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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY INC

Doing Business As
UNITED WAY OF GREATER PORTLAND

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE CANAL PLAZA NO 300

City or town, state or country, and ZIP + 4
PORTLAND, ME 04101

D Employer identification number
01-0241767

E Telephone number
(207) 874-1000

G Gross receipts $ 11,970,638

F Name and address of principal officer
SUZANNE MCCORMICK
ONE CANAL PLAZA NO 300
PORTLAND, ME 04101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW LIVEUNITEDPORTLAND ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1929 | **M** State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING LIVES BY FOCUSING ON THE BUILDING BLOCKS OF A STRONG COMMUNITY EDUC , INCOME & HEALTH

2 Check this box ▶☐ 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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	39
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	9,485,673	8,832,517
	9 Program service revenue (Part VIII, line 2g)	307,273	355,586
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,877	484,954
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,568	79,410
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,024,391	9,752,467
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,289,778	6,337,697
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,917,099	1,722,013
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶704,667		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,083,230	1,245,816
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,290,107	9,305,526
	19 Revenue less expenses Subtract line 18 from line 12	734,284	446,941

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	15,717,219	17,446,571
	21 Total liabilities (Part X, line 26)	2,495,230	2,961,293
	22 Net assets or fund balances Subtract line 21 from line 20	13,221,989	14,485,278

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

****** | 2012-03-05
Signature of officer | Date

SUZANNE MCCORMICK PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
E DREW CHENEY	E DREW CHENEY	2012-03-05		

Firm's name ▶ BAKER NEWMAN & NOYES | Firm's EIN ▶

Firm's address ▶ PO BOX 507
PORTLAND, ME 04112 | Phone no ▶ (207) 879-2100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

UNITED WAY OF GREATER PORTLAND IMPROVES PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITIES WE WORK TO ACHIEVE COMMUNITY-WIDE CHANGE THAT IMPROVES THE EDUCATION, INCOME AND HEALTH OF GREATER PORTLAND RESIDENTS TO THESE ENDS, WE -EDUCATE THE COMMUNITY AND RAISE RESOURCES TO ADDRESS THE MOST PRESSING HUMAN CARE NEEDS -PROVIDE FUNDING, TECHNICAL ASSISTANCE, VOLUNTEER RESOURCES, AND A WIDE RANGE OF SUPPORT TO STRENGTHEN THE CAPACITY OF OUR NONPROFIT PARTNERS TO ADDRESS COMMUNITY NEEDS -CONVENE AND WORK SIDE BY SIDE WITH INDIVIDUALS, NONPROFITS, GOVERNMENT, BUSINESSES, AND OTHER COMMUNITY PARTNERS - CREATE, FUND AND REPLICATE INITIATIVES THAT IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES -WORK WITH POLICY MAKERS AND ADVOCATES ON IMPORTANT ISSUES AROUND EDUCATION, INCOME AND HEALTH

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 $ 2,105,727 including grants of $ 1,542,478) (Revenue $ 0)

HEALTH IMPROVING PEOPLE'S PHYSICAL AND MENTAL WELL-BEING IS ONE OF THE BUILDING BLOCKS OF A THRIVING COMMUNITY, HOWEVER, NUMEROUS OBSTACLES STAND IN THE WAY OF GOOD HEALTH FOR MANY RESIDENTS OF GREATER PORTLAND UNITED WAY FUNDS 42 PROGRAMS AT 20 PARTNER AGENCIES THAT FOCUS ON HEALTH, HELPING US ADVANCE OUR HEALTH GOALS IN THE COMMUNITY FROM ADDRESSING SUBSTANCE ABUSE TO FUNDING VISION REHABILITATION PROGRAMS AND OUTPATIENT MENTAL HEALTH CLINICAL SERVICES, UNITED WAY WORKS TIRELESSLY TO IMPROVE LIFE FOR THOUSANDS OF FRIENDS, NEIGHBORS AND CO-WORKERS IN GREATER PORTLAND IN ADDITION, UNITED WAY IN COLLABORATION WITH SEVERAL COMMUNITY PARTNERS HAS DEVELOPED THE LET'S GO! PROGRAM, A COMMUNITY-BASED INITIATIVE THAT PROMOTES HEALTHY LIFESTYLES FOR CHILDREN, YOUTH AND FAMILIES IN 12 GREATER PORTLAND COMMUNITIES THE GOAL IS TO INCREASE PHYSICAL ACTIVITY AND HEALTHY EATING, TURNING THE TREND ON YOUTH OBESITY WE ACCOMPLISH OUR GOALS WITH THE 5-2-1-0 MESSAGE EAT AT LEAST 5 FRUITS AND VEGETABLES A DAY, LIMIT RECREATIONAL TV OR COMPUTER USE TO 2 HOURS OR LESS, GET 1 HOUR OR MORE OF PHYSICAL ACTIVITY EVERY DAY, AND DRINK 0 SUGAR-SWEETENED BEVERAGES AND CHOOSE LOW FAT MILK OR WATER INSTEAD OF SODA AS OF JUNE 2011, LET'S GO! HAD ENGAGED 56 SCHOOLS EDUCATING MORE THAN 24,726 STUDENTS, 31 CHILD CARE SITES IMPACTING 1,367 CHILDREN, 14 AFTER SCHOOL PROGRAMS (8 SITES) SUPPORTING 1,112 YOUTH, SCHOOL NUTRITION PROGRAMS IN 8 OUT OF THE 11 DISTRICTS, AND 21 ACTIVE HEALTHCARE SITES IN GREATER PORTLAND DISSEMINATION STATEWIDE IS AN IMPORTANT PROJECT GOAL AND LET'S GO! IS ALREADY BEING IMPLEMENTED BY LOCAL COALITIONS IN COMMUNITIES THROUGHOUT MAINE 2010 SCHOOL DATA SHOWS CONTINUED SUCCESS IN THE IMPORTANT AREA OF ENVIRONMENTAL AND POLICY CHANGE, BOTH IN TERMS OF CHANGE AND SUSTAINABILITY CHANGE 44% OF ELEMENTARY SCHOOLS INCREASED BY AT LEAST 1 THE NUMBER OF 10 LET'S GO! RECOMMENDED ENVIRONMENTAL AND POLICY STRATEGIES BEING IMPLEMENTED BETWEEN THE 08-09 SCHOOL YEAR AND THE 09-10 SCHOOL YEAR SUSTAINABILITY 96% OF ELEMENTARY SCHOOLS THAT IMPLEMENTED AT LEAST 2 STRATEGIES IN 08-09 CONTINUED TO IMPLEMENT THOSE SAME STRATEGIES THROUGH THE 09-10 SCHOOL YEAR

4b (Code) (Expenses $ 1,440,215 including grants of $ 1,417,047) (Revenue $)

EDUCATION EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY SUCCESS IT IS ESSENTIAL TO GETTING AND KEEPING A JOB WITH A LIVABLE WAGE AND HEALTH BENEFITS IT IS ALSO FUNDAMENTAL TO A COMMUNITY'S ECONOMIC PROSPERITY A WELL-EDUCATED WORKFORCE ATTRACTS WORLD-CLASS JOBS UNITED WAY FUNDS 29 PROGRAMS AT 8 PARTNER AGENCIES THAT FOCUS ON EDUCATION, HELPING US ADVANCE OUR EDUCATION GOALS IN THE COMMUNITY FROM ADDRESSING YOUTH SELF-ESTEEM TO FUNDING ACCREDITED CHILD CARE CENTERS, UNITED WAY IS HELPING CHILDREN, YOUTH AND FAMILIES REACH THEIR POTENTIAL JUST AS THE STRENGTH OF THE FOUNDATION DETERMINES THE STABILITY OF THE HOME, ALL FUTURE LEARNING, BEHAVIOR AND HEALTH IS BASED ON ONE'S EARLY EXPERIENCES OUR VISION IS THAT YOUNG PEOPLE WILL GROW UP HEALTHY AND READY FOR THE FUTURE, THAT THEY ARE PREPARED FOR KINDERGARTEN, THAT TEENAGERS BUILD SELF-ESTEEM AND HAVE SAFE PLACES TO GO AFTER SCHOOL, AND THAT PARENTS AND GUARDIANS HAVE SUPPORT AND EDUCATION ABOUT CHILD DEVELOPMENT OUR WESTBROOK CHILDREN'S PROJECT IS AN EXAMPLE OF HOW WE ARE WORKING TO FULFILL OUR VISION FOCUSING INITIALLY ON CHILDREN K - 2, TWO OF THE GOALS OF THE PROJECT ARE TO REDUCE ABSENTEEISM AND DECREASE OUT OF CLASSROOM REFERRALS, TWO BUILDING BLOCKS TO ACADEMIC SUCCESS IN ITS SECOND YEAR (SCHOOL YEAR 09/10), THE PROJECT SAW SUCCESS IN BOTH AREAS STUDENT ABSENTEEISM DECREASED BY 51% AND 55% (TWO SCHOOLS) (NUMBER OF STUDENTS WHO WERE ABSENT 8 OR MORE TIMES) AND OUT OF CLASSROOM REFERRALS FOR BEHAVIORAL ISSUES DECREASED BY 19% (ONE SCHOOL) SCHOOL YEAR 10/11 DATA HAS NOT YET BEEN REPORTED ADDITIONAL WORK INCLUDES HELPING CREATE AND LAUNCH WESTBROOK'S NEW SUMMER LUNCH PROGRAM IN PARTNERSHIP WITH MANY ORGANIZATIONS IN ITS FIRST YEAR, THE PROGRAM SERVED 5,200 LUNCHES ON WEEKDAYS FROM JUNE 21 TO AUGUST 20, 2010 PROGRAMMING TO HELP CHILDREN AND THEIR FAMILIES IS PRESENTED AT THE LUNCHES FORMING THE WESTBROOK CHILDREN'S CABINET IN FALL 2009, CONSISTING OF COMMUNITY LEADERS INCLUDING THE MAYOR, BUSINESS LEADERS, A PEDIATRICIAN, THE SUPERINTENDENT OF SCHOOLS, SCHOOL COMMITTEE MEMBERS, THE CITY COUNCIL CHAIR, THE POLICE CHIEF, AND PARENTS THE CABINET COMPLETED A COMMUNITY ASSESSMENT, INCLUDING PRIMARY AND SECONDARY DATA, AND HAS ADOPTED THE COMMUNITIES THAT CARE MODEL FOR IMPLEMENTATION IN WESTBROOK, A RESEARCH-BASED PREVENTION MODEL THAT HAS BEEN USED EFFECTIVELY ELSEWHERE TO REDUCE RISKY BEHAVIORS BY CHILDREN AND YOUTH AND INCREASE SCHOOL ENGAGEMENT THE CABINET HAS CONDUCTED FUNDRAISING, HIRED STAFF AND THIS FALL WILL IMPLEMENT THE MODEL

4c (Code) (Expenses $ 1,006,884 including grants of $ 934,986) (Revenue $)

INCOME MANY PEOPLE IN GREATER PORTLAND DO NOT HAVE A STABLE INCOME THAT ALLOWS THEM TO PROVIDE THE BASICS - FOOD, RENT AND UTILITIES UNITED WAY HAS ALWAYS TAKEN A STRATEGIC APPROACH TO ADDRESSING CRITICAL ISSUES AND FINANCIAL STABILITY IS NO EXCEPTION FINANCIAL STABILITY COMES FROM PROVIDING FAMILIES WITH THE RESOURCES AND OPPORTUNITIES THEY NEED TO MEET THEIR BASIC NEEDS UNITED WAY FUNDS 18 PROGRAMS AT 10 PARTNER AGENCIES THAT FOCUS ON INCOME AND SECURING THE BASICS, HELPING US ADVANCE OUR FINANCIAL STABILITY GOALS IN THE COMMUNITY FROM ADDRESSING THE NEEDS OF REFUGEES AND IMMIGRANTS TO TRANSPORTATION AND LEGAL SERVICES PROGRAMS, UNITED WAY IS LINKING COMMUNITY MEMBERS TO TOOLS THAT WILL HELP THEM GET ON, OR CONTINUE DOWN, THE PATH TO FINANCIAL STABILITY ANOTHER UNITED WAY INITIATIVE, CA$H (CREATING ASSETS, SAVINGS AND HOPE) GREATER PORTLAND IS A PARTNERSHIP OF COMMUNITY LEADERS AND INDUSTRY EXPERTS ENCOURAGING FAMILIES AND INDIVIDUALS IN CUMBERLAND COUNTY TO INCREASE INCOME, REDUCE DEBT, SAVE FOR THE FUTURE AND ACHIEVE FINANCIAL STABILITY CA$H GREATER PORTLAND IS A YEAR-ROUND RESOURCE FOR THE COMMUNITY, OFFERING FREE INCOME TAX PREPARATION TO QUALIFIED FILERS DURING TAX SEASON, HELPING EMPLOYERS BRING FINANCIAL EDUCATION TOOLS TO THEIR EMPLOYEES, AND EDUCATING HARD-WORKING RESIDENTS ABOUT HOW THEY CAN MAKE THE MOST OF THEIR MONEY CA$H CONNECTS THE COMMUNITY TO LOCAL PROGRAMS AND SERVICES, AND UTILIZES ITS WEBSITE, WWW CASHGP ORG, AS A FINANCIAL EDUCATION CLEARINGHOUSE IN 2011, CA$H FREE TAX SITES RETURNED $1,500,563 IN FEDERAL AND STATE INCOME TAX REFUNDS TO THE COMMUNITY, INCREASING INDIVIDUAL REFUNDS BY 17%, AND APPLIED FOR $427,363 IN EARNED INCOME TAX CREDITS, AN INCREASE OF 21% PER HOUSEHOLD OVER 2010

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 3,639,998 including grants of $ 2,465,466) (Revenue $ 47,573)

4e **Total program service expenses** ▶ $ 8,192,824

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
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
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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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*	**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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	49		
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**		Yes	
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**	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**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 ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**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?	**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	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	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		No
b	Other officers or key employees of the organization	15b		No
	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?	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

☐ 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 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 ▶

BRYAN O'CONNOR
ONE CANAL PLAZA SUITE 300
PORTLAND, ME 04101
(207) 874-1000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								348,992	0	33,560

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 ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 ▶ 0

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	41,557				
	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	8,790,960				
	g Noncash contributions included in lines 1a-1f $	331,210				
	h **Total.** Add lines 1a-1f . . . . . ▶		8,832,517			
Program Service Revenue		Business Code				
	2a SERVICE FEES	900099	308,013	308,013		
	b WORKSHOPS/TRAINING	900099	47,573	47,573		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		355,586			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		168,510			168,510
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,534,615				
	b Less cost or other basis and sales expenses	2,218,171				
	c Gain or (loss)	316,444				
	d Net gain or (loss) . . . . . ▶		316,444			316,444
Other Revenue	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		79,410	79,410		
	e **Total.** Add lines 11a–11d . . . . . ▶		79,410			
	12 **Total revenue.** See Instructions . . . ▶		9,752,467	434,996	0	484,954

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	5,838,283	5,838,283		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	499,414	499,414		
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	235,691	88,047	100,506	47,138
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,221,545	702,981	162,477	356,087
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,345	25,289	4,357	12,699
9 Other employee benefits	114,738	64,446	17,690	32,602
10 Payroll taxes	107,694	57,951	19,320	30,423
a Fees for services (non-employees) Management	43,571	23,838	6,662	13,071
b Legal	5,765	3,528	755	1,482
c Accounting	19,500		19,500	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	523,149	504,359	3,144	15,646
12 Advertising and promotion	157,646	95,118	8,237	54,291
13 Office expenses	93,354	55,857	12,067	25,430
14 Information technology				
15 Royalties				
16 Occupancy	193,268	110,428	26,159	56,681
17 Travel	27,147	18,684	1,866	6,597
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,094	22,528	2,747	8,819
20 Interest				
21 Payments to affiliates	79,440	43,462	12,146	23,832
22 Depreciation, depletion, and amortization	41,141	22,509	6,290	12,342
23 Insurance	18,788	10,271	3,058	5,459
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a				
b				
c				
d				
e				
f All other expenses	8,953	5,831	1,054	2,068
25 **Total functional expenses.** Add lines 1 through 24f	9,305,526	8,192,824	408,035	704,667
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,432	1	1,634
	2	Savings and temporary cash investments		5,179,646	2	5,320,754
	3	Pledges and grants receivable, net		3,840,481	3	4,185,415
	4	Accounts receivable, net		76,759	4	79,304
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		187,498	7	177,558
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 382,355			
	b	Less accumulated depreciation	10b 160,490	107,505	10c	221,865
	11	Investments—publicly traded securities		5,247,834	11	6,187,859
	12	Investments—other securities See Part IV, line 11		16,012	12	16,675
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,060,052	15	1,255,507
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,717,219	16	17,446,571
Liabilities	17	Accounts payable and accrued expenses		286,904	17	267,567
	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*		114,656	21	255,934
	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		2,093,670	25	2,437,792
	26	**Total liabilities.** Add lines 17 through 25		2,495,230	26	2,961,293
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,927,788	27	6,871,223
	28	Temporarily restricted net assets		4,590,866	28	4,686,308
	29	Permanently restricted net assets		2,703,335	29	2,927,747
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		13,221,989	33	14,485,278
	34	Total liabilities and net assets/fund balances		15,717,219	34	17,446,571

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,752,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,305,526
3	Revenue less expenses Subtract line 2 from line 1	3	446,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	13,221,989
5	Other changes in net assets or fund balances (explain in Schedule O)	5	816,348
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,485,278

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		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 . .	3b		

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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

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,377,631	10,624,615	10,218,063	9,485,673	8,832,517	49,538,499
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	10,377,631	10,624,615	10,218,063	9,485,673	8,832,517	49,538,499
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)						6,349,992
6 **Public Support.** Subtract line 5 from line 4						43,188,507

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10,377,631	10,624,615	10,218,063	9,485,673	8,832,517	49,538,499
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,404	329,709	186,448	152,516	168,510	1,160,587
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)						50,699,086

12	Gross receipts from related activities, etc (See instructions)	12	1,741,614

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 2010 (line 6 column (f) divided by line 11 column (f))	14	85 190 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	83 490 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 01-0241767
Name: UNITED WAY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHERYL BASCOMB DIRECTOR	1 00	X						0	0	0
DAVID BASS DIRECTOR	1 00	X						0	0	0
JAMES CRAIG DIRECTOR	1 00	X						0	0	0
WILLIAM FLETCHER DIRECTOR	1 00	X						0	0	0
MICHAEL R CURRIE DIRECTOR	1 00	X						0	0	0
CHRISTOPHER W EMMONS CHAIR	1 00	X		X				0	0	0
SHAWN GORMAN DIRECTOR	1 00	X						0	0	0
MICHAEL E DUBYAK DIRECTOR	1 00	X						0	0	0
RAYMOND KELLEY DIRECTOR	1 00	X						0	0	0
VICTORIA LORING TREASURER	1 00	X		X				0	0	0
JACQUELINE HEDLUND MD DIRECTOR	1 00	X						0	0	0
ANNE SWIFT-KAYATTA DIRECTOR	1 00	X						0	0	0
JUDITH AUSTIN DIRECTOR	1 00	X						0	0	0
REV KENNETH I LEWIS JR DIRECTOR	1 00	X						0	0	0
JUDY LUCAS DIRECTOR	1 00	X						0	0	0
BRIAN S PETROVEK DIRECTOR	1 00	X						0	0	0
SAM NOVICK DIRECTOR	1 00	X						0	0	0
MICHAEL R STODDARD DIRECTOR	1 00	X						0	0	0
BRENDA GARRAND DIRECTOR	1 00	X						0	0	0
NICOLE WITHERBEE DIRECTOR	1 00	X						0	0	0
MICHAEL SIMONDS DIRECTOR	1 00	X						0	0	0
ALBERT G SWALLOW III VICE CHAIR	1 00	X		X				0	0	0
BARBARA WHEATON ESQ DIRECTOR	1 00	X						0	0	0
GRACE VALENZUELA DIRECTOR	1 00	X						0	0	0
RICHARD W PETERSEN DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
THOMAS ZUKE DIRECTOR	1 00	X						0	0	0
DEANNA SHERMAN DIRECTOR	1 00	X						0	0	0
GREG MCCARTHY DIRECTOR	1 00	X						0	0	0
SUZANNE MCCORMICK PRESIDENT	40 00			X				113,077	0	11,515
MICHAEL BEVILACQUA CFO & COO	40 00			X				99,382	0	11,717
MEG BAXTER PRESIDENT	40 00						X	136,533	0	10,328

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,639,998 including grants of $ 2,465,466) (Revenue $ 47,573)

SUMMER CHAMPS A SUMMER CAMP EXPERIENCE IS ONE NO CHILD IS LIKELY TO FORGET BECAUSE GOING TO CAMP PROVIDES ADVENTURE AND THE OPPORTUNITY TO LEARN NEW SKILLS, BUILDS SELF-CONFIDENCE AND INDEPENDENCE, AND CREATES OPPORTUNITIES TO MAKE NEW FRIENDS UNITED WAY, THROUGH FUNDS GENEROUSLY DONATED BY THE LIBRA FOUNDATION, ADMINISTERS A PROGRAM CALLED SUMMER CHAMPS THAT PROVIDES STUDENTS IN THE PORTLAND PUBLIC SCHOOL SYSTEM IN GRADES FOUR, FIVE AND SIX $500 SCHOLARSHIPS TO ATTEND SUMMER CAMP IN MAINE THROUGH THE MAINE CAMP EXPERIENCE, KIDS ARE CONNECTED WITH NATURE, THE ARTS, MUSIC, SPORTS AND MANY OTHER EXPERIENCES THAT HELP THEM GROW INTO HAPPY, MOTIVATED ADULTS IN ITS 11TH YEAR IN FY11, 1,332 STUDENTS ATTENDED SUMMER CAMP THROUGH THE SUMMER CHAMPS PROGRAM IN TOTAL, 18,161 CAMP EXPERIENCES HAVE BEEN ENJOYED OVER THE PAST ELEVEN YEARS KEEP ME WARM/SHARE THE WARMTH KEEP ME WARM AND SHARE THE WARMTH (IN PARTNERSHIP WITH DEAD RIVER COMPANY) ARE PROGRAMS AIMED AT HELPING MAINERS HEAT THEIR HOMES AND FEED THEIR FAMILIES KEEP ME WARM, MANAGED BY UNITED WAY, CONTINUED ITS WORK RAISING FUNDS TO PROVIDE EMERGENCY FUEL ASSISTANCE AROUND THE STATE THESE FUNDS HELP HOUSEHOLDS THAT DO NOT QUALIFY FOR LIHEAP (LOW INCOME HOME ENERGY ASSISTANCE PROGRAM), BUT STILL EARN LESS THAT 80% OF THE AREA MEDIAN INCOME FUNDS WERE DISTRIBUTED THROUGH 211 MAINE AND PEOPLES REGIONAL OPPORTUNITY PROGRAM SHARE THE WARMTH, IN PARTNERSHIP WITH DEAD RIVER COMPANY, RAISED AND DISTRIBUTED OVER $130,000 TO FAMILIES IN NEED THROUGHOUT MAINE, NEW HAMPSHIRE AND VERMONT DESIGNATIONS DESIGNATIONS ARE DONOR DIRECTED CONTRIBUTIONS TO HEALTH AND HUMAN SERVICE ORGANIZATIONS DONORS TO UNITED WAY'S CAMPAIGN MAY DIRECT ALL OR A PORTION OF THEIR CONTRIBUTION TO SPECIFIC NON-PROFIT AGENCIES THAT PROVIDE HEALTH AND HUMAN SERVICES EACH AGENCY'S NON-PROFIT 501(C)(3) STATUS AND COMPLIANCE WITH USA PATRIOT ACT IS VERIFIED BEFORE FUNDS ARE DISTRIBUTED COMMUNITY IMPACT & AGENCY SERVICES EXPENSES INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS, LEAD AND PARTICIPATE IN COMMUNITY PARTNERSHIPS AND ADVOCACY TO ADVANCE OUR EDUCATION, INCOME AND HEALTH GOALS, PROVIDE OUTCOME MEASUREMENT TRAINING AND ASSISTANCE TO AGENCIES, ASSIST AND PROMOTE AGENCY COLLABORATION AND MERGER, CONDUCT PROGRAM REVIEWS AND SELECTION OF PROGRAM/AGENCY RECIPIENTS, ADMINISTER GRANTS AND PROVIDE FINANCIAL AND PROGRAMMATIC OVERSIGHT 2-1-1-MAINE 2-1-1 MAINE IS A PARTNERSHIP OF THE UNITED WAYS IN MAINE, YOUTH ALTERNATIVES INGRAHAM AND THE STATE OF MAINE THAT CONNECTS PEOPLE TO RESOURCES SUCH AS FOOD PANTRIES AND MENTAL HEALTH SERVICES THROUGH A TOLL FREE TELEPHONE NUMBER, 2-1-1 AND A ROBUST ONLINE DIRECTORY AT 211MAINE ORG CALL SPECIALISTS ACCESS OVER 9,000 RESOURCES IN THE DIRECTORY AND SHARE CRITICAL CONTACT INFORMATION WITH CALLERS, 24 HOURS A DAY, 365 DAYS A YEAR LAST YEAR, 211 MAINE ANSWERED OVER 82,000 CALLS FOR INFORMATION AND REFERRAL OTHER GRANTS & SCHOLARSHIPS UNITED WAY ADMINISTERS VARIOUS GRANT PROGRAMS TO PROMOTE DIVERSITY AND INCLUSION, ASSIST PEOPLE IN NEED, ASSESS AND PROMOTE NON-PROFIT COLLABORATION AND SCHOLARSHIP PROGRAMS FOR MINORITY YOUTH AND STUDENTS IN THE GREATER PORTLAND AREA VOLUNTEER ENGAGEMENT VOLUNTEERS PLAY A VITAL ROLE IN IMPROVING PEOPLE'S LIVES AND REACHING OUR GOALS IN EDUCATION, INCOME AND HEALTH TO THIS END, UNITED WAY WORKS WITH AGENCIES TO SECURE QUALIFIED VOLUNTEERS AND WORKS WITH VOLUNTEERS TO LOCATE APPROPRIATE VOLUNTEER OPPORTUNITIES THROUGH A COLLABORATIVE EFFORT, UNITED WAY OFFERS A STATEWIDE, SEARCHABLE LISTING OF VOLUNTEER OPPORTUNITIES AT WWW VOLUNTEERMAINE ORG THIS VALUABLE TOOL ALLOWS AGENCIES TO POST VOLUNTEER OPPORTUNITIES AND INDIVIDUALS TO PERFORM A CUSTOMIZED SEARCH IN ADDITION TO HOSTING AND ADMINISTERING THE SITE, WE OFFER REGULAR TRAININGS TO VOLUNTEERS AND AGENCIES ON HOW TO USE IT ADDITIONALLY, UNITED WAY ORGANIZES SEVERAL VOLUNTEER-LEAD EVENTS THROUGHOUT THE YEAR FAMILY VOLUNTEER DAY, 9/11 DAY OF SERVICE AND REMEMBRANCE, AND COMMUNITY THANKSGIVING ONE OF THE LARGEST AND WELL ATTENDED EVENTS, OUR ANNUAL DAY OF CARING/HEART OF SHARING IN 2011, NEARLY 1,000 VOLUNTEERS DEDICATED MORE THAN 5,000 HOURS OF SERVICE TO 90 PROJECTS AT 59 DIFFERENT SITES LANGUAGE ACCESS FOR NEW AMERICANS (LANA) IS A PROGRAM THAT IMPROVES ACCESS TO SERVICES FOR REFUGEES AND IMMIGRANTS WITH LIMITED ENGLISH PROFICIENCY BY IMPROVING THE QUALITY AND INCREASING THE NUMBER OF INTERPRETERS AND TRANSLATORS IN MAINE IN FY11, LANA TESTED 93 PEOPLE IN LANGUAGE SKILLS AND PROVIDED BASIC AND ADVANCED TRAINING FOR 147 INTERPRETERS OF 21 LANGUAGES IN PORTLAND AND LEWISTON TRAINING ON WORKING WITH INTERPRETERS WAS PROVIDED FOR 300 PEOPLE FROM 20 ORGANIZATIONS THAT PROVIDE HEALTH, SOCIAL AND LEGAL SERVICES STATEWIDE TRAINED INTERPRETERS' INFORMATION WAS ADDED TO QUALIFIED INTERPRETER DATABASE AT WWW LANAMAINE ORG

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
UNITED WAY INC	01-0241767

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	21,077	
c Total lobbying expenditures (add lines 1a and 1b)	21,077	
d Other exempt purpose expenditures	7,951,002	
e Total exempt purpose expenditures (add lines 1c and 1d)	7,972,079	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	548,604	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)	137,151		
h Subtract line 1g from line 1a If zero or less, enter -0-	0		
i Subtract line 1f from line 1c If zero or less, enter -0-	0		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	607,666	628,945	547,310	548,604	2,332,525
b Lobbying ceiling amount (150% of line 2a, column(e))					3,498,788
c Total lobbying expenditures	7,889	8,124	8,113	21,077	45,203
d Grassroots non-taxable amount	151,917	157,236	136,828	137,151	583,132
e Grassroots ceiling amount (150% of line 2d, column (e))					874,698
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

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

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 ▶ $ _____

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ 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	5,131,348	4,811,405	6,051,730		
b	Contributions	44,674	43,318	7,707		
c	Investment earnings or losses	1,093,822	482,834	-1,056,186		
d	Grants or scholarships	14,802	14,441	14,334		
e	Other expenditures for facilities and programs	163,649	158,462	145,429		
f	Administrative expenses	37,854	33,306	32,083		
g	End of year balance	6,053,539	5,131,348	4,811,405		

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

- a Board designated or quasi-endowment ▶ 54 000 %
- b Permanent endowment ▶ 28 000 %
- c Term endowment ▶ 18 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	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				
d Equipment		382,355	160,490	221,865
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				221,865

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MISCELLANEOUS PREPAID EXPENSES	27,199
(2) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,228,308
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,255,507

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DESIGNATIONS PAYABLE	2,437,792
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,437,792

2. Fin 48 (ASC 740) 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 (ASC740)

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)	1	9,752,467
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,305,526
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	446,941
4	Net unrealized gains (losses) on investments	4	834,958
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,610
9	Total adjustments (net) Add lines 4 - 8	9	816,348
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,263,289

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	9,235,371
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	834,958		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	834,958
3	Subtract line **2e** from line **1**			3	8,400,413
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,352,054		
c	Add lines **4a** and **4b**			4c	1,352,054
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,752,467

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

1	Total expenses and losses per audited financial statements			1	7,972,079
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	0
3	Subtract line **2e** from line **1**			3	7,972,079
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,333,447		
c	Add lines **4a** and **4b**			4c	1,333,447
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,305,526

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 IV, LINE 2B	UNITED WAY INC HOLDS AN ENDOWMENT FOR THE BENEFIT OF PREBLE STREET, A SOCIAL SERVICE AGENCY THAT PROVIDES SERVICES TO PEOPLE EXPERIENCING PROBLEMS WITH HOMELESSNESS, HOUSING, HUNGER, AND POVERTY INCOME FROM THE ENDOWMENT IS TO BE USED BY PREBLE STREET TO PROMOTE AND SUPPORT SELF SUFFICIENCY OF THE INDIVIDUALS AND FAMILIES IT SERVES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INCOME FROM THE UNITED WAY'S ENDOWMENT IS USED TO SUPPORT THE MISSION OF UNITED WAY
PART XI, LINE 8 - OTHER ADJUSTMENTS		DONOR DESIGNATION ADJUSTMENT -18,610
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS 1,352,054
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED GRANTS & AWARDS 1,333,447

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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

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 136

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
(1) SUMMER CAMPS SCHOLARSHIPS	1332	487,892			
(2) HIGGINS SCHOLARSHIPS	4	11,522			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALLOCATIONS ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY OF GREATER PORTLAND UNDERGO AN INTENSIVE PRE-SCREENING PROCESS BEFORE BEING AWARDED FUNDING UNITED WAY OF GREATER PORTLAND UTILIZES TEAMS OF COMMUNITY VOLUNTEERS WORKING IN CONJUNCTION WITH STAFF TO CONDUCT THIS "COMMUNITY INVESTMENT" REVIEW PROCESS, WHICH INCLUDES A PAPER APPLICATION AND IN-PERSON REVIEW MEETING TO BE CONSIDERED FOR FUNDING, APPLICANT ORGANIZATIONS MUST MEET BASIC CERTIFICATION STANDARDS, INCLUDING VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION APPLICANT AGENCIES ARE REQUIRED TO 1) EXPLAIN THE PROPOSED USE OF UNITED WAY FUNDING AND DEMONSTRATE RESULTS (CLIENT OUTCOMES)OF FUNDING 2) SUBMIT AGENCY AND PROGRAM-LEVEL BUDGETS AND ANNUAL AUDITS TO DEMONSTRATE FINANCIAL STABILITY, AND ADHERENCE TO SOUND FISCAL POLICIES AND MANAGEMENT PRACTICES UNITED WAY OF GREATER PORTLAND REQUIRES THAT ALL FUNDED ORGANIZATIONS SIGN A FUNDING CONTRACT AGREEING TO ALL GENERAL PROVISIONS OF THE FUNDING RELATIONSHIP, REPORTING REQUIREMENTS AND COMPLIANCE WITH APPLICABLE STATE AND FEDERAL REGULATIONS SUCH AS THE USA PATRIOT ACT COMMUNITY IMPACT STAFF REGULARLY COMMUNICATE WITH AND MONITOR FUNDED ORGANIZATIONS VIA INTERIM REPORTS SUBMITTED BETWEEN SCHEDULED FULL REVIEWS INTERIM REPORTS DEMONSTRATE HOW FUNDING HAS BEEN UTILIZED TO DATE AND THE CLIENT OUTCOMES ACHIEVED AS A RESULT OF FUNDING INTERIM REPORTS PROVIDE INFORMATION ON MAJOR PROGRAMMATIC OR FINANCIAL CHANGES TO THE AGENCY THAT MIGHT IMPACT ITS ABILITY TO DELIVER AGREED-UPON CLIENT OUTCOMES COMPLETION AND SUBMISSION OF SATISFACTORY INTERIM REPORTS ARE A REQUIREMENT OF CONTINUED FUNDING DESIGNATIONS ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING SUCH SCREENING INCLUDES CERTIFICATION THAT THE ORGANIZATION, 1) IS A NON-PROFIT UNDER IRS CODE SECTION 501(C)(3), 2) PROVIDES HEALTH AND HUMAN SERVICES, 3) IS NOT FRATERNAL, POLITICAL OR RELIGIOUS IN NATURE IN ADDITION, ORGANIZATIONS MUST PROVIDE VERIFICATION OF COMPLIANCE WITH THE USA PATRIOT ACT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 01-0241767
Name: UNITED WAY 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
A COMPANY OF GIRLSPO BOX 7527 PORTLAND,ME 04112	05-0631726	501(C)(3)	44,627				PARTNER AGENCY ALLOCATION
AMERICAN RED CROSS 2401 CONGRESS STREET PORTLAND,ME 04102	01-0215209	501(C)(3)	132,505				PARTNER AGENCY ALLOCATION
AMISTADPO BOX 992 PORTLAND,ME 04104	01-0500860	501(C)(3)	40,501				PARTNER AGENCY ALLOCATION
BIG BROTHERSBIG SISTERS OF SOUTHERN MAINE195 LANCASTER STREET PORTLAND,ME 04101	01-0475146	501(C)(3)	46,455				PARTNER AGENCY ALLOCATION
BOYS & GIRLS CLUBS OF SOUTHERN MAINEPO BOX 7830 PORTLAND,ME 04112	01-0211543	501(C)(3)	329,164				PARTNER AGENCY ALLOCATION
CATHERINE MORRILL DAY NURSERY96 DANFORTH STREET PORTLAND,ME 04101	01-0211542	501(C)(3)	76,576				PARTNER AGENCY ALLOCATION
CATHOLIC CHARITIES MAINEPO BOX 10660 PORTLAND,ME 04104	01-0228225	501(C)(3)	229,714				PARTNER AGENCY ALLOCATION
CENTER FOR GRIEVING CHILDRENPO BOX 1438 PORTLAND,ME 04104	01-0431501	501(C)(3)	40,553				PARTNER AGENCY ALLOCATION
COMMUNITY COUNSELING CENTER343 FOREST AVENUE PORTLAND,ME 04101	01-0288362	501(C)(3)	349,356				PARTNER AGENCY ALLOCATION
COMMUNITY DENTAL - PORTLAND276 CANCO ROAD PORTLAND,ME 04103	23-7129502	501(C)(3)	141,671				PARTNER AGENCY ALLOCATION
COMMUNITY PARTNERS INC66 PEARL ST PORTLAND,ME 04101	01-0351501	501(C)(3)	15,000				PARTNER AGENCY ALLOCATION
CUMBERLAND COUNTY YMCAPO BOX 1078 70 FOREST AVENUE PORTLAND,ME 04104	01-0211568	501(C)(3)	185,198				PARTNER AGENCY ALLOCATION

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

(a) Name and address of 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
DAY ONE525 MAIN STREET SOUTH PORTLAND,ME 04106	01-0322532	501(C)(3)	167,595				PARTNER AGENCY ALLOCATION
FAMILY CRISIS SERVICES PO BOX 704 PORTLAND,ME 04104	01-0352636	501(C)(3)	89,032				PARTNER AGENCY ALLOCATION
FRANNIE PEABODY CENTER335 VALLEY STREET PORTLAND,ME 04102	01-0416974	501(C)(3)	39,104				PARTNER AGENCY ALLOCATION
FREEPORT COMMUNITY SERVICES53 DEPOT ROAD PO BOX 119 FREEPORT,ME 04032	01-0332769	501(C)(3)	13,936				PARTNER AGENCY ALLOCATION
GIRL SCOUTS OF MAINE 138 GANNETT DRIVE PO BOX 9421 280 SOUTH PORTLAND,ME 04116	01-0269802	501(C)(3)	20,285				PARTNER AGENCY ALLOCATION
GOOD SHEPHERD FOOD BANKPO BOX 1807 AUBURN,ME 04211	22-2986809	501(C)(3)	25,450				PARTNER AGENCY ALLOCATION
GOODWILL INDUSTRIES OF NORTHERN NEW ENGLANDPO BOX 8600 353 CUMBERLAND AVE PORTLAND,ME 04104	01-0284340	501(C)(3)	89,752				PARTNER AGENCY ALLOCATION
HOMEHEALTH VISITING NURSES OF SOUTHERN ME 15 INDUSTRIAL PARK ROAD SACO,ME 04072	23-7204938	501(C)(3)	92,462				PARTNER AGENCY ALLOCATION
IMMIGRATION LEGAL ADVOCACY PROJECTPO BOX 17917 PORTLAND,ME 04112	22-3260883	501(C)(3)	28,906				PARTNER AGENCY ALLOCATION
IRIS NETWORK189 PARK AVENUE PORTLAND,ME 04101	01-0196359	501(C)(3)	22,203				PARTNER AGENCY ALLOCATION
KIDS FIRST CENTER222 ST JOHN STREET SUITE 101 PORTLAND,ME 04102	22-2993035	501(C)(3)	20,000				PARTNER AGENCY ALLOCATION
LEGAL SERVICES FOR THE ELDERLY5 WABON STREET AUGUSTA,ME 043307040	01-0359131	501(C)(3)	40,459				PARTNER AGENCY ALLOCATION

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

(a) Name and address of 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
MAPS SHELTER SERVICES PORTLAND107 INDIA STREET PORTLAND,ME 04101	01-0348849	501(C)(3)	21,085				PARTNER AGENCY ALLOCATION
MISSION POSSIBLE755 MAIN STREET WESTBROOK,ME 04092	01-0509578	501(C)(3)	36,512				PARTNER AGENCY ALLOCATION
MORRISON DEVELOPMENTAL CENTER 331 VERANDA STREET PORTLAND,ME 04103	01-0243254	501(C)(3)	68,007				PARTNER AGENCY ALLOCATION
NORTHEAST HEARING & SPEECH75 WEST COMMERCIAL STREET SUITE 205 205 PORTLAND,ME 04101	01-0228262	501(C)(3)	84,801				PARTNER AGENCY ALLOCATION
PEAKS ISLAND CHILDREN'S WORKSHOPPO BOX 80 PEAKS ISLAND,ME 04108	01-0482767	501(C)(3)	40,509				PARTNER AGENCY ALLOCATION
PEOPLES REGIONAL OPPORTUNITY PROGRAM 510 CUMBERLAND AVENUE PORTLAND,ME 04101	01-0274725	501(C)(3)	232,004				PARTNER AGENCY ALLOCATION
PINE TREE LEGALPO BOX 547 88 FEDERAL STREET PORTLAND,ME 04112	01-0279387	501(C)(3)	91,500				PARTNER AGENCY ALLOCATION
PREBLE STREET18 PORTLAND STREET PO BOX 1459 PORTLAND,ME 04104	01-0418917	501(C)(3)	375,987				PARTNER AGENCY ALLOCATION
REGIONAL TRANSPORTATION PROGRAM127 ST JOHN STREET PORTLAND,ME 04102	01-0339851	501(C)(3)	73,692				PARTNER AGENCY ALLOCATION
SALVATION ARMYPO BOX 3575 PORTLAND,ME 04104	13-5662351	501(C)(3)	33,767				PARTNER AGENCY ALLOCATION
SERENITY HOUSE30 MELLEN STREET PORTLAND,ME 04101	01-0426638	501(C)(3)	23,000				PARTNER AGENCY ALLOCATION
SEXUAL ASSAULT RESPONSE SERVICESPO BOX 1371 PORTLAND,ME 04104	01-0343943	501(C)(3)	35,725				PARTNER AGENCY ALLOCATION

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

(a) Name and address of 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
SHALOM HOUSE INC106 GILMAN STREET PO BOX 560 PORTLAND,ME 04112	23-7119236	501(C)(3)	53,492				PARTNER AGENCY ALLOCATION
TRI-COUNTY MENTAL HEALTH SERVICESP O BOX 2008 1155 LISBON ST LEWISTON,ME 04241	01-0316813	501(C)(3)	24,578				PARTNER AGENCY ALLOCATION
WAYSIDE SOUP KITCHEN PO BOX 1278 PORTLAND,ME 04104	22-2806424	501(C)(3)	21,403				PARTNER AGENCY ALLOCATION
YOUTH & FAMILY OUTREACH331 CUMBERLAND AVENUE PORTLAND,ME 04101	22-2806424	501(C)(3)	24,231				PARTNER AGENCY ALLOCATION
YOUTH ALTERNATIVES INGRAHAM50 LYDIA LANE SOUTH PORTLAND,ME 04106	01-0316041	501(C)(3)	336,393				PARTNER AGENCY ALLOCATION
2-1-1 MAINE INCPO BOX 15200 PORTLAND,ME 041125200	30-0194364	501(C)(3)	899				DONOR DESIGNATIONS
A COMPANY OF GIRLSPO BOX 7527 PORTLAND,ME 04112	05-0631726	501(C)(3)	8,525				DONOR DESIGNATIONS
AMERICAN CANCER SOCIETY1 BOWDOIN MILL ISLAND TOPSHAM,ME 04086	13-1788491	501(C)(3)	33,114				DONOR DESIGNATIONS
AMERICAN LUNG ASSOCIATION122 STATE ST AUGUSTA,ME 04330	06-0646594	501(C)(3)	35,451				DONOR DESIGNATIONS
AMERICAN RED CROSS OF SOUTHERN MAINE2401 CONGRESS STREET PORTLAND,ME 04102	01-0215209	501(C)(3)	21,695				DONOR DESIGNATIONS
AMISTADPO BOX 992 PORTLAND,ME 04104	01-0500860	501(C)(3)	2,701				DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS OF SOUTHERN MAINE195 LANCASTER STREET PORTLAND,ME 04101	01-0475146	501(C)(3)	35,828				DONOR DESIGNATIONS

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

(a) Name and address of 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
BOY SCOUTS OF AMERICA #0218 PINE TREE COUNCIL INC131 JOHNSON ROAD PORTLAND,ME 04102	01-0211490	501(C)(3)	23,166				DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF SOUTHERN MAINEPO BOX 7830 PORTLAND,ME 04112	01-0211543	501(C)(3)	32,270				DONOR DESIGNATIONS
CAMPFIRE HITINOWA COUNCIL336 BLACKPOINT ROAD SCARBOROUGH,ME 04074	01-0211784	501(C)(3)	1,172				DONOR DESIGNATIONS
CANCER COMMUNITY CENTER778 MAIN STREET SOUTH PORTLAND,ME 04106	01-0513301	501(C)(3)	29,820				DONOR DESIGNATIONS
CARING RESOURCES FOR LIVING - NORTH YARMOUTH1018 NORTH ROAD NORTH YARMOUTH,ME 04097	20-0868716	501(C)(3)	9,539				DONOR DESIGNATIONS
CATHERINE MORRILL DAY NURSERY96 DANFORTH STREET PORTLAND,ME 04101	01-0211542	501(C)(3)	2,507				DONOR DESIGNATIONS
CATHOLIC CHARITIES OF MAINEPO BOX 10660 PORTLAND,ME 04104	01-0228225	501(C)(3)	20,811				DONOR DESIGNATIONS
CENTER FOR GRIEVING CHILDRENPO BOX 1438 PORTLAND,ME 04104	01-0431501	501(C)(3)	62,914				DONOR DESIGNATIONS
COMMUNITY COUNSELING CENTER343 FOREST AVENUE PORTLAND,ME 04101	01-0288362	501(C)(3)	6,707				DONOR DESIGNATIONS
COMMUNITY DENTAL - PORTLAND276 CANCO ROAD PORTLAND,ME 04103	23-7129502	501(C)(3)	4,074				DONOR DESIGNATIONS
CUMBERLAND COUNTY YMCAPO BOX 1078 70 FOREST AVENUE PORTLAND,ME 04104	01-0211568	501(C)(3)	10,455				DONOR DESIGNATIONS
DAY ONE525 MAIN STREET SOUTH PORTLAND,ME 04106	01-0322532	501(C)(3)	9,601				DONOR DESIGNATIONS

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

(a) Name and address of 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
FAMILY CRISIS SERVICES PO BOX 704 PORTLAND,ME 04104	01-0352636	501(C)(3)	9,101				DONOR DESIGNATIONS
FRANNIE PEABODY CENTER 335 VALLEY STREET PORTLAND,ME 04102	01-0416974	501(C)(3)	8,387				DONOR DESIGNATIONS
FREEPORT COMMUNITY SERVICES53 DEPOT ROAD PO BOX 119 FREEPORT,ME 04032	01-0332769	501(C)(3)	14,457				DONOR DESIGNATIONS
GIRL SCOUTS OF MAINE 138 GANNETT DRIVE PO BOX 9421 280 SOUTH PORTLAND,ME 04116	01-0269802	501(C)(3)	10,028				DONOR DESIGNATIONS
GOOD SHEPHERD FOOD BANKPO BOX 1807 AUBURN,ME 04211	22-2986809	501(C)(3)	5,107				DONOR DESIGNATIONS
GOODWILL INDUSTRIES OF NORTHERN NEW ENGLAND PO BOX 8600 353 CUMBERLAND AVE PORTLAND,ME 04104	01-0284340	501(C)(3)	5,885				DONOR DESIGNATIONS
HERITAGE UNITED WAY228 MAPLE STREET 4TH FLOOR MANCHESTER,NH 03103	02-0225575	501(C)(3)	1,998				DONOR DESIGNATIONS
HOMEHEALTH VISITING NURSES OF SOUTHERN ME 15 INDUSTRIAL PARK ROAD SACO,ME 04072	23-7204938	501(C)(3)	4,192				DONOR DESIGNATIONS
HOSPICE OF SOUTHERN MAINE180 US ROUTE 1 SCARBOROUGH,ME 04074	01-0540180	501(C)(3)	5,657				DONOR DESIGNATIONS
IMMIGRANT LEGAL ADVOCACY PROJECTPO BOX 17917 PORTLAND,ME 04112	22-3260883	501(C)(3)	5,408				DONOR DESIGNATIONS
INDEPENDENT TRANSPORTATION NETWORK90 BRIDGE STREET WESTBROOK,ME 04092	01-0504322	501(C)(3)	6,556				DONOR DESIGNATIONS
IRIS NETWORK THE189 PARK AVENUE PORTLAND,ME 04101	01-0196359	501(C)(3)	14,547				DONOR DESIGNATIONS

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

(a) Name and address of 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
KIDNEY FOUNDATION OF MAINE470 FOREST AVENUE SUITE 302 PORTLAND,ME 04101	13-1673104	501(C)(3)	6,800				DONOR DESIGNATIONS
KIDS FIRST CENTER222 ST JOHN STREET SUITE 101 PORTLAND,ME 04102	22-2993035	501(C)(3)	10,560				DONOR DESIGNATIONS
LEGAL SERVICES FOR THE ELDERLY5 WABON STREET AUGUSTA,ME 043307040	01-0359131	501(C)(3)	2,525				DONOR DESIGNATIONS
MAPS SHELTER SERVICES - PORTLAND107 INDIA STREET PORTLAND,ME 04101	01-0348849	501(C)(3)	6,488				DONOR DESIGNATIONS
MERCY HOSPITAL144 STATE ST PORTLAND,ME 04101	01-0211534	501(C)(3)	24,886				DONOR DESIGNATIONS
MID COAST HUNGER PREVENTION84A UNION STREET BRUNSWICK,ME 04011	01-0492643	501(C)(3)	6,474				DONOR DESIGNATIONS
MISSION POSSIBLE TEEN CENTER755 MAIN STREET WESTBROOK,ME 04092	01-0509578	501(C)(3)	2,506				DONOR DESIGNATIONS
MORRISON DEVELOPMENTAL CENTER 331 VERANDA STREET PORTLAND,ME 04103	01-0243254	501(C)(3)	7,648				DONOR DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - MAINE CHAPTER170 US ROUTE 1 SUITE 200 FALMOUTH,ME 04105	01-0240130	501(C)(3)	5,844				DONOR DESIGNATIONS
NORTHEAST HEARING & SPEECH75 WEST COMMERCIAL STREET SUITE 205 205 PORTLAND,ME 04101	01-0228262	501(C)(3)	6,070				DONOR DESIGNATIONS
PEOPLES REGIONAL OPPORTUNITY PROGRAM 510 CUMBERLAND AVENUE PORTLAND,ME 04101	01-0274725	501(C)(3)	11,090				DONOR DESIGNATIONS
PINE TREE LEGAL ASSISTANCEPO BOX 547 88 FEDERAL STREET PORTLAND,ME 04112	01-0279387	501(C)(3)	2,652				DONOR DESIGNATIONS

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

(a) Name and address of 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
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND51 US ROUTE 1 SUITE C SCARBOROUGH,ME 04074	03-0222941	501(C)(3)	48,199				DONOR DESIGNATIONS
PREBLE STREET18 PORTLAND STREET PO BOX 1459 PORTLAND,ME 04104	01-0418917	501(C)(3)	70,422				DONOR DESIGNATIONS
ROOT CELLAR THE94 WASHINGTON AVE PORTLAND,ME 04101	22-0990667	501(C)(3)	5,359				DONOR DESIGNATIONS
SALVATION ARMY THEPO BOX 3575 PORTLAND,ME 04104	13-5662351	501(C)(3)	17,531				DONOR DESIGNATIONS
SERENITY HOUSE30 MELLEN STREET PORTLAND,ME 04101	01-0426638	501(C)(3)	2,274				DONOR DESIGNATIONS
SEXUAL ASSAULT RESPONSE SERVICES OF SOUTHERN MAINEPO BOX 1371 PORTLAND,ME 04104	01-0343943	501(C)(3)	7,990				DONOR DESIGNATIONS
SHALOM HOUSE INC106 GILMAN STREET PO BOX 560 PORTLAND,ME 04112	23-7119236	501(C)(3)	9,512				DONOR DESIGNATIONS
STATE YMCA OF MAINE305 WINTHROP CENTER ROAD WINTHROP,ME 04364	01-0186800	501(C)(3)	664				DONOR DESIGNATIONS
SUSAN L CURTIS FOUNDATION1321 WASHINGTON AVE SUITE 104 PORTLAND,ME 04103	01-0324705	501(C)(3)	6,666				DONOR DESIGNATIONS
UNITED WAY OF ANDROSCOGGIN COUNTY PO BOX 888 LEWISTON,ME 04243	01-0211564	501(C)(3)	90,474				DONOR DESIGNATIONS
UNITED WAY OF AROOSTOOK COUNTY480 MAIN STREET 3RD FLOOR PRESQUE ISLE,ME 04769	23-7147455	501(C)(3)	39,587				DONOR DESIGNATIONS
UNITED WAY OF EASTERN MAINE24 SPRINGER DRIVE SUITE 201 BANGOR,ME 04401	01-0211478	501(C)(3)	50,021				DONOR DESIGNATIONS

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

(a) Name and address of 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
UNITED WAY OF KENNEBEC VALLEY331 WATER STREET SUITE 5 AUGUSTA,ME 04330	01-6004404	501(C)(3)	26,079				DONOR DESIGNATIONS
UNITED WAY OF MID-COAST MAINE34 WING FARM PARKWAY STE 201 BATH,ME 04530	01-6004866	501(C)(3)	89,849				DONOR DESIGNATIONS
UNITED WAY OF MID-MAINEPO BOX 91 WATERVILLE,ME 04901	01-0233280	501(C)(3)	30,979				DONOR DESIGNATIONS
UNITED WAY OF OXFORD COUNTYPO BOX 291 SOUTH PARIS,ME 04281	01-0450352	501(C)(3)	19,265				DONOR DESIGNATIONS
UNITED WAY OF TRI-VALLEYPO BOX 126 FARMINGTON,ME 04938	01-0377559	501(C)(3)	10,763				DONOR DESIGNATIONS
UNITED WAY OF YORK COUNTYPO BOX 727 KENNEBUNK,ME 04043	01-0276862	501(C)(3)	80,221				DONOR DESIGNATIONS
VNA HOME HEALTH CARE 50 FODEN ROAD SOUTH PORTLAND,ME 04106	01-0246804	501(C)(3)	6,608				DONOR DESIGNATIONS
WAYSIDE SOUP KITCHEN PO BOX 1278 PORTLAND,ME 04104	22-2806424	501(C)(3)	14,661				DONOR DESIGNATIONS
YOUTH ALTERNATIVES INGRAHAM INC331 CUMBERLAND AVENUE PORTLAND,ME 04101	22-2806424	501(C)(3)	16,524				DONOR DESIGNATIONS
YOUTH AND FAMILY OUTREACH50 LYDIA LANE SOUTH PORTLAND,ME 04106	01-0316041	501(C)(3)	1,065				DONOR DESIGNATIONS
PORTLAND SEAMAN'S FRIEND SOCIETYLEWIS STREET WESTBROOK,ME 04092	01-0211545	501(C)(3)	57,000				HOW FUND SUPPORT TO INDIGENT SEAMEN
CATHERINE MORRILL DAY NURSERY96 DANFORTH STREET PORTLAND,ME 04101	01-0211542	501(C)(3)	9,865				LET'S GO! MINI GRANTS

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
CULTIVATING COMMUNITYPO BOX 3792 PORTLAND,ME 04104	04-3607322	501(C)(3)	5,000				DIVERSITY GRANTS
COMMUNITY COUNSELING CENTER343 FOREST AVENUE PORTLAND,ME 04101	01-0288362	501(C)(3)	5,000				DIVERSITY GRANTS
FAMILY CRISIS SERVICES PO BOX 704 PORTLAND,ME 04104	01-0352636	501(C)(3)	5,000				DIVERSITY GRANTS
COMMITTEE TO RESTORE THE ABYSSINIAN MEETING HOUSEPO BOX 11064 PORTLAND,ME 04104	04-3380711	501(C)(3)	5,000				DIVERSITY GRANTS
CENTER FOR AFRICAN HERITAGEPO BOX 331 PORTLAND,ME 04112	76-0802815	501(C)(3)	5,000				DIVERSITY GRANTS
CENTER FOR GRIEVING CHILDRENPO BOX 1438 PORTLAND,ME 04104	000000000	501(C)(3)	5,000				DIVERSITY GRANTS
FRANNIE PEABODY CENTER335 VALLEY STREET PORTLAND,ME 04102	01-0416974	501(C)(3)	5,000				DIVERSITY GRANTS
PEOPLES REGIONAL OPPORTUNITY PROGRAM 510 CUMBERLAND AVENUE PORTLAND,ME 04101	01-0274725	501(C)(3)	5,000				DIVERSITY GRANTS
CENTER FOR THE PREVENTION OF HATE & VIOLENCEPO BOX 3602 PORTLAND,ME 04104	20-1307724	501(C)(3)	5,000				DIVERSITY GRANTS
GAY LESBIAN & STRAIGHT EDUCATION NETWORK-SOUTHERN ME CHAPTER PO BOX 10334 PORTLAND,ME 04104	01-0511033	501(C)(3)	5,000				DIVERSITY GRANTS
CATHOLIC CHARITIES MAINEPO BOX 10660 PORTLAND,ME 04104	01-0228225	501(C)(3)	750				EMERGENCY HEATING ASSISTANCE
GOODWILL INDUSTRIES OF NORTHERN NEW ENGLANDPO BOX 8600 353 CUMBERLAND AVE PORTLAND,ME 04104	01-0284340	501(C)(3)	500				EMERGENCY HEATING ASSISTANCE

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
GREEN MOUNTAIN UNITED WAY963 PAINE TURNPIKE NORTH 2 MONTPELIER,VT 05602	03-0261384	501(C)(3)	7,525				EMERGENCY HEATING ASSISTANCE
HERITAGE UNITED WAY 228 MAPLE STREET 4TH FLOOR MANCHESTER,NH 03103	02-0225575	501(C)(3)	13,500				EMERGENCY HEATING ASSISTANCE
HOUR EXCHANGE PORTLAND85 GRANT STREET PORTLAND,ME 04101	90-0396824	501(C)(3)	5,000				EMERGENCY HEATING ASSISTANCE
PEOPLES REGIONAL OPPORTUNITY PROGRAM 510 CUMBERLAND AVENUE PORTLAND,ME 04101	01-0274725	501(C)(3)	122,706				EMERGENCY HEATING ASSISTANCE
SALVATION ARMYPO BOX 3575 PORTLAND,ME 04104	13-5662351	501(C)(3)	1,500				EMERGENCY HEATING ASSISTANCE
TOWN OF FALMOUTH271 FALMOUTH ROAD FALMOUTH,ME 04105	01-6000161	GOVERNMENT	5,000				EMERGENCY HEATING ASSISTANCE
2-1-1 MAINE INCPO BOX 15200 PORTLAND,ME 041125200	30-0194364	501(C)(3)	250,000				INFORMATION & REFERRAL GRANT
PEOPLES REGIONAL OPPORTUNITY PROGRAM 510 CUMBERLAND AVENUE PORTLAND,ME 04101	01-0274725	501(C)(3)	4,700				BASIC NEEDS GRANT
YOUTH ALTERNATIVES INGRAHAM50 LYDIA LANE SOUTH PORTLAND,ME 04106	01-0316041	501(C)(3)	1,500				BASIC NEEDS GRANT
ELDER ABUSE INSTITUTE OF MAINEPO BOX 3611 PORTLAND,ME 04104	04-3681346	501(C)(3)	5,000				BASIC NEEDS GRANT
FREEPORT COMMUNITY SERVICES53 DEPOT ROAD PO BOX 119 FREEPORT,ME 04032	01-0332769	501(C)(3)	1,000				FOOD PANTRY/MEALS PROGRAM GRANT
PREBLE STREET18 PORTLAND STREET PO BOX 1459 PORTLAND,ME 04104	01-0418917	501(C)(3)	18,500				FOOD PANTRY/MEALS PROGRAM GRANT

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
WAYSIDE SOUP KITCHEN PO BOX 1278 PORTLAND,ME 04104	22-2806424	501(C)(3)	6,000				FOOD PANTRY/MEALS PROGRAM GRANT
STATE YMCA OF MAINE 305 WINTHROP CENTER ROAD WINTHROP,ME 04364	01-0186800	501(C)(3)	11,560				GORMAN CAMPERSHIPS
AMISTADPO BOX 992 PORTLAND,ME 04104	01-0500860	501(C)(3)	1,500				MISCELLANEOUS GRANT
GIRL SCOUTS OF MAINE 138 GANNETT DRIVE PO BOX 9421 280 SOUTH PORTLAND,ME 04116	01-0269802	501(C)(3)	1,500				MISCELLANEOUS GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MEG BAXTER	(i)	136,533	0	0	4,280	6,048	146,861	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	331,210	STOCK EXCHANGE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	LOCAL BROKERS ARE USED TO SELL STOCK

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TWO DIRECTORS ARE EMPLOYED BY A CHARITABLE ORGANIZATION WHICH HAS TWO BOARD MEMBERS WHO ARE ALSO ON THE UNITED WAY BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERSHIP THE MEMBERSHIP OF UNITED WAY, INC CONSISTS OF CONTRIBUTORS TO THE UNITED WAY CAMPAIGN, UNITED WAY VOLUNTEERS, AND REPRESENTATIVES OF PROVIDERS OF HUMAN SERVICES IN THE COMMUNITY THAT ARE SUPPORTED FINANCIALLY BY UNITED WAY, AS FOLLOWS INDIVIDUAL MEMBERS ALL INDIVIDUALS WHO HAVE MADE A FINANCIAL CONTRIBUTION TO THE MOST RECENTLY COMPLETED UNITED WAY CAMPAIGN QUALIFY AS CONTRIBUTOR MEMBERS OF UNITED WAY FOR THE ENSUING CALENDAR YEAR THOSE INDIVIDUALS WHO HAVE VOLUNTEERED FOR UNITED WAY OF GREATER PORTLAND QUALIFY AS VOLUNTEER MEMBERS OF UNITED WAY FOR THE ENSUING CALENDAR YEAR ORGANIZATIONAL MEMBERS THOSE PARTNER AGENCIES WHICH RECEIVE ANY FUNDING FROM THE CORPORATION QUALIFY AS AN AGENCY MEMBER OF THE CORPORATION FOR THE ENSUING CALENDAR YEAR, AND ARE ENTITLED TO DESIGNATE A VOLUNTEER TO REPRESENT THEM AS A MEMBER OF THE CORPORATION AT ANY MEETING OF THE MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		POWERS THE MEMBERSHIP OF THE CORPORATION SHALL HAVE THE FOLLOWING POWERS AND AUTHORITY (A) TO ATTEND THE ANNUAL MEETING AND ANY SPECIAL MEETING(S) OF THE MEMBERSHIP (B) TO RECEIVE REPORTS AT MEETINGS OF THE MEMBERSHIP (C) TO ELECT DIRECTORS OF THE CORPORATION AT THE ANNUAL MEETING (D) TO ENACT AND AMEND THE BY-LAWS OF UNITED WAY, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		SEE PRECEEDING EXPLANATION (LINE 7A)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD TO BE REVIEWED BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY, INC 'S CODE OF ETHICS IS INTENDED TO GUIDE AND ADVANCE THE ETHICAL CONDUCT OF BOTH VOLUNTEERS AND STAFF IN CARRYING OUT THEIR UNITED WAY RESPONSIBILITIES AS PART OF THE CODE OF ETHICS, THE BOARD OF DIRECTORS AND STAFF MUST AVOID A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, WHICH COULD TARNISH THE REPUTATION OF UNITED WAY, INC OR UNDERMINE THE PUBLIC'S TRUST IN UNITED WAY, INC'S STAFF AND VOLUNTEERS TO ENSURE THAT THE BEST INTERESTS OF UNITED WAY, INC ARE SERVED, THE BOARD OF DIRECTORS AND STAFF UPON FIRST BEING APPOINTED, ELECTED OR HIRED DISCLOSE, IN WRITING, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY POTENTIAL CONFLICTS OF INTEREST THAT INVOLVE THE INDIVIDUAL, HIS OR HER IMMEDIATE RELATIVES, OR ANY ENTITY WITH WHICH HE OR SHE IS ASSOCIATED IN A SIGNIFICANT LEADERSHIP OR OWNERSHIP CAPACITY THEREAFTER, THESE DISCLOSURES ARE UPDATED ANNUALLY, OR SOONER IF CHANGED CIRCUMSTANCES IN A PARTICULAR CASE MAY WARRANT THE TERMS OF ALL POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED BY MANAGEMENT AND REPORTED TO THE EXECUTIVE COMMITTEE OF UNITED WAY, INC AS NECESSARY TO ENSURE COMPLIANCE WITH THE CODE OF ETHICS

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECT B, LINE 15 THE PROCESS OF DETERMINING THE COMPENSATION PACKAGE OF THE PRESIDENT INCLUDES ALL THE ELEMENTS NOTED (INDEPENDENT REVIEW AND APPROVAL BY INDEPENDENT BOARD MEMBERS, COMPARABILITY DATA) WITH ONE EXCEPTION THE FINAL DISCUSSION OF THE COMPENSATION PACKAGE IS CONDUCTED BY THE BOARD OF DIRECTORS IN EXECUTIVE SESSION THIS MEANS THAT THE FINAL DECISION IS DOCUMENTED, BUT DETAILS OF THE DELIBERATIONS ARE NOT THE COMPENSATION PACKAGE OF THE CFO/COO IS BASED ON COMPARABLE DATA AND DETERMINED BY THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UNITED WAY INC'S CONFLICT OF INTEREST AND MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON LINE AT WWW LIVEUNITEDGP ORG AND ITS GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 834,958 DONOR DESIGNATION ADJUSTMENT -18,610 TOTAL TO FORM 990, PART XI, LINE 5 816,348

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY INC

Employer identification number
01-0241767

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) 211 MAINE INC PO BOX 15200 PORTLAND, ME 041125200 30-0194364	HEALTH & HUMAN SERVICE INFORMAITON AND REFERRAL SERVICE	ME	501(C)(3)	7	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) 211 MAINE INC	B	250,000	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation