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2009

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

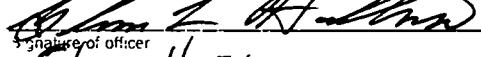
B Check if applicable		C Name of organization UNITED WAY OF MID COAST MAINE, INC.		D Employer Identification Number 01-6004866	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type See specific instructions.		E Telephone number (207) 443-9752	
		Number and street (or P O box if mail is not delivered to street addr) 34 WING FARM PARKWAY		Room/suite 201	
		City, town or country BATH		State ZIP code + 4 ME 04530	
		F Name and address of principal officer GLENN HUTCHINSON 34 WING FARM PKWY BATH ME 04530		G Gross receipts \$ 2,248,293.	
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(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', attach a list (see instructions)	
J Website: ► WWW.UWMCM.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 1956 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 OF MID COAST MAINE'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets				
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 21			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21			
Expenses	5 Total number of employees (Part V, line 2a)	5 18			
	6 Total number of volunteers (estimate if necessary)	6 108			
Net Assets & Fund Balances	7a Total gross unrelated business revenue from Part VIII, column (G), line 12	7a 0.			
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	8 2,462,822.	Prior Year	2,179,500.	
	9 Program service revenue (Part VIII, line 2g)	9 65,425.	Current Year	59,849.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 22,150.		8,944.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 2,550,397.		2,248,293.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 1,402,407.		1,343,942.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 512,254.	Prior Year	560,741.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	14 242,638.	Current Year	218,086.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,157,299.		2,122,769.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	16a 254,885.		393,098.
		b Total fundraising expenses (Part IX, column (D), line 25) ►	b 254,885.		125,524.
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17 1,680,753.	Beginning of Year	2,514,897.
		18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 1,680,753.	End of Year	2,584,815.
19 Revenue less expenses Subtract line 18 from line 12		19 1,680,753.		834,144.	
				778,537.	
				1,806,278.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer  Type or print name and title	14-20-10
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Paid Preparer's Use Only	Preparer's signature  Firm's name to yours if self-employed, address and ZIP + 4 Bruce A. Bachelder, CPA PO Box 1479 Damariscotta ME 04543	Date 10-15-09	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) (207) 563-7540
		EIN ►		

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09 Form 990 (2009)

G-17-072

14

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

**THE UNITED WAY OF MID COAST MAINE'S
MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.**

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 \$ 175,110. including grants of \$ 1,343,942.) (Revenue \$ 0.)

FUND DISTRIBUTION: UNITED WAY VOLUNTEERS AND STAFF DIRECTED THE DISTRIBUTION OF FUNDS BASED UPON COMMUNITY NEED TO PARTNER HEALTH & HUMAN CARE AGENCIES SERVING THE MID COAST REGION, AND OVERSAW THE DISBURSEMENT OF DESIGNATED DISTRIBUTIONS.

4b (Code _____) (Expenses \$ 232,123. including grants of \$ 0.) (Revenue \$ 0.)

COMMUNITY SERVICES: VOLUNTEERS AND STAFF WORKING TOGETHER TO CREATE BETTER LIVES FOR THE PEOPLE OF MID COAST MAINE THROUGH PROGRAMS SUCH AS 211 MAINE, VOLUNTEERMAINE, AND OUR FOUR COUNCIL SOLUTION AREAS; MEETING BASIC NEEDS/SAFETY NET, A SAFE & HEALTHY COMMUNITY, SUCCESS BY 6:EARLY CHILDHOOD, AND YOUTH AND LIFELONG LEARNING. EACH COUNCIL WORKS TO FORM PARTNERSHIPS, MOBILIZE VOLUNTEERS, COORDINATE SERVICES, RAISE PUBLIC AWARENESS, START NEW INITIATIVES AND LEVERAGE ADDITIONAL RESOURCES.

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 ► 407,233.

Part IV Checklist of Required Schedules

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

2 Is the organization required to complete Schedule B, Schedule of Contributors? 2

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

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8

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

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

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

- 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12

12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b 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

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? If 'Yes,' complete Schedule F, Part II 15

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

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

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

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

20 Did the organization operate one or more hospitals? If 'Yes' complete Schedule H 20

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21 X	
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? If 'Yes,' complete Schedule I, Parts I and III	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a X	
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 X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b X	
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 X	
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? If 'Yes,' complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a X	
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b X	
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c X	
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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34 X	
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	35 X	
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	36 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38 X	
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		

BAA

Form 990 (2009)

Part 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	4	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
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	X	
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	X	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
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?	6a	X	
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?	6b		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	7a	X	
7 Organizations that may receive deductible contributions under section 170(c).	7b		
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?	7c	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7f	X	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	X	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a		
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?	9b		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make any distribution to a donor, donor advisor, or related person?			
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 other 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body **1a 21**
 b Enter the number of voting members that are independent **1b 21**

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?

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?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?

9 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

	Yes	No
1a	21	
1b	21	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates?
 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?

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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
 b Other officers of key employees of the organization
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 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?

	Yes	No
10a		X
10b		
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosures

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 Forms 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 Another's 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► JOHN WASHBURN ----- 34 WING FARM PARKWAY, SUITE 2 BATH ----- ME 04530 ----- (207) 443-9752

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. 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 employees'.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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
		Or Direct or Officer or Trustee or Adviser or Agent or Consultant or Employee or Hired Contractor or Part Time	Officer	Key Employee	Employee	Hired Contractor	Part Time			
BARBARA REINERTSEN EXECUTIVE DIRECTOR	40.00	X						80,421.	0.	0.
JOHN WASHBURN FINANCE DIRECTOR	40.00	X						50,991.	0.	0.
BOB BEAUMONT DIRECTOR	2.00	X						0.	0.	0.
PAM BOWERMAN DIRECTOR & 1ST VICE CHAIR	3.00	X	X					0.	0.	0.
BOB DAVIS DIRECTOR & TREASURER	4.00	X	X					0.	0.	0.
WILLIAM FENN DIRECTOR	12.00	X						0.	0.	0.
GEOFF GATTIS DIRECTOR	3.00	X						0.	0.	0.
JEFF GEIGER DIRECTOR	2.00	X						0.	0.	0.
JILL HAER DIRECTOR	2.00	X						0.	0.	0.
GLENN HUTCHINSON DIRECTOR & CHAIR	4.00	X	X					0.	0.	0.
SALLY LOUGHLIN DIRECTOR	2.00	X						0.	0.	0.
BOB MCCUE DIRECTOR	4.00	X						0.	0.	0.
CRAIG MCEWEN DIRECTOR	3.00	X						0.	0.	0.
SHERYL MCWILLIAMS DIRECTOR	2.00	X						0.	0.	0.
REBECCA MORIN DIRECTOR	3.00	X						0.	0.	0.
DAVE NADEAU DIRECTOR	8.00	X						0.	0.	0.
DOUG NIVEN DIRECTOR	2.00	X						0.	0.	0.

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

(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	
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
GEORGE REICHERT DIRECTOR	4.00	X					0.	0.	0.
GEORGE STERGIO DIRECTOR	2.00	X					0.	0.	0.
HOLLY STOVER DIRECTOR	4.00	X					0.	0.	0.
DENNIS UNGER DIRECTOR	3.00	X					0.	0.	0.
MARGARET WILSON DIRECTOR	3.00	X					0.	0.	0.
SUSAN WYGAL DIRECTOR & 2ND VICE CHAIR	4.00	X	X				0.	0.	0.

1b Total							131,412.	0.	0.

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 ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

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 27,549.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 15,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,136,951.			
	g Noncash contribns included in lns 1a-1f	g \$ 18,429.			
	h Total. Add lines 1a-1f	► 2,179,500.			
PROGRAM SERVICE REVENUE	2a ADMINISTRATIVE FEES	Business Code 900099	59,849.	59,849.	0.
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 59,849.			
	3 Investment income (including dividends, interest and other similar amounts)		8,944.	0.	0.
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					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	►				
12 Total revenue. See instructions	► 2,248,293.	59,849.	0.	8,944.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,343,942.	1,343,942.		
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	131,412.	72,579.	21,026.	37,807.
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	304,653.	168,260.	48,744.	87,649.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,756.	19,196.	5,561.	9,999.
9 Other employee benefits	53,319.	29,448.	8,531.	15,340.
10 Payroll taxes	36,601.	20,215.	5,856.	10,530.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17	4,571.	2,477.	686.	1,408.
f Investment management fees				
g Other				
12 Advertising and promotion	20,601.	11,166.	3,090.	6,345.
13 Office expenses	18,920.	10,255.	2,838.	5,827.
14 Information technology	15,062.	8,164.	2,258.	4,640.
15 Royalties	13,687.	7,418.	2,053.	4,216.
16 Occupancy	46,221.	25,052.	6,933.	14,236.
17 Travel	9,725.	5,271.	1,459.	2,995.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,094.	1,135.	314.	645.
20 Interest				
21 Payments to affiliates	19,781.	10,721.	2,967.	6,093.
22 Depreciation, depletion, and amortization	10,422.	5,649.	1,563.	3,210.
23 Insurance	7,715.	4,182.	1,157.	2,376.
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 POSTAGE	5,659.	3,067.	849.	1,743.
b DUES	2,142.	1,161.	321.	660.
c CREDIT CARD FEES	3,352.	1,817.	503.	1,032.
d CAMPAIGN MATERIALS	17,584.	0.	0.	17,584.
e CONTRACTED SERVICES	20,550.	0.	0.	20,550.
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	2,122,769.	1,751,175.	116,709.	254,885.
26 Joint costs. Check here □ 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	1,539,792.	2	1,582,085.
	3 Pledges and grants receivable, net	826,236.	3	863,217.
	4 Accounts receivable, net		4	
	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	13,225.	9	7,802.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	167,876.		
	10b Less accumulated depreciation.	36,165.	10c	131,711.
	11 Investments – publicly-traded securities		11	
	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		15	
	16 Total assets Add lines 1 through 15 (must equal line 34)	2,514,897.	16	2,584,815.
LIABILITIES	17 Accounts payable and accrued expenses	9,463.	17	2,943.
	18 Grants payable	805,209.	18	754,509.
	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	19,472.	25	21,085.
	26 Total liabilities Add lines 17 through 25	834,144.	26	778,537.
	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	994,673.	27	1,088,815.
	28 Temporarily restricted net assets	684,680.	28	716,063.
	29 Permanently restricted net assets	1,400.	29	1,400.
NET ASSETS OR FUND BALANCE	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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,680,753.	33	1,806,278.
	34 Total liabilities and net assets/fund balances	2,514,897.	34	2,584,815.

BAA

Form 990 (2009)

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?	2a				X
b Were the organization's financial statements audited by an independent accountant?	2b				X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c				X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
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 separate 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?	3a				X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

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Form 990 (2009)

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number
01-6004866

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

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

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

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

3 A hospital or 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 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 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?

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

h Provide the following information about the supported organizations

Total

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

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 'unusual grants.')	2,165,828.	2,326,653.	2,088,868.	2,462,822.	2,179,500.	11,223,671.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	2,165,828.	2,326,653.	2,088,868.	2,462,822.	2,179,500.	11,223,671.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,223,671.

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	2,165,828.	2,326,653.	2,088,868.	2,462,822.	2,179,500.	11,223,671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,906.	45,452.	39,764.	22,150.	8,944.	147,216.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						11,370,887.
12 Gross receipts from related activities, etc (see instructions)					12	

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

►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.71%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.69%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
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		► <input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support**Calendar year (or fiscal yr beginning in) ▶**

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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6 Total.						
7a						
b						
c						
8 Public support						
7c from line 6)						

Section B. Total Support**Calendar year (or fiscal yr beginning in) ▶**

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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13 Total support.						
14 First five years.						

▶ **Section C. Computation of Public Support Percentage**

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 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		▶ <input type="checkbox"/>
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶ <input type="checkbox"/>

Part IV

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF MID COAST MAINE, INC.

01-6004866

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? Yes No

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? Yes No

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 important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d 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 tax year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement 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 ► \$ _____

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance
b Contributions
c Net Investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

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
(ii) related organizations

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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		90,000.		90,000.
b Buildings				
c Leasehold improvements		5,419.	2,610.	2,809.
d Equipment		47,841.	28,468.	19,373.
e Other		24,616.	5,087.	19,529.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				131,711.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990 Part X, col (B) line 12)

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)

Part IX Other Assets (See Form 990, Part X, line 15)

Total. (Column (b) must equal Form 990, Part X, col (B), line 15)

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED VACATION PAY PAYABLE	21,085.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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)	2,248,293.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2,122,769.
3 Excess or (deficit) for the year Subtract line 2 from line 1	125,524.
4 Net unrealized gains (losses) on investments	
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 through 8	18,779.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	18,779.
	144,303.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1 1,928,516.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d 31,199.
e Add lines 2a through 2d	2e 31,199.
3 Subtract line 2e from line 1	3 1,897,317.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b 350,976.
c Add lines 4a and 4b	4c 350,976.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 2,248,293.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1 1,784,213.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 1,784,213.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b 338,556.
c Add lines 4a and 4b	4c 338,556.
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 2,122,769.

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, line 2, 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

Pt XII Line 2d MAINE COMMUNITY FOUNDATION INVESTMENT INCOME

Pt XII Line 4b MAINE COMMUNITY FOUNDATION GRANT (\$12,420) AND

DESIGNATED CONTRIBUTIONS (\$338,556)

Pt XIII Line 4b DESIGNATED CONTRIBUTIONS (\$338,556)

Pt XI Line 8 DIFFERENCES IN ACCOUNTING FOR MAINE COMMUNITY FOUNDATION

INVESTMENT ACCOUNTS.

Part XIV | Supplemental Information (continued)

SCHEDULE I
(Form 990)

OMB No 1545-0047
2009

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Part I General Information on Grants and Assistance

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public
 Inspection

Employer identification number
01-6004866

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. 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
►

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section if applicable	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of non-cash assistance	8 (h) Purpose of grant or assistance
BATH AREA FAMILY YMCA 303 CENTRE STREET BATH ME 04530	01-02111812	501C3	51,831.				SEE ATTACHED
BB\BS BATH-BRUNSWICK 85 MAINE STREET BRUNSWICK ME 04011	01-0467282	501C3	26,400.				SEE ATTACHED
BB\BS MIDCOAST MAINE PO BOX 457 PORTLAND ME 04543	01-0328483	501C3	29,000.				SEE ATTACHED
DAMARISCOTTA ME 04543 CATHOLIC CHARITIES MAINE PO BOX 10660 PORTLAND ME 04104	01-0280225	501C3	11,000.				SEE ATTACHED
CENTRAL LINCOLN COUNTY YM PO BOX 787 DAMARISCOTTA ME 04543	22-2978129	501C3	18,000.				SEE ATTACHED
MIDCOAST MAINE COMMUNITY 34 WING FARM PARKWAY BATH ME 04530	01-0315732	501C3	82,450.				SEE ATTACHED
COASTAL TRANS 46 SUMMER STREET ROCKLAND ME 04841	22-2571406	501C3	21,100.				SEE ATTACHED
ELDER CARE NETWORK LC PO BOX 652 DAMARISCOTTA ME 04543	01-0504725	501C3	10,000.				SEE ATTACHED

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

3 Enter total number of other organizations

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

OMB No. 1545-0047

2009Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Part II

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Employer identification number

01-6004866

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELMHURST INC 400 CENTER STREET BATH ME 04530	01-0266854	501C3	15,050.				SEE ATTACHED
FAMILY CRISIS SERVICES PO BOX 704 PORTLAND ME 04104	01-0352636	501C3	18,280.				SEE ATTACHED
FAMILY FOCUS 2 DAVENPORT CIRCLE BATH ME 04530	01-0409991	501C3	100,400.				SEE ATTACHED
HARBOR CHILDRENS CENTER 35 SCHOOL STREET BOOTHBAY HARBOR ME 04538	01-0387304	501C3	18,500.				SEE ATTACHED
HEALTHY KIDS PO BOX 689 DAMARISCOTTA ME 04543	01-0451523	501C3	40,000.				SEE ATTACHED
HOSPICE OF MIDCOAST MAINE 45 BARIBEAU DRIVE BRUNSWICK ME 04011	01-0367712	501C3	12,500.				SEE ATTACHED
INDEPENDENCE ASSOCIATION PO BOX 642 BRUNSWICK ME 04011	01-0278024	501C3	25,007.				SEE ATTACHED
GIRL SCOUTS OF MAINE PO BOX 9421 SOUTH PORTLAND ME 04116	01-0269802	501C3	11,000.				SEE ATTACHED
TRI COUNTY LITERACY VOLUN 2 SHERIDAN ROAD BATH ME 04530	54-2127254	501C3	24,615.				SEE ATTACHED

SCHEDULE I-1
(Form 990)**2009**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**Continuation Sheet for Schedule I (Form 990)**Open to Public :
Inspection

Employer identification number

01-6004866

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL ABOUT PREVENTION PO BOX 57 BRUNSWICK ME 04011	01-0427425	501C3	26,600.				SEE ATTACHED
MID COAST CHAPTER, RED CR 16 COMMUNITY WAY TOPSHAM ME 04086	53-0196605	501C3	36,500.				SEE ATTACHED
MID COAST HUNGER PREVENTI 84A UNION STREET BRUNSWICK ME 04011	01-0492643	501C3	31,800.				SEE ATTACHED
FAMILY PLANNING ASSOC OF PO BOX 5870 AUGUSTA ME 04332	01-0317679	501C3	9,550.				SEE ATTACHED
MOBIUS 319 MAIN STREET DAMARISCOTTA ME 04543	01-0358732	501C3	19,061.				SEE ATTACHED
RSU 75 SCHOOL BASED HEALT 50 REPUBLIC TOPSHAM ME 04086	01-0283948	501C3	15,000.				SEE ATTACHED
NEW HOPE FOR WOMEN PO BOX A ROCKLAND ME 04841	01-0377246	501C3	23,500.				SEE ATTACHED
OASIS HEALTH NETWORK 66 BARIBEAU DRIVE BRUNSWICK ME 04011	01-0497587	501C3	17,200.				SEE ATTACHED
PEOPLE PLUS CENTER 6 NOBLE STREET BRUNSWICK ME 04011	01-0349949	501C3	17,300.				SEE ATTACHED

SCHEDULE I-1
(Form 990)**Continuation Sheet for Schedule I (Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	Employer identification number
PLANNED PARENTHOOD OF NNE 183 TALCOTT ROAD 101 WILLISTON VT 05495	03-0222941	501C3	12,700.				SEE ATTACHED	01-6004866
RESPIRE CARE PO BOX 402 BRUNSWICK ME 04011	22-3128999	501C3	22,000.				SEE ATTACHED	
SALVATION ARMY BATH-BRUNS PO BOX 574 BATH ME 04530	13-5562351	501C3	26,040.				SEE ATTACHED	
SPECTRUM GENERATIONS PO BOX 2589 AUGUSTA ME 04330	01-0318051	501C3	15,000.				SEE ATTACHED	
SEXUAL ASSAULT SUPPORT SER PO BOX 990 BRUNSWICK ME 04011	22-2850515	501C3	18,000.				SEE ATTACHED	
SWEETSER 50 MOODY STREET SACO ME 04072	01-0211807	501C3	14,500.				SEE ATTACHED	
TEDFORD HOUSING PO BOX 958 BRUNSWICK ME 04011	01-0422035	501C3	66,650.				SEE ATTACHED	
YOUTH PROMISE PO BOX 721 NEWCASTLE ME 04553	04-3340853	501C3	7,436.				SEE ATTACHED	
HABITAT FOR HUMANITY 108 CENTER STREET BATH ME 04530	01-0460969	501C3	7,600.				SEE ATTACHED	

► Attach to Form 990 to list additional information for Schedule (Form 990), Part II and Part III.



OMB No. 1545-0047

2009

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Part IV and Schedule 1 (Form 8000 if additional space is needed).

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

AGENCIES APPLY FOR FUNDS BASED ON THEIR PROGRAM REQUIREMENTS. THE APPLICATIONS ARE CAREFULLY REVIEWED AND REFINED BY THE VOLUNTEER COMMITTEE (SOLUTIONS COUNCIL, OVERVIEW COMMITTEE AND THE BOARD OF DIRECTORS) PRIOR TO FUNDS BEING APPROVED AND DISTRIBUTED.

300

Community Impact Fund (quarterly payments)

<u>Agency</u>	<u>Purpose of Grant (Agency programs)</u>
All About Prevention (formerly Merrymeeting AIDS Support Services)	Education & Mens Programming
Bath Area Family YMCA	Financial Aid and Child Care
Big Brother/Big Sisters- Bath-Brunswick	Community and School Based Mentoring
Big Brother/Big Sisters- Midcoast Maine	Community and Site-based Mentoring
Catholic Charities Maine	Elder Outreach Network
CLC YMCA	Child Care and Center for Teens
Coastal Trans	Non-emergency Demand Response Transportation
Elder Care Network LC	Activities and Transportation
Elmhurst, Inc	Supported Living Program
Family Crisis Services	Outreach and Court Advocacy
Family Focus	Children Services and Parent Program
Family Planning Association of Maine	Clinical Health and Outreach
Girl Scouts of Maine	Girl Grant
Habitat for Humanity, 7 Rivers Maine	Home Repair and Weatherization
Harbor Children's Center	Infant & Toddler Preschool
Healthy Kids! A Family Resource Network	Healthy Kids Program
Hospice Volunteers in Mid Coast Maine	Community Support Services (merged with CHANS in Spring 2010)
Independence Association, Inc.	Community Supported Services
Lincoln County School Based Health Center	School Based Health Clinic
Mid Coast Chapter, American Red Cross	Emergency Services
Mid Coast Hunger Prevention Program	Hunger Prevention Program
Midcoast Maine Community Action	Housing Counseling and Family Development
Mobius	Integrated Employment
MSAD 75 - Health Clinic	School Health Center
New Hope for Women, Inc	Lincoln County Outreach
Oasis Health Center	Free Clinics and Prescription Assistance
People Plus Center	Brunswick Teen Center and Community Outreach
Planned Parenthood of Northern New England	Brunswick/Topsham Health Center
Respite Care	Adult Day Program
Spectrum Generations	Meals on Wheels
Sexual Assault Support Services of Midcoast Maine	School Education
Sweetser	Learning and Recovery Center
Tedford Housing	Homeless Prevention and Shelter Program
Salvation Army	Emergency Assistance
Tri County LVA	Adult Literacy and Read With Me Program
Youth Promise	Jump Start and Mentor Assisted Program

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2009

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

Open to Public
Inspection

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

Pt VI-B, Line 11A THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PRESENTED
TO THE FULL BOARD FOR APPROVAL BEFORE FILING.

Pt VI-A, Line 2 DIRECTORS GEOFF GATTIS AND GLENN HUTCHINSON HAVE A BUSINESS
RELATIONSHIP

DIRECTORS GERALD STERGIO, JEFF GEIGER AND WILLIAM FENN
HAVE A BUSINESS RELATIONSHIP

Pt VI-A, Line 6 ALL PERSONS WHO HAVE MADE A PLEDGE OR CONTRIBUTION TO, OR
VOLUNTEERED SERVICES TO UNITED WAY OF MID COAST MAINE
ARE MEMBERS OF THE CORPORATION

Pt VI-A, Line 7a MEMBERS ELECT MEMBERS OF THE BOARD OF DIRECTORS AT
AN ANNUAL MEETING

Pt VI-B, Line 12c BI ANNUAL SIGNED CONFLICT OF INTEREST STATEMENTS

Pt VI-B, Line 15 A SUBCOMMITTEE OF THE FINANCE COMMITTEE DID A MARKET STUDY
IN 2008. THE REVIEW ENCOMPASSED ALL EMPLOYEES INCLUDING
THE EXECUTIVE DIRECTOR

Pt VI-C, Line 19 UNITED WAY OF MID COAST MAINE PROVIDES AN ANNUAL REPORT
INCLUDING FINANCIAL STATEMENTS TO THE PUBLIC ON ITS WEB
SITE, AT ITS ANNUAL MEETING, IN MAILINGS AND ON DEMAND.
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES
ARE AVAILABLE TO THE PUBLIC ON DEMAND.