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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF ANDROSCOGGIN COUNTY INC		D Employer identification number 01-0211564
		Doing Business As		E Telephone number (207) 795-4000
		Number and street (or P O box if mail is not delivered to street address) 66 ASH STREET PO BOX 888	Room/suite	G Gross receipts \$ 1,928,538
		City or town, state or country, and ZIP + 4 LEWISTON, ME 042430888		
		F Name and address of principal officer JOLEEN BEDARD 66 ASH STREET PO BOX 888 LEWISTON, ME 042430888		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: www.unitedwayandro.org		H(c) Group exemption number		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1932	M State of legal domicile ME

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE UNITED WAY IMPROVES LIVES BY MOBILIZING THE COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>1</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>1</u>	
	5	Total number of employees (Part V, line 2a)	5 <u></u>	
	6	Total number of volunteers (estimate if necessary)	6 <u></u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u></u>	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u></u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,450,052	1,828,721
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,413	67,164
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,203	15,498
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,155
			2,567,668	1,928,538
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,513,922	1,226,629
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	359,383	323,530
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>202,969</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	908,558	453,944
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,781,863	2,004,103
	19	Revenue less expenses Subtract line 18 from line 12	-214,195	-75,565
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,193,782	2,127,900
	21	Total liabilities (Part X, line 26)	90,994	82,227
	22	Net assets or fund balances Subtract line 21 from line 20	2,102,788	2,045,673

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-04-13</div> <div>Date</div> </div>
	<div> <div>JOLEEN BEDARD EXECUTIVE DIRECTOR</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div> <div>CLAIRE H ALLEN CPA</div> <div>Date</div> <div>2010-04-12</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>OUELLETTE & ASSOCIATES PA</div> <div>1111 LISBON STREET</div> <div>LEWISTON, ME 04240</div> </div> </div>
	<div> <div>EIN</div> <div>Phone no (207) 786-0328</div> </div>

Part IIISTatement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE UNITED WAY OF ANDROSCOGGIN COUNTY'S MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE WHO LIVE IN ANDROSCOGGIN COUNTY TO CARE FOR ONE ANOTHER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,654,866 including grants of \$ 1,226,629) (Revenue \$)

UNITED WAY OF ANDROSCOGGIN COUNTY FOCUSES ON THE BUILDING BLOCKS FOR A GOOD LIFE--EDUCATION, INCOME AND HEALTH OUR ROLE IN THE COMMUNITY HAS CHANGED OVER THE PAST SEVERAL YEARS FUNDRAISING IS ONLY PART OF WHAT THE ORGANIZATION DOES TO CHANGE LIVES UNITED WAY ASSESSES THE COMMUNITY TO CREATE THE GREATEST IMPACT POSSIBLE TO CREATE LASTING SOLUTIONS FOR INDIVIDUALS AND FAMILIES WE HAVE FIVE AREAS OF FOCUS THAT INCLUDE MEETING BASIC NEEDS, LIFE LONG LEARNING, A DYNAMIC COMMUNITY, THRIVING FAMILIES AND SUCCESSFUL CHILDREN AND PERSONAL AND COMMUNITY SAFETY UNITED WAY PARTICIPATES IN SEVERAL PROGRAMS TO BENEFIT THE COMMUNITY INCLUDING 2-1-1, A SERVICE THAT CONNECTS PEOPLE TO RESOURCES WHEN THEY NEED HELP OUR ORGANIZATION ALSO FACILITATES THE EMERGENCY FOOD & SHELTER PROGRAM, WHICH SUPPORTS AGENCIES WITH FOOD, SHELTER AND UTILITY ASSISTANCE THE AGENCY PROMOTES VOLUNTEERISM AND ADVOCACY THROUGH VOLUNTEERMAINE, WHERE INDIVIDUALS CAN ACCESS VOLUNTEER OPPORTUNITIES, AND A DAY OF CARING EVENT, WHICH MOBILIZES VOLUNTEERS TO PROVIDE ASSISTANCE TO LOCAL NON-PROFIT AGENCIES UNITED WAY OF ANDROSCOGGIN COUNTY WORKS WITH AREA PARTNERS TO COODINATE AN EARNED INCOME TAX CREDIT (EITC) PROGRAM WHICH IS A FEDERAL TAX BENEFIT FOR PEOPLE WHO WORK AND HELPS PEOPLE WITH LOW-TO MODERATE INCOMES WITH TAX PREPARATION SEVERAL NEW INITIATIVES THAT THE ORGANIZATION IS WORKING ON INCLUDE A 10 YEAR PLAN TO END HOMELESSNESS, A PANTRY PROJECT WHERE EMPLOYEES COLLECT FOOD DONATIONS TO CONTRIBUTE TO LOCAL PANTRIES, AND FAMILYWIZE, A COMMUNITY SERVICE PARTNERSHIP THAT DISTRIBUTES FREE PRESCRIPTION DISCOUNT CARDS THAT CAN SAVE ELIGIBLE INDIVIDUALS UP TO 30% ON MEDICATION

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d








Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,654,866

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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school 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 United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> 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?	5a		No
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	15	
b	Enter the number of voting members that are independent	1b	15	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ GALE HART 66 ASH STREET LEWISTON, ME 042430888 (207) 795-4000

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DICK ALBERT BOARD OF DIRECTORS	1.00	X						0	0	0
JOYCE MCPHETRES BOARD OF DIRECTORS	1.00	X						0	0	0
DAN D'AUTEUIL JR BOARD OF DIRECTORS	1.00	X						0	0	0
JEFF GOSSELIN CHAIR, BOARD OF DIRECTOR	2.00	X		X				0	0	0
SCOTT KNAPP BOARD OF DIRECTORS	1.00	X						0	0	0
RHONDA MARTEL BOARD OF DIRECTORS	1.00	X						0	0	0
DAVID MCLAUGHLIN BOARD OF DIRECTORS	1.00	X						0	0	0
JOHN MICHALAKIS BOARD OF DIRECTORS	1.00	X						0	0	0
SUSAN KEILER BOARD OF DIRECTORS	1.00	X						0	0	0
GUILLERMO LOCHT BOARD OF DIRECTORS	1.00	X						0	0	0
SUE BERUBE BOARD OF DIRECTORS	1.00	X						0	0	0
CANDACE SANBORN BOARD OF DIRECTORS	1.00	X						0	0	0
MARC PAQUETTE BOARD OF DIRECTORS	1.00	X						0	0	0
DAVID PEASE BOARD OF DIRECTORS	1.00	X						0	0	0
JIM THORNTON BOARD OF DIRECTORS	1.00	X						0	0	0
JOLEEN BEDARD EXECUTIVE DIRECTOR	37.50			X				78,659	0	10,206
GALE HART FINANCE DIRECTOR	37.50			X				54,255	0	9,732

Part VII

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Form **990** (2009)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,828,721				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			1,828,721			
Program Service Revenue			Business Code					
	2a	LIBRA TOPS PROGRAM ADM	624,200	44,010	44,010			
	b	UNITED WAY 211	624,200	15,991	15,991			
	c	MISCELLANEOUS	624,200	7,163	7,163			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			67,164			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		15,498			15,498	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses	b			
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses	b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold . . .	b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	DONOR DESIGNATION FEES	900,099	17,155	17,155				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			17,155				
12	Total revenue. See Instructions			1,928,538	84,319	0	15,498	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,226,629	1,226,629		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	152,852	13,080	69,886	69,886
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	111,301	57,059	28,087	26,155
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,471	2,253	3,134	3,084
9	Other employee benefits	30,022	7,986	11,108	10,928
10	Payroll taxes	20,884	5,571	7,346	7,967
11	Fees for services (non-employees)				
a	Management	250		250	
b	Legal	531		35	496
c	Accounting	7,400	2,540	2,558	2,302
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,525		1,400	125
g	Other				
12	Advertising and promotion				
13	Office expenses	13,949	4,601	3,517	5,831
14	Information technology	4,748	1,263	1,757	1,728
15	Royalties				
16	Occupancy	6,000	1,596	2,220	2,184
17	Travel	786	263	278	245
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	15,233	4,052	5,636	5,545
22	Depreciation, depletion, and amortization	4,140	1,101	1,532	1,507
23	Insurance	4,129	1,098	1,528	1,503
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)				
a	CAMP VOUCHERS YOUTH PRO	319,325	319,325		
b	CONTRACT SERVICE EXPENS	36,628			36,628
c	CAMPAIGN EXPENSES & SUP	24,895	3,303	2,730	18,862
d	MAINTENANCE CONTRACTS	5,313	305	424	4,584
e	STAFF DEVELOPMENT & TRA	4,714	2,229	1,598	887
f	All other expenses	4,378	612	1,244	2,522
25	Total functional expenses. Add lines 1 through 24f	2,004,103	1,654,866	146,268	202,969
26	Joint costs. Check here <input type="checkbox"/> if 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			200	1	200
	2	Savings and temporary cash investments			862,762	2	997,049
	3	Pledges and grants receivable, net			1,210,500	3	985,005
	4	Accounts receivable, net			20,857	4	30,162
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,612	9	2,584
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	144,855	11,983	10c	7,843
	b	Less accumulated depreciation	10b	137,012			
	11	Investments—publicly traded securities			74,636	11	93,825
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			11,232	15	11,232
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,193,782	16	2,127,900
Liabilities	17	Accounts payable and accrued expenses			90,994	17	82,227
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			90,994	26	82,227
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			919,161	27	1,026,990
	28	Temporarily restricted net assets			1,172,395	28	1,007,451
	29	Permanently restricted net assets			11,232	29	11,232
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,102,788	33	2,045,673
	34	Total liabilities and net assets/fund balances			2,193,782	34	2,127,900

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF ANDROSCOGGIN COUNTY INC

Employer identification number
01-0211564

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,400,093	2,800,856	2,635,146	2,450,052	1,844,712	12,130,859
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,400,093	2,800,856	2,635,146	2,450,052	1,844,712	12,130,859
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						12,130,859

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,400,093	33,839	2,635,146	2,450,052	1,844,712	12,130,859
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,069	33,839	43,052	30,203	15,498	139,661
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						12,270,520
12 Gross receipts from related activities, etc (See instructions)					12	326,561

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

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 860 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 000 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
- ☒

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ANDROSCOGGIN COUNTY INC

Employer identification number
01-0211564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

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

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	384,985	274,914			
b Contributions	74,636	100,000			
c Investment earnings or losses	28,474	10,071			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	488,095	384,985			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 97 950 % %

b

Permanent endowment ▶ 2 050 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,527	8,527	0
d Equipment		136,328	128,485	7,843
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,843

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,928,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,004,103
3	Excess or (deficit) for the year Subtract line 2 from line 1	-75,565
4	Net unrealized gains (losses) on investments	18,450
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	18,450
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-57,115

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	11,762,298
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a18,450	
b	Donated services and use of facilities2b13,954	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e32,404	
3	Subtract line 2e from line 131,729,894	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a1,400	
b	Other (Describe in Part XIV)4b197,244	
c	Add lines 4a and 4b4c198,644	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)51,928,538	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	11,819,413
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a13,954	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e13,954	
3	Subtract line 2e from line 131,805,459	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a1,400	
b	Other (Describe in Part XIV)4b197,244	
c	Add lines 4a and 4b4c198,644	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)52,004,103	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE EARNINGS ON THE PERMANENT ENDOWMENT ARE TO BE USED TO FURTHER THE UNITED WAY'S PROGRAMS AND MISSION. INVESTMENT EARNINGS ON THE ENDOWMENT ARE MAILED TO THE AGENCY EVERY YEAR BY BANK TRUSTEE OF THE ENDOWMENT WITH THE CORPUS REMAINING UNTOUCHED. THE BOARD HAS DESIGNATED NET ASSETS TO ESTABLISH A BOARD DESIGNATED ENDOWMENT TO PROTECT PARTICIPATING AGENCIES FROM ANY FUTURE SHORTFALLS IN CAMPAIGN, FLUCTUATION IN THE UNCOLLECTIBLE RATES, NATURAL DISASTERS OR OTHER GOVERNMENT DECLARED DISASTERS, OR OTHER OCCURENCES DEEMED AN EMERGENCY BY THE BOARD.
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATED CONTRIBUTIONS TO OTHER AGENCIES OFFSET AGAINST REVENUE 197244
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATED CONTRIBUTIONS TO OTHERS INCLUDED AS EXPENSES ON FORM 990 197244

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
UNITED WAY OF ANDROSCOGGIN COUNTY INC

Employer identification number
01-0211564

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

36

3

Enter total number of other organizations

0

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

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

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

[illegible]

Software ID:

Software Version:

EIN: 01-0211564

Name: UNITED WAY OF ANDROSCOGGIN COUNTY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUSED WOMEN'S ADVOCACY PROJECT35 CANAL STREET LEWISTON, ME 04240	01-0352658	501(c)(3)	45,000				ABUSED WOMEN CAUSES
ADVOCATES FOR CHILDREN57 BIRCH STREET LEWISTON, ME 04240	01-0360745	501(c)(3)	54,000				BETTERMENT FOR CHILDREN
AMERICAN RED CROSS 1180 LISBON STREET LEWISTON, ME 04240	53-0196605	501(c)(3)	25,800				RESCUE WORK
BOYS & GIRLS CLUB AUBURNLEWISTON43 SECOND STREET AUBURN, ME 04210	01-0498488	501(c)(3)	38,750				YOUTH PROGRAMS
CENTER FOR COMMUNITY DENTAL HEALTH276 CANCO ROAD PORTLAND, ME 04103	23-7129502	501(c)(3)	12,500				LOW INCOME DENTAL SERVICES
CHILD HEALTH CENTER16 MADISON AVENUE OXFORD, ME 04270	01-0362343	501(c)(3)	52,000				HANDICAPPED CHILDREN 2-5 EDUCATION PROGRAMS
COMMON TIES MENTAL HEALTH COALITION100 PINE STREET LEWISTON, ME 04240	01-0411761	501(c)(3)	40,000				MENTAL HEALTH
COMMUNITY CONCEPTS INC79 MAIN STREET AUBURN, ME 04210	01-0424969	501(c)(3)	15,000				COMMUNITY SERVICES
GIRL SCOUTS KENNEBEC COUNCILPO BOX 9421 SO PORTLAND, ME 04103	01-0269802	501(c)(3)	4,000				YOUTH PROGRAMS
LEGAL SERVICES FOR THE ELDERLY5 WABON STREET AUGUSTA, ME 04330	01-0359131	501(c)(3)	10,000				ELDERLY SERVICES

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
LITERACY VOLUNTEERS OF AMERICA60 COURT STREET STE 154 AUBURN,ME 04210	31-0109802	501(c)(3)	37,000				READING SERVICES
PATHWAYS589 MINOT AVENUE AUBURN,ME 04210	01-0331728	501(c)(3)	19,000				REHAB FOR MENTALLY CHALLENGED
RURAL COMMUNITY ACTION MINISTRY81 CHURCH HILL ROAD LEEDS,ME 04263	23-7072697	501(c)(3)	50,000				COMMUNITY SERVICES
SANDCASTLE PRESCHOOL 144 HOWE STREET LEWISTON,ME 04240	01-0506743	501(c)(3)	50,000				CHILD ENRICHMENT
SENIORS PLUSPO BOX 659 LEWISTON,ME 04240	01-0317103	501(c)(3)	22,000				ELDERLY SERVICES
SEXUAL ASSAULT CRISIS CENTERPO BOX 6 AUBURN,ME 04212	22-2592990	501(c)(3)	46,000				CRISIS PROGRAMS
SISTERS OF CHARITY HEALTH SYSTEM-FOOD PANTRYPO BOX 7291 LEWISTON,ME 04240	22-2504349	501(c)(3)	10,000				FOOD FOR THE HOMELESS AND LOW INCOME
CATHOLIC CHARITIESPO BOX 10660 PORTLAND,ME 04104	01-0280225	501(c)(3)	50,000				VARIOUS COMMUNITY PROGRAMS
SALVATION ARMYPO BOX 178 LEWISTON,ME 04240	01-0316813	501(c)(3)	30,000				COMMUNITY SERVICES
TRI COUNTY MENTAL HEALTH1150 LISBON STREET LEWISTON,ME 04240		501(c)(3)	67,000				MENTAL HEALTH SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY JUBILEE CENTER 247 BATES STREET LEWISTON, ME 04240	01-0543294	501(c)(3)	25,000				COMMUNITY SERVICES
211 MAINE50 MONUMENT SQUARE PORTLAND, ME 04101	30-0194364	501(c)(3)	31,145				HOT LINE FOR HELP
WESTERN MAINE COMMUNITY ACTIONPO BOX 200 E WILTON, ME 04101	01-0275156	501(c)(3)	32,000				COMMUNITY SERVICES
YMCA62 TURNER STREET AUBURN, ME 04210	01-0211567	501(c)(3)	74,000				YOUTH PROGRAMS
AGENCY DESIGNATIONS C/O PO BOX 888 LEWISTON, ME 04240	11-2592990	501(c)(3)	101,266				DESIGNATIONS TO 75 NON PROFIT AGENCIES FOR COMMUNITY PROGRAMS
ANDROSCOGGIN CHILDREN'S ADVOCACY 182 WEBSTER STREET LEWISTON, ME 04240		501(c)(3)	30,000				ADVOCACY FOR CHILDRENS WELFARE
ANDROSCOGGIN HEAD START AND CHILD CARE COBURN SCHOOL LEWISTON, ME 04240	23-7323306	501(c)(3)	43,350				CHILD ENRICHMENT
NEW BEGINNINGS436 MAIN STREET LEWISTON, ME 04240	01-0360077	501(c)(3)	62,600				YOUTH TEEN PROGRAMS
	01-0457499						COMMUNITY SERVICES
ST MARTIN DE PORRES RESIDENCE23 BARTLETT STREET PO BOX 7227 LEWISTON, ME 04243		501(c)(3)	20,000				HOMELESS SHELTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JIM PHILLIPS FUND-TRINITY CATHOLIC SCHOOL17 BAIRD AVENUE LEWISTON,ME 04240	20-5010738	501(c)(3)	500				YOUTH EDUCATIONAL PROGRAMS
UNITED WAY GRANTSC/O PO BOX 888 LEWISTON,ME 04240	01-0227184	501(c)(3)	32,740				VARIOUS COMMUNITY PROGRAMS
ANDROSCOGGIN HOME HEALTH15 STRAWBERRY AVE LEWISTON,ME 04240		501(c)(3)	3,997				COMMUNITY SERVICES
GREATER ANDROSCOGGIN HUMANE SOCIETY55 STRAWBERRY AVE LEWISTON,ME 04240	01-6011843	501(c)(3)	5,728				ANIMAL RESCUE
UNITED WAY OF GREATER PORTLAND400 CONGRESS STREET PORTLAND,ME 04101	01-0241767	501(c)(3)	11,634				VARIOUS COMMUNITY PROGRAMS
UNITED WAY OF KENNEBEC VALLEY331 WATER STREET AUGUSTA,ME 04330	01-6004404	501(c)(3)	4,112				VARIOUS COMMUNITY PROGRAMS
UNITED WAY OF OXFORD COUNTYPO BOX 291 SOUTH PARIS,ME 04281	01-0450352	501(c)(3)	16,366				VARIOUS COMMUNITY PROGRAMS
PROCESS FOR AWARDING COMMUNITY INVESTMENTS							ORGANIZATIONS RECEIVING "DISCRETIONARY" FUNDING FROM THE UNITED WAY(IE COMMUNITY CARE/IMPACT/INVESTMENT UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING SUCH SCREENING INCLUDES AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF PROPOSED USE & RESULTS OF FUNDING FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES, VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT, VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C) (3) NONPROFIT ORGANIZATION ORGANIZATIONS ARE REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE FUNDING PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND WHAT THE RESULTS WERE COMPARED TO THE PROPOSED RESULTS FROM THE ORIGINAL APPLICATION
PROCESS FOR AWARDING DONOR DESIGNATIONS (AGENCY DESIGNATIONS)							ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THRU UNITED WAY UNDERGO SCREENING PRIOR TO THE DISTRIBUTION OF FUNDING UNITED WAY WILL VERIFY COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT, AND CURRENT STATUS AS AN IRS CODE SECTION 501 (C)(3) NONPROFIT ORGANIZATION

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization UNITED WAY OF ANDROSCOGGIN COUNTY INC	Employer identification number 01-0211564
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 10b		UNITED WAY OF ANDROSCOGGIN COUNTY IS AFFILIATED WITH UNITED WAY WORLDWIDE UNITED WAY WORLDWIDE HAS MEMBERSHIP STANDARDS THAT ARE USED BY ALL UNITED WAYS AFFILIATED WITH THE INTERNATIONAL ORGANIZATION
Form 990, Part VI, Section B, line 11		THE ORGANIZATION ENGAGES AN INDEPENDENT ACCOUNTING FIRM TO CONDUCT A YEAR END AUDIT OF THE FINANCIAL STATEMENTS THE AUDITORS REVIEW THE PRELIMINARY AUDITED FINANCIAL STATEMENTS AT A FINANCE COMMITTEE MEETING UPON APPROVAL FROM THE FINANCE COMMITTEE, THE UNITED WAY OF ANDROSCOGGIN COUNTY TREASURER AND FINANCE DIRECTOR PRESENT THE AUDIT TO THE FULL BOARD FOR REVIEW AND APPROVAL THE 990 IS FORWARDED TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SUBMIT A SIGNED CODE OF ETHICS STATEMENT THAT INCLUDES CONFLICT OF INTEREST THE GOVERNANCE COMMITTEE WILL REVIEW ALL SUBMISSIONS AND FOLLOW UP ON ANY POSSIBLE CONFLICTS
Form 990, Part VI, Section B, line 15		AN INDEPENDENT BODY CONSISTING OF THE BOARD CHAIR, VICE-CHAIR OF THE BOARD AND CHAIR OF THE HUMAN RESOURCE COMMITTEE ANNUALLY CONDUCTS THE EXECUTIVE DIRECTOR'S PERFORMANCE REVIEW ALIGNED WITH THE ORGANIZATION'S STRATEGIC DIRECTION AND MEASURES OF SUCCESS MARKET COMPARABILITY DATA IS COLLECTED FROM UNITED WAY OF AMERICA AND MAINE ASSOCIATION OF NON-PROFITS MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE EXECUTIVE DIRECTOR THIS INFORMATION IS REVIEWED BY THE INDEPENDENT BODY PRIOR TO MAKING RECOMMENDATIONS REGARDING PAY AND BENEFITS
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AS WELL AS ON GUIDESTAR'S WEBSITE REQUESTS THAT ARE RECEIVED FOR THE ORGANIZATION'S DOCUMENTS OR FINANCIAL STATEMENTS ARE ANSWERED WITHIN ONE WEEK OF RECEIVING THE REQUEST
PART XI, LINE 2C	OVERSIGHT AND SELECTION PROCESS	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR

Additional Data

Software ID:

Software Version:

EIN: 01-0211564

Name: UNITED WAY OF ANDROSCOGGIN COUNTY INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CAMP VOUCHERS YOUTH PRO	319,325	319,325		
CONTRACT SERVICE EXPENS	36,628			36,628
CAMPAIGN EXPENSES & SUP	24,895	3,303	2,730	18,862
MAINTENANCE CONTRACTS	5,313	305	424	4,584
STAFF DEVELOPMENT & TRA	4,714	2,229	1,598	887