(3)	37,704				Emergency Heating/Food Assistance			
Waldo Community Action PartnersPO Box 130 Belfast, ME 049150130		501(C)(3)	10,990				Emergency Heating/Food Assistance			
Washington Hancock Community ActionPO Box 280 Milbridge, ME 04658	52-0817684	501(C)(3)	24,139				Emergency Heating/Food Assistance			
1										

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n (e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Western Maine Community ActionPO Box 200 East Wilton, ME 04234	01-0275156	501(C)(3)	9,219				Emergency Heating/Food Assistance		
York County Commumity ActionPO Box 72 Sanford, ME 04073	01-6020406	501(C)(3)	17,472				Emergency Heating/Food Assistance		
Center for African Heritage68 High Street Portland, ME 04101	76-0802815	501(C)(3)	5,000				Diversity & Inclusion grants		
Center for Grieving ChildrenPO Box 1438 Portland, ME 04104	01-0431501	501(C)(3)	7,500				Diversity & Inclusion grants		
Literacy Volunteers of Maine142 High Street Suite 526 Portland, ME 04101	20-0896943	501(C)(3)	6,345				Diversity & Inclusion grants		
City of Portland- Freedom TrailPO Box 342 Portland, ME 04112	01-6000032	Government	5,000				Diversity & Inclusion grants		
Woodfords Family ServicesPO Box 1768 Portland,ME 04104	01-0278395	501(C)(3)	5,000				Diversity & Inclusion grants		
A Company of GirlsPO Box 7527 Portland, ME 04112	05-0631726	501(C)(3)	6,454				Donor Designations		
A merican Cancer Society Northern New England Region1 Bowdoin Mill Island Topsham, ME 04086	13-1788491	501(C)(3)	46,277				Donor Designations		
A merican Heart Association Cumberland County51 US Route One Suite M Scarborough, ME 04074	13-5613797	501(C)(3)	10,960				Donor Designations		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıf applıcable FMV, appraisal, or government assistance other) 06-0646594 501(C)(3) 32,583 Donor Designations A merican Lung Association - ME122 State St Augusta, ME 04330 American Red Cross of 01-0215209 501(C)(3) 29,380 Donor Designations Southern Maine 2401 Congress Street Portland, ME 04102 01-0475146 501(C)(3) 28,979 Big Brothers Big Sisters Donor Designations of Southern Maine 195 Lancaster Street Portland, ME 04101 Boy Scouts of America-01-0211490 501(C)(3) 22,879 Donor Designations Pine Tree Council131 Johnson Road Portland, ME 04102 Boys & Girls Clubs of 01-0211543 501(C)(3) 28,386 Donor Designations Southern MainePO Box 7830 Portland, ME 04112 01-0513301 Cancer Community 501(C)(3) 25,419 Donor Designations Center778 Main Street South Portland, ME 04106 20-0868716 8,074 Caring Resources for 501(C)(3) Donor Designations Living - North Yarmouth 1018 North Road North Yarmouth, ME 04097 Catholic Charities Maine 01-0228225 501(C)(3) 29,712 Donor Designations PO Box 10660 Portland, ME 04104 501(C)(3) Center for Grieving 01-0431501 72,524 Donor Designations ChildrenPO Box 1438 Portland, ME 04104 501(C)(3) Community Counseling 01-0288362 5,472 Donor Designations Center343 Forest Avenue Portland, ME 04101

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance orassistance ıfapplıcable FMV, appraisal, or government assistance other) Cumberland County 01-0211568 501(C)(3) 7,062 Donor Designations YMCAPO Box 1078 70 Forest Avenue Portland, ME 04104 01-0322532 501(C)(3) 17,610 Donor Designations Day One525 Main Street South Portland, ME 04106 Family Crisis ServicesPO 01-0352636 501(C)(3) 11,665 Donor Designations Box 704 Portland, ME 04104 01-0416974 17,897 Donor Designations Frannie Peabody Center 501(C)(3) 335 Valley Street Portland, ME 04102 Donor Designations Freeport Community 01-0332769 501(C)(3) 18,526 Services 53 Depot Road PO Box 119 Freeport, ME 04032 Girl Scouts of Maine 138 01-0269802 501(C)(3) 12,515 Donor Designations Gannett Drive PO Box 9421 280 South Portland, ME 04116 501(C)(3) **Donor Designations** Good Shepherd Food Bank 22-2986809 6,849 PO Box 1807 Auburn, ME 04211 501(C)(3) **Donor Designations** Goodwill Industries of 01-0284340 5,052 Northern New EnglandPO Box 8600 353 Cumberland Ave Portland, ME 04104 Independent 01-0504322 501(C)(3) 5,419 **Donor Designations** Transportation Network 90 Bridge Street Westbrook, ME 04092 Irıs Network189 Park 01-0196359 501(C)(3) 14,271 Donor Designations

Avenue

Portland, ME 04101

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance orassistance FMV, appraisal, or government ıf applıcable assistance other) 13-1673104 501(C)(3) Kidney Foundation of 7,832 Donor Designations Maine470 Forest Avenue Suite 302 Portland, ME 04101 Kids First Center222 St 22-2993035 501(C)(3) 9,864 Donor Designations John Street Suite 101 Portland, ME 04102 01-0348849 5,692 MAPS Shelter Services 501(C)(3) Donor Designations Portland107 India Street Portland, ME 04101 01-0211534 Donor Designations Mercy Hospital 144 State 501(C)(3) 5,267 St Portland, ME 04101 Morrison Developmental 01-0243254 501(C)(3) 9,807 Donor Designations Center331 Veranda Street Portland, ME 04103 National Multiple 01-0240130 501(C)(3) 8,201 Donor Designations Sclerosis Society - Maine Chapter170 US Route 1 Suite 200 Falmouth, ME 04105 501(C)(3) **Donor Designations** Peoples Regional 01-0274725 19.883 Opportunity Program510 Cumberland Avenue Portland, ME 04101 Planned Parenthood of 03-0222941 501(C)(3) 47,472 Donor Designations Northern NE51 US Route 1 Suite C Scarborough, ME 04074 Preble Street18 Portland 01-0418917 501(C)(3) 51,666 Donor Designations Street PO Box 1459 Portland, ME 04104 **Donor Designations** Root Cellar94 Washington 22-0990667 501(C)(3) 18.131 Ave Portland, ME 04101

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant section valuation (book, non-cash assistance orassistance organization arant cash or government ıfapplıcable assistance FMV, appraisal, other) 13-5662351 27.898 Salvation ArmyPO Box 501(C)(3) Donor Designations 3575 Portland, ME 04104 Sexual Assault Response 01-0343943 501(C)(3) 9.458 Donor Designations Services of Southern MainePO Box 1371 Portland, ME 04104 Shalom House Inc106 23-7119236 501(C)(3) 9.656 Donor Designations Gilman Street PO Box 560 Portland, ME 04112 Susan Curtis Foundation 01-0324705 501(C)(3) 6.398 Donor Designations 1321 Washington Ave Suite 104 Portland, ME 04103 United Way of 01-0211564 501(C)(3) 111,698 Donor Designations Androscoggin CountyPO Box 888 Lewiston, ME 04243 23-7147455 United Way of Aroostook 501(C)(3) 39.945 Donor Designations County480 Main Street 3rd Floor Presque Isle, ME 04769 01-0211478 59,377 United Way of Eastern 501(C)(3) Donor Designations Maine 24 Springer Drive Suite 201 Bangor, ME 04401 United Way of Kennebec 01-6004404 501(C)(3) 25,695 Donor Designations Valley331 Water Street Suite 5 Augusta, ME 04330 117,136 United Way of Mid Coast 01-6004866 501(C)(3) Donor Designations Maine 34 Wing Farm Parkway Ste 201 Bath. ME 04530 United Way of Mid Maine 01-0233280 501(C)(3) 34.940 Donor Designations PO Box 91

Waterville, ME 04901

Form 990,Schedule I,	Part II, Gra	nts and Other As	ssistance to Gov	ernments and O	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Oxford CountyPO Box 291 South Paris, ME 04281	01-0450352	501(C)(3)	17,786				Donor Designations
United Way of Tri-Valley PO Box 126 Farmington, ME 04938	01-0377559	501(C)(3)	10,030				Donor Designations
United Way of York CountyPO Box 727 Kennebunk, ME 04043	01-0276862	501(C)(3)	78,157				Donor Designations
Wayside Soup KitchenPO Box 1278 Portland, ME 04104	22-2806424	501(C)(3)	19,642				Donor Designations
Youth Alternatives Ingraham50 Lydia Lane South Portland, ME 04106	01-0316041	501(C)(3)	13,426				Donor Designations
2-1-1 Maine IncPO Box 15200 Portland, ME 041125200	30-0194364	501(C)(3)	255,000				Information & referral grant
Peoples Regional Opportunity Program510 Cumberland Avenue Portland, ME 04101	01-0274725	501(C)(3)	17,178				Westbrook Children's Project
Portland Seaman's Friend SocietyLewis Street Westbrook, ME 04092	01-0211545	501(C)(3)	56,000				How Fund Support to Indigent Seamen
State YMCA of Maine305 Winthrop Center Road Winthrop, ME 04364	01-0186800	501(C)(3)	8,900				Gorman Fund support
Maine Community Foundation Inc245 Main Street Ellsworth, ME 04605	01-0391479	501(C)(3)	15,000				Non-profit vialbility clinic grant

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134027710

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
UNITED WAY INC
dba UNITED WAY OF GREATER PORTLAND

Part I Questions Regarding Compensation

Yes No

1a		rided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a wri provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive	• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	·			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art VII, Section A, line 1a			
а	Receive a severance payment or change of control p	4a		No	
ь	Participate in, or receive payment from, a supplemen	tal nonqualified retirement plan?	4b	Yes	
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				Νο
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must cor	nplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		Νο
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	·	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation (iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(I) (II)	150,000	·	29,577	24,846	8,139	212,562	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)	·						
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Return Reference			
Part I, Line 4a MEG BAXTER - \$15,500 CONTRIBUTION TO 457(B) PLAN	Ident if ier		Explanation
		Part I, Line 4a	MEG BAXTER - \$15,500 CONTRIBUTION TO 457(B) PLAN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134027710

OMB No 1545-0047

Open to Public Inspection **Inspection**

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization UNITED WAY INC dba UNITED WAY OF GREATER PORTLAND

Employer identification number

01-0241767

70	Types of Property							
		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of de	-	nına	
		ıf applıcable		Form 990, Part VIII, line	reven		9	
1	Art—Works of art	аррисави				-		
	Art—Historical treasures .							
4	B 1 11 1							
	Clothing and household							
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	51	201,471				
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
25	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem					21	Vac	
31	Does the organization have a gif	·		•		31	Yes	
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash • • • • •	32a		No
ь 33	If "Yes", describe in Part II If the organization did not report	t revenues i	n Column (c) for a type of p	property for which Column (a	a) ıs			
	checked, describe in Part II							

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

OMB No 1545-0047

2002

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization UNITED WAY INC dba UNITED WAY OF GREATER PORTLAND Employer identification number

01-0241767

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SUMMER CHAMPS A summer camp experience is one no child is likely to forget because going to camp provides adventure and the opportunity to learn new skills, builds self-confidence and independence, and creates opportunities to tearn new skills, builds self-confidence and independence, and creates opportunities to make new friends. Unted Way, through funds generously donated by the Libra Foundation, administers a program called Summer Champs that provides students in the Portland Public School system in grades four, five and six \$500 scholarships to attend summer camp in Maine Through the Maine camp experience, kids are connected with nature, the arts, music, sports and many other experiences that help them grow into happy, motivated adults in its ninth year in 2009, 1,090 students attended summer camp through the Summer Champs program in total, 13,616 camp experiences have been enjoyed over the past rune years KEEP ME WARMFCOD FOR ME. Staying warm with a roof overhead and putting food on the table are not easy tasks for many Mainers. Keep ME Warm and Food for ME are programs amed at helping Mainers heat their homes and feed their families. Keep ME Warm and Food for ME are programs and at helping Mainers heat their homes and feed their families. Keep ME Warm and Food for ME are accounted the state. These funds help thousands of households that do not qualify for LIHEAP (Low Income Home Energy Assistance Program), but still earn less that 80% of the Area Median Income Funds were distributed through Peoples Regional Opportunity Program and other community action programs around the state. At the same time, food pantries experienced a 15-35% increase in requests and scores of local all-volunteer food pantries, with limited fundraising capabilities, faced the difficult choice of reducing the amount of food they distributed or turning hungry people away. Unted Way of Greater Portland and Prebie Street profet forces to raise money and offset losses that impacted every community in Maine and fill pantry shelves from Ki

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		two directors are employed by an organization which has three board members who are also on the united way board and one member who is a former director of united way two directors are employed by another organization which has two board members who are also on the united way board and one member who is a former director of united way

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 6		Membership The membership of United Way, Inc consists of contributors to the United Way Campaign, United Way volunteers, and representatives of providers of human services in the community that are supported financially by United Way, as follows Individual Members All individuals who have made a financial contribution to the most recently completed United Way Campaign qualify as contributor members of United Way for the ensuing calendar year. Those individuals who have volunteered for United Way of Greater Portland qualify as volunteer members of United Way for the ensuing calendar year. Organizational Members. Those partner agencies which receive any funding from the corporation qualify as an agency member of the corporation for the ensuing calendar year, and are entitled to designate a volunteer to represent them as a member of the corporation at any meeting of the members.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Powers The membership of the corporation shall have the following powers and authority (a) To attend the Annual Meeting and any Special Meeting(s) of the membership (b) To receive reports at meetings of the membership (c) To elect Directors of the corporation at the Annual Meeting (d) To enact and amend the By-Laws of United Way, Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		SEE PRECEEDING EXPLANATION (LINE 7A)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD TO BE REVIEWED BEFORE IT IS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		United Way, Inc 's Code of Ethics is intended to guide and advance the ethical conduct of both volunteers and staff in carrying out their United Way responsibilities. As part of the Code of Ethics, the Board of Directors and staff must avoid a conflict of interest or the appearance of a conflict of interest, which could tarnish the reputation of United Way, Inc or undermine the public's trust in United Way, Inc's staff and volunteers. To ensure that the best interests of United way, Inc. are served, the Board of Directors and staff upon first being appointed, elected or hired disclose, in writing, to the best of his or her knowledge, any potential conflicts of interest that involve the individual, his or her immediate relatives, or any entity with which he or she is associated in a significant leadership or ownership capacity. Thereafter, these disclosures are updated annually, or sooner if changed circumstances in a particular case may warrant. The terms of all potential conflicts of interest are reviewed by management and reported to the Executive Committee of United Way, Inc. as necessary to ensure compliance with the Code of Ethics.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PRESIDENT'S AND OTHER KEY EMPLOYEE'S COMPENSATION IS BASED ON A SALARY ADMINISTRATION PLAN DEVELOPED BY AN INDEPENDENT CONSULTANT BASED ON COMPARABLE DATA AND REVIEWED AND APPROVED BY UNITED WAY'S VOLUTEER HR COMMITTEE THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION AND BENEFITS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		UNITED WAY INC'S CONFLICT OF INTEREST AND MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON LINE AT WWW LIVEUNITEDGP ORG AND ITS GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		The Board of Directors, upon the recommendation of the Finance Committee, selects the independent accountants and the Finance Committee is responsible for the oversight of our annual financial statement audit

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493134027710

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

dba UNITED WAY OF GREATER PORTLAND

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Department of the Treasury ► See separate instructions. Internal Revenue Service Name of the organization UNITED WAY INC

Employer identification number

01-0241767

Part I Identification of Disregarded Entities							
(A) Name, address, and EIN of disregarded entity	(B) Primary activity Legal domicile (state or foreign country)		(D) Total income	(E) End-of-year assets	(F) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz	ations						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sec	ction (E) Public charity st (if section 501(c	(F) Direct controlling entity		
211 MAINE INC PO BOX 15200 PORTLAND, ME041125200 30-0194364	HEALTH & HUMAN SERVICE INFORMAITON AND REFERRAL SERVICE	ME	501(C)(3)	7	N/A		
·							

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions wit	h Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related org	janızatıons listed in Parts II-IV	7							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No				
b	Gift, grant, or capital contribution to other organization(s)									
С	c Gift, grant, or capital contribution from other organization(s)			1c		No				
d	Loans or loan guarantees to or for other organization(s)									
e	e Loans or loan guarantees by other organization(s)			1e		No				
f	f Sale of assets to other organization(s)			1f		No				
g	g Purchase of assets from other organization(s)									
h	h Exchange of assets			1h		No				
i	i Lease of facilities, equipment, or other assets to other organization(s)			1i		No				
j	j Lease of facilities, equipment, or other assets from other organization(s)			1j		No				
k	k Performance of services or membership or fundraising solicitations for other organization(s)			1k	Yes					
ı	I Performance of services or membership or fundraising solicitations by other organization(s)			11		No				
m	m Sharing of facilities, equipment, mailing lists, or other assets			1m		No				
n	n Sharing of paid employees			1n		No				
0	• Reimbursement paid to other organization for expenses			10		No				
р	p Reimbursement paid by other organization for expenses			1р		No				
q	q O ther transfer of cash or property to other organization(s)			1q		No				
r	r Other transfer of cash or property from other organization(s)			1r		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relationships	and transaction thresholds							
	(A) _T	(B)	(C)							
	Name of other organization(s)	ransaction type(a-r)	Amount Involved							
(1)	1) 211 MAINE INC	В		- :	255,000)				
(2)	2)									
(3)	3)									
(4)	4)									

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	D / Form							