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... 990

Return of Organization Exempt From Income Tax

Lung

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

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Briefly describe the organization's mission or most significant activities: Unity Foundation supports educational, environmental, arts, youth and community development activities, services and programs. Programs	<u>-</u>					704	1		•	1	_	
Briefly describe the organization's mission or most significant activities: Unity Foundation supports educational, environmental, arts, youth and community development activities, services and programs. 2	_				Association	_ Other ▶	L Year	of formation	2000	M State	of legal domicile	ME
emirormental, arts, youth and community development activities, services and programs. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.		_										
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). 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 1 3 3 4 4 5 5 Total number of voting members of the governing body (Part VI, line 1b). 5 Total number of voting members of the governing body (Part VI, line 1b). 6 Total number of voting members of the governing body (Part VI, line 1b). 7 Total number of voting members of the governing body (Part VI, line 1b). 8 Total number of voting members of the governing body (Part VI, line 1b). 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 1h). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising dees (Part IX, column (A), lines 1-3). 16 Total evenue—and less 8 through 1a (must equal Part VIII, line 5-10). 17 Other expenses (Part IX, column (A), lines 1-3). 18 Total expenses Add lines 13-17 (must equal Part VIII, line 5-10). 19 Revenue less expenses Subtract line 18 from line (2). 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 26). 10 Total assets (Part X, line 16). 11 Total expe		ו ן								upports e	educational,	
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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 Signature of officer	Asse	21					.30	· /	12		•	
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 Signature of officer	Set 1	22		, ,		1 from line 20		√. ├─	12			
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 Signature of officer Lawrence J Sterrs, CEO/Chairman of the Board Type or print name and title Paid Preparer's signature Barry, Dunn, McNeil & Parker LLC Firm's name Firm's name Preparer's signature Berry, Dunn, McNeil & Parker LLC Firm's address POBox 1100, Portland ME 04104-1100 EIN 01-052282 May the IRS discuss this return with the preparer shown above? (see instructions)	_				Jubliaci iiile 2	i Rolli iiile 20 .	· · · ·	• L		,573,044		,907,044
Sign Here Lawrence J Sterrs, CEO/Chairman of the Board Date				-	monad this satism	and advance and a management			-4 4- 4			
Sign Here Lawrence J Sterrs, CEO/Chairman of the Board B.8./2 Type or print name and title Paid Preparer Baybara J. McGuan Preparer's signature Date 08 02 301 Self-employed Prim's name Preparer's signature Date 08 02 301 Self-employed Prim's elf-employed Prim's address PoBox 1100, Portland ME 04104-1100 EIN 01-052282 Phone no (201) 715-2381 May the IRS discuss this return with the preparer shown above? (see instructions)											ny knowledge and	beller, it is
Here Lawrence J Sterrs, CEO/Chairman of the Board Type or print name and title Paid Preparer Use Only Firm's name ▶ Berry, Dunn, McNeil & Parker LLC Firm's address ▶ PO8ox 1100, Portland ME 04104-1100 EIN 01-052202 May the IRS discuss this return with the preparer shown above? (see instructions) ### Board ### Check of Date			TA		·	7						
Here Lawrence J Sterrs, CEO/Chairman of the Board Type or print name and title Paid Preparer Use Only Firm's name ▶ Berry, Dunn, McNeil & Parker LLC Firm's address ▶ PO8ox 1100, Portland ME 04104-1100 EIN 01-052202 May the IRS discuss this return with the preparer shown above? (see instructions) ### Board ### Check of Date	Sid	nr	Sign	ature of officer					l Da	te .		
Type or print name and title Paid Preparer Baybara J. McGuan Preparer's signature Baybara J. McGuan Berry, Dunn, McNeil & Parker LLC Firm's name Firm's address ► POBox 1100, Portland ME 04104-1100 EIN 01-052202 May the IRS discuss this return with the preparer shown above? (see instructions)	-	_	1:		·	Danie ////				" B·&	.12	
Paid Preparer Use Only Print's name Preparer's signature Prep					nairman or the	Board / W					·	
Preparer Use Only Firm's name Firm's address POBox 1100, Portand ME 04/04-1100 EIN 01-0522562 May the IRS discuss this return with the preparer shown above? (see instructions)			1,		Brook	rer's signature :		Date			DTIN	
Use Only Firm's name ► Berry, Dunn, McNeil & Parker LLC Firm's EIN ► Firm's address ► POBox 1100, Portland ME 04104-1100 EIN 01-0523282 Phone no (201) 715 - 2381 May the IRS discuss this return with the preparer shown above? (see instructions)			Bull		1 71	MA AN	00	1	102/201	Check [1 46 1	
Firm's address ► POBox 1100, Portland ME 04104-1100 EIN 01-0522282 Phone no (201) 715 - 2381 May the IRS discuss this return with the preparer shown above? (see instructions)			1				- Unax	_ 08	<u> </u>		pioyea	
Firm's address ► POBOX 11W, Portano NE W 11A-11W EIN VI-052822 Phone no (201) 115 - 2381 May the IRS discuss this return with the preparer shown above? (see instructions)	Us	se Onl	y —	000	Dunn, McNeil	& Parker LLC					X 5 - 5 - 5	
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Form 990 (2011)

Part	Checklist of Required Schedules			Page .
i di c	One of he quied contaction		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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	1	
С	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		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	•
ь	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	12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		\
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

	90 (2011)			Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 '
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25			1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	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		1
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
С	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	28b		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		
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	32		1
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	33	√	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	∀	-
b	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	35b	✓	
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		1
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		1
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	✓	

Part V	Statements Regarding	Other IRS Filings	and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			<u>. Ц</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	✓_	
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 2			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	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		✓
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
14	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 b	Gross income from members or shareholders			
120	,	40-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1		
		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the agreement on to be seened to see a small final bankle at an			
С				
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14-		,
i4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		<u> </u>
	ii 165, has it lifed a Form 720 to report these payments? If 190, provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See in:	struct	tions.
Secti	on A. Governing Body and Management	<u>···</u>	<u> </u>	. [/
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ť
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	1	
13	Did the organization have a written whistleblower policy?	12c	✓	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	✓	-
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's expense status with respect to such arrangements?			
Section	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 900 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		,	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Lori Roming, Unity Foundation, (207)948-6489			

			_

Enrm	aan	(201	11

compensated employees; and former such persons.

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

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

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

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

 List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

Check this box if neither the organization nor	any relate	d org	anız	atio	n c	ompe	ns <u>a</u>	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles	Pos leck ss pe	rson	than control Highest compensated	ee) Forms	(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
Lawrence J Sterrs CEO/Chairman of the Board	30	1		1				66,250	0	
Donald A Foster Director	1	1						0	0	
Donald H Marden Director	1	<i>'</i>						0	0	
Ralph A Martin Director	1	1						0	0	
		_								
									<u></u>	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	ıd F	lighes	st C	ompensated E	mployees (con	tinued)		
	(A)	(B)			(C Pos) tion			(D)	(E)		(F)	
	Name and title	Average hours per	box,	(do not check more than of box, unless person is both officer and a director/trust				an	Reportable compensation	Reportable compensation from		stima mour	ated nt of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	from t ganızı nd reli	sation the ation
		-											

C	Sub-total	VII, Sectio	n A			•	. 1	^	66,250)		
<u>d</u> 2	Total (add lines 1b and 1c)) wl	66,250 ho received mo	ore than \$100,0			
3	Did the organization list any former o		tor o	r tr	ucto		kov o		louge or high	act componen		Y	es N
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	indi	/idu	ıal .				3	1	1
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,0	000	? <i>If</i>	"Yes	ì, "	complete Sch	ensation from edule J for su	ıch		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	mper	nsati	ion	fron	n any	uni	related organiz	ation or individ			
ectio	n B. Independent Contractors	111 103, 0		010 (3017	-		,, 3	ucii persori .		5		
1	Complete this table for your five highest compensation from the organization. Re year.	compensate port compe	ed inc	iepe on fo	ende or th	ent o	contra	acto ar y	ors that receive ear ending with	d more than \$1 n or within the	00,000 organiza	of tion'	s tax
	(A) Name and business add	iress							(B) Description of se	ervices	(C Compe		on
												_	
			-										

	VIII	Statement of Reve	nue	_	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Page 9
		Statement of the ve				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns		1a	0		-		
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		1b	0				
ts, (Am	С	Fundraising events .		1c	0				
Giff lar	d	Related organizations		1d	0				
ns, imi	e	Government grants (cont		1e	0				
atio er S	f	All other contributions, gif							
년 목		and similar amounts not incl			20,000				
ag pr	g	Noncash contributions include			0				
	<u>h</u>	Total. Add lines 1a-1f	· · <u>·</u>			20,000			
nge	_			ļ	Business Code				
eve		c <u>q</u>			541610	250	250	0	0
ě	b		•	}_					
Ξ̈́	C								
s,	d							-	
Program Service Revenue	e f	All other program con-		[-	-				
õ	g	All other program serv Total. Add lines 2a-2f			•	0	0	0	0
	3	Investment income (250			
		and other similar amou				114,527	o		114,527
	4	Income from investment	•		L	0	0	0	114,327
	5	Royalties				0	0	0	0
		1.0,0	(i) Real		(ii) Personal	-			
	6a	Gross rents	1	4,400	0				
	ь	Less: rental expenses		7,848	0	+	İ		
	С	Rental income or (loss)		6,552	0	1			
	d	Net rental income or (I	oss) .		▶	6,552	o	0	6,552
	7a	Gross amount from sales of	(ı) Securit	ties	(II) Other				
		assets other than inventory	24	9,970	0]	
	b	Less. cost or other basis							
		and sales expenses .	26	4,730	0			ľ	
	С	Gain or (loss)	-1	4,760	0				
	d	Net gain or (loss) .		· · <u>·</u>	▶	-14,760	0	0	-14,760
venue	8a	Gross income from fur events (not including \$	•	0	;				
Other Re		of contributions reported See Part IV, line 18	d on line 1	c) a	0				
=	b	Less. direct expenses		. b	0				
-		Net income or (loss) from			vents . ▶	0		0	0
	9a	Gross income from gar See Part IV, line 19 .			o				
	b	Less: direct expenses			0				
	С	Net income or (loss) from			ties ▶	0	0	0	0
	10a	Gross sales of invertures and allowance			_0				
	Ь	Less: cost of goods so			0				·
	င	Net income or (loss) from				0	0	0	0
		Miscellaneous Re	evenue		Business Code				
		Misc revenue		L	900099	13,367	0	0	13,367
		Undistributed income from	m subs		900099	-30,827	0	0	-30,827
	С	***************************************							
	d	All other revenue .		. L		0	0	0	0
	e	Total. Add lines 11a-1			· · · 🟲	-17,460			
	12	Total revenue. See in:	structions.		<u> , ▶ </u>	109,109	250	0	88,859

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).

	Check if Schedule O contains a respons	se to any question i	n this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	139,934	139,934		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	o		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	66,251	16,563	49,688	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	43,456	22.502		
7 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,096	32,592 493	10,864	0
9	Other employee benefits	19,646	8,841	10,805	0
10	Pavroll taxes	8,692	3,911	4,781	0
11	Fees for services (non-employees).	0,002	- 0,011	4,701	
	Management	o	ا	م	•
a			0	0 005	0
b	Legal	26,847	24,162	2,685	
C.	Accounting	30,638	0	30,638	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	6,525	5,750	775	0
14	Information technology	62,225	51,805	10,420	0
15	Royalties	0	0	0	0
16	Occupancy	24,819	14,892	9,927	0
17	Travel	4,450	0		0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			4,450	
40	- · · · · · · · · · · · · · · · · · · ·	0	0	0	0
19	Conferences, conventions, and meetings	1,506	0	1,506	0
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	14,419	9,661	4,758	0
23	Insurance	6,847	0	6,847	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	Dublic Deletions	27 220		07.000	
a	Public Relations	27,338	0	27,338	0
b	Bank fees	167	0	167	
c	Employee Education	35	0	35	0
d	<u></u>				
e	All other expenses		_		
25_	Total functional expenses. Add lines 1 through 24e	484,891	308,604	176,287	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	788,377	2	217,271
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section		1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
Assets	۱ ـ			6	0
Ass	8	Notes and loans receivable, net	0	7	80,100
	9	Prepaid expenses and deferred charges	0	8	0
	10a	Land, buildings, and equipment: cost or	103,717	9	172,199
		other basis. Complete Part VI of Schedule D 10a 727,867		ŀ	
	ь	Less: accumulated depreciation 10b 348,476	411,189	100	379,391
	11	Investments—publicly traded securities	485,825		474,031
	12	Investments—other securities. See Part IV, line 11	11,091,538		5,787,917
	13	Investments—program-related. See Part IV, line 11	0		0,707,517
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		_	7,110,909
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	307,602	18	203,865
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Payables to current and former officers, directors, trustees, key			
≣		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	_		
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	
	26	Total liabilities, Add lines 17 through 25	207.000	25	202.005
	20	Organizations that follow SFAS 117, check here ► [/] and complete	307,602	26	203,865
es		lines 27 through 29, and lines 33 and 34.			1
J.	27	Unrestricted net assets	12,573,044	27	6,907,044
Jak	28	Temporarily restricted net assets	0	28	0,307,044
Q E	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>f</u> et	33	Total net assets or fund balances	12,573,044		6,907,044
~	34	Total liabilities and net assets/fund balances	12,880,646		7,110,909

the Single Audit Act and OMB Circular A-133?............

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

За

3h

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						1	Employer	uenuncauon	number		
UNITY FOUNDATION								01-053			
Part I Reason	for Public Cha	irity Status (All orga	anization	s must c	complete	this pa	rt.) See i	nstructio	ns.		
The organization is no	•	•		_		•					
1 A church, co	nvention of churc	ches, or association of	churche	s describ	ed in se c	tion 170	(b)(1)(A)(i	i).			
2 A school des	cribed in sectior	170(b)(1)(A)(ii). (Atta	ch Sched	ule E.)							
3 A hospital or	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).				
	search organizati me, city, and sta	on operated in conjunte:	ction with	n a hospit	tal descri	bed in se	ection 17	0(b)(1)(A)(iii). Ente	r the	
	on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	l by a go	vernment	al unit d	escrib	ed ir
6 🔲 A federal, sta	te, or local gove	rnment or government	al unit de	scribed i	n sectior	170(b)(1	I)(A)(v).				
		receives a substantia)(A)(vi). (Complete Pa		its suppo	ort from a	a governi	mental ur	nit or from	the ger	neral p	oublic
8 A community	trust described	ın section 170(b)(1)(A)(vi) . (Coi	mplete Pa	art II.)						
receipts from support from	activities relate	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	ions—su lated bu	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 33	31/3%	of its
10 An organizati	on organized and	d operated exclusively	to test fo	or public :	safety. Se	ee sectio	n 509(a)((4).			
purposes of	one or more pul	nd operated exclusively blicly supported organic describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 509	(a)(2). S		
a				III-Funct		-				O46.	
e 🗹 By checking	this box, I certify undation manag	that the organization ers and other than on	is not co	ntrolled o	directly or	ndirectl	y by one	or more o		ed pe	rsons
		a written determineti	on from	the IDC :	that it is	a Tuna	I Type	ll or Tun			
organization,	check this box	a written determination								· ·	ig
following per	sons?	the organization acce	-								
		indirectly controls, eit ody of the supported							d 11g(i)	Yes	No ✓
(ii) A family n	nember of a pers	on described in (i) abo	ove?						11g(ii)		✓
(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ıı)	above? .					11g(m)		✓
h Provide the fo	ollowing informat	ion about the support	ed organ	ızatıon(s).	•						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?		mount o	of
			Yes	No	Yes	No	Yes	No			
Good Will Home (A) Association	01-0211508	2	/	•	1		1				1,780
Unity College (B)											· -
(D)	01-0275130	2	1		1		1			6	0,000
(C)											
(D)										_	
(E)											
Total										6.	1.780

Part	Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the						
	Part III. If the organization fails to						iam, andoi
Secti	on A. Public Support	y quamy arra	<u></u>	3.50 30.51., p	nouse compi	oto r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	(4) = 3 3 .	(5, 2555	(0, 2000	(4) 2010	(6) 2017	(1) 1014
•	membership fees received. (Do not					-	
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						1
	to or expended on its behalf					İ	
3	The value of services or facilities						
	furnished by a governmental unit to the			İ			
	organization without charge		1				
4	Total. Add lines 1 through 3		<u> </u>				
5	The portion of total contributions by						
3	each person (other than a				ł		-
	governmental unit or publicly						İ
	supported organization) included on	!]				
	line 1 that exceeds 2% of the amount		i				
	shown on line 11, column (f)		Ì				
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support		•			<u> </u>	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,	1			į.		
	rents, royalties and income from similar						
	sources						
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		1	İ			
	(Explain in Part IV.)					ļ	
11	Total support. Add lines 7 through 10		l		<u>i</u>		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he	re	<u> </u>			· · · · ·	· · · <u> </u>
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2011 (line 6					14	%
15 16a	Public support percentage from 2010 Sch 33 ¹ /3% support test—2011. If the organiz					15 mg/s or more o	hook this
100	box and stop here . The organization qua						
b	331/3% support test—2010. If the organ			-			or more
	check this box and stop here. The organ					5 13 15 33 73 76	<u> </u>
170					=		▶ <u> </u>
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me	ote the "facte-	and-circumeta	nces" test ch	con line 13, 10	a, or 166, and	iine 14 is Evoluio io
	Part IV how the organization meets the "f	acts-and-circi	ımstances" te	st The organiz	ation qualifies	as a nublicly s	unported
	organization					as a publicity s	· ·
b	10%-facts-and-circumstances test – 20	110 If the aras	anization did n	ot check a ba	on line 12 14		. ► □
U	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m						
							. > [
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b. chec	k 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 .			ı			
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				L		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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				l		
	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						
40	(Explain in Part IV.)				!		
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)		ale first sees	 	or fifth to		F01/c\/0\
14	First five years. If the Form 990 is for the organization, check this box and stop he	-					
Cooti			<u></u>			· · · · ·	· · · · L
<u> 3ecu</u> 15	on C. Computation of Public Support Public support percentage for 2011 (line to			3 column (6)		15	
		• •	•	,		—	%
16 Secti	Public support percentage from 2010 Sci on D. Computation of Investment In					16	<u>%</u>
17				v line 12 colu	mp (fl)	17	0/
	Investment income percentage for 2011 (Investment income percentage from 2010)		• •	-		18	
18	33 ¹ / ₃ % support tests—2011. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2010. If the organiz					_	
U	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization di				-		_
20	iounidendin ii tiic organization di	a not officer a	SOA OIL MINE 17	,	JUNE OF THE POR	and Joe malit	

Page	4

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification numbe **UNITY FOUNDATION** 01-0536785 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) . . 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 can 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items: Assets included in Form 990, Part X

	•					
Schedu	le D (Form 990) 2011					Page 2
Par	III Organizations Maintaining	Collections of	Art, Historica	I Treasures, or O	ther Similar Ass	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of				
а	☐ Public exhibition		d 🗌 Lo	an or exchange prog	grams	
b	☐ Scholarly research		e 🗌 Ot	her	·	
C	☐ Preservation for future generations					
4	Provide a description of the organizat XIV.	tion's collections	and explain hov	v they further the or	ganızation's exem	pt purpose in Part
5	During the year, did the organization					•
	assets to be sold to raise funds rather					☐ Yes ☐ No
Part	IV Escrow and Custodial Arra				ered "Yes" to For	m 990, Part IV,
	line 9, or reported an amoun	t on Form 990,	Part X, line 21.			
1a	Is the organization an agent, trustee, included on Form 990, Part X?				r other assets not	t ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the following	g table:		
					Am	nount
C	Beginning balance					
d	Additions during the year			L		
e	Distributions during the year					
f o-	Ending balance					
2a	Did the organization include an amour	•	art X, line 21? .			☐ Yes ☐ No
Par	If "Yes," explain the arrangement in Pa Endowment Funds. Comple		ration analysis	od "Voo" to Form C	OO Dod IV line	10
гаг	Endowment Funds. Comple	(a) Current year	(b) Prior year		(d) Three years back	
1a	Beginning of year balance	(a) Current year	(b) Thoryear	(c) Two years back	(u) Three years back	(e) Four years oack
b	Contributions					
C	Net investment earnings, gains, and		:			
•	losses					
d	Grants or scholarships			- 		
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the	he current year en	d balance (line	1g, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶	%	<i>(-,,</i>		
b	Permanent endowment ▶	n/	-			
C	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of the	e organization	that are held and ad	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
	If "Yes" to 3a(ii), are the related organia	zations listed as re	equired on Sche	edule R?		3b
4	Describe in Part XIV the intended uses					
Part	VI Land, Buildings, and Equip	ment. See Form	990 Part X I	ine 10		

(b) Cost or other basis (other) (c) Accumulated depreciation Description of property (a) Cost or other basis (d) Book value (investment) 1a Land 66,450 66,450 **b** Buildings . 0 458,550 168,953 289,597 c Leasehold improvements 0 0 d Equipment 0 202,867 179,523 23,344 Other . . 0 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 379,391

Part VII Investments—Other Securiti	es. 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	. 0	
(2) Closely-held equity interests	0	
(3) Other Investment in Unitek Holdings-a subs	5,787,917	End-of-Year Market Value
(A) (B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5) (6)	· · · · · · · · · · · · · · · · · · ·	
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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)		
(2)		
_(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X,		
Part X Other Liabilities. See Form 99		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		the average of the social state and the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second state of the social state are stated as a second stated as a second stated as a second stated as a second stated as a second stated as a second stated as a second stated stated as a second stated stated as a second stated stated as a second stated stated as a second stated stated stated stated stated as a second stated stat
organization's liability for uncertain tax positions		the organization's financial statements that reports the

	le D (Form 990) 2011				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to A	udited	Financial Staten	nents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	109,109
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	484,891
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-375,782
4	Net unrealized gains (losses) on investments			4	-10,418
5	Donated services and use of facilities			5	0
6	Investment expenses			6	0
7	Prior period adjustments			7	0
8	Other (Describe in Part XIV.)			8	-5,279,800
9	Total adjustments (net). Add lines 4 through 8			9	-5,290,21
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3	and 9	10	-5,666,000
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents V	Vith Revenue pe	r Ret	
1	Total revenue, gains, and other support per audited financial statements			1	-5,193,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	-
а	Net unrealized gains on investments	2a	-10,41	8	Ē.
b	Donated services and use of facilities	2b		0	
C	Recoveries of prior year grants	2c		0 3	
ď	Other (Describe in Part XIV.)	2d	-5,291,95	-1 %	3
e	Add lines 2a through 2d	-		2e	-5,302,370
3	Subtract line 2e from line 1			3	+
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	• • • •		1,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		0 43	<u> </u>
b	Other (Describe in Part XIV.)			0 3	
c	Add lines 4a and 4b				-4
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				<u> </u>
Part					
1	Total expenses and losses per audited financial statements			1	472,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •			
	Donated services and use of facilities	2a			
a		2b		o 🐉	\$ L
b	Prior year adjustments				
C	Other losses	2d		0 8	
d	Other (Describe in Part XIV.)			_	7
e	Subtract line 2e from line 1	• •		3	1,010
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . ı) . ed	
4		100		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		0 0	4
b	Other (Describe in Part XIV.)	-			' ¬
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 10.)	· · · · · · ·	5	484,891
Part					
	lete this part to provide the descriptions required for Part II, lines 3, 5, and				
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2	a and 4b. Also cor	npiete	this part to provide
-	Iditional information.				
Sched	ule D, Part XI, Line 8 - Adjustment (impairment) to investment in subsidiary				
Sched	ule D, Part XII, Line 2d - Impairment of subsidiary asset - \$5,279,800; Grant inc	ome ne	tted against Grant E	xpens	ie - \$20,000; Rental
exper	ses netted against Rental Revenue - \$7,848				
			••••		
Sched	ule D, Part XIII, Line 2d - Rental expenses netted against income				
Scher	ule D, Part XIII, Line 4b - Grant income netted against Grant Expense		****		

Schedule D (Form 990) 2011	Page 5
Part XIV - Supplemental Information (Continued)	
	•••••
	·
	·
	·

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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	o P
<u></u>	en t
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OMB No. 1545-0047

Schedule I (Form 990) (2011) % □ (h) Purpose of grant or assistance Employer identification number S 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. ✓ Yes 01-0536785 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part General Information on Grants and Assistance (P) EIN (1) Sch I, Stmt 1 1 (a) Name and address of organization or government **UNITY FOUNDATION** Part II <u>®</u> 0 ල € 9 E 9 2 <u>O</u> Ξ 9

Part of season of the following of part of season of the following of the following of the following of the following of the following of the following of the following of the following of the following of the following the following the fact of the following the fact of the following the fact of the following the fact of the following the fact of the following the fact of	(a) Time of great or secretarion					
ALY Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Although foundation keeps current files on each grant made. Chartees are required to provide written narrative and innancial reports at least twice each year for the ten it as well as a final report following the last payment by the Foundation.	ואס חומומנמים חומות אלו לש	(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
Examplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information, edult I, Part I, the 2 - Unity Foundation keeps current flee on each grant made. Grantees are required to provide a written report to days following completion of grampogeschacking for Goppentunity Grants, for multi-year grants, recipients are required to provide written instrative and financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the term of the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial reports at least twice each year for the second financial re						
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	ramprojectactivity for Opportunity Grant, , as well as a final report following the las	s. For munt-year grants, recip t payment by the Foundation	pients are required to p	provide written narrativ	e and Inancial reports at lear	t twice each year for the term of th
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UNITY FOUNDATION 01-0536785

Form. Schedule I

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Skills Inc	19,900	0
	P O Box 65		
	St Albans, ME 04971		
EIN	01-0272879		
IRC code section	501c3		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Support growth and capacity		
Name and address	Waldo County YMCA	7,620	0
	157 Lincolnville Avenue		
	Belfast, ME 04915		
EIN	01-0493123		
IRC code section	501c3		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	Support for Keeping the Promise! program - which		
	provided funding to build a natatonum		
Name and address	Total of grants less than 5000 dollars	112,414	
EIN	00-000000		
IRC code section	501c3		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	General operating support and		
	program/project/activity support		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**11** Open to Public Inspection

Employer identification number

01-0536785

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNITY FOUNDATION

▶ Attach to Form 990 or 990-EZ.

Form 990, Part IV, Line 33 - The disregarded entity, Unity Property Management, was dissolved in 2011. Form 990, Part VI, Section B, Line 11b - Unity Foundation CEO/Chairman of the Board reviews the completed Form 990 (and attachments) with financial advisors prior to submission. Once submitted to the IRS, the officers and directors receive of a copy of the Form 990. Form 990, Part VI, Section B, Line 12c - Board members and officers are required to complete and sign a Conflict of Interest Disclosure form annually. Additionally, they are required to report any interests that could give rise to conflicts (or the perception of conflict) at regularly scheduled meetings. Form 990, Part VI, Section B, Line 15 - Unity Foundation staff compiles compensation data from several independent soures. The data is presented to the board for review and verification. By consensus, the board approves the salary/compensation of the CEO/Chairman, who abstains from voting on this issue. Compensation is reviewed annually. Form 990, Part VI, Section C, Line 19 - Unity Foundation makes its governing documents, conflict of interest policy and financial statements available to the public upon request and a copy is available for public inspection at the Foundation headquarters. Form 990 may also be found on the Guidestar website. 5,279,800 Form 990, Part XI, Line 5 - Adjustment (impairment) to investment in subsidiary 10,418 Unrealized gains and losses 5,290,218 Total

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

UNITY FOUNDATION

Part 1

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

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

2011	Open to Public
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OMB No. 1545-0047 -

Inspection Employer identification number

01-0536785

(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	1
(1) Unity Property Management (20-0066223) P O Box 815, Unity, ME 04988	Property management N	ME	0	10	0 Unity Foundation	اد
(2)						ı
(6)						ŀ
(4)						1
(9)						1
(9)						Ī
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	nizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had s during the tax year.)	nswered "Yes" to	Form 990, Part	IV, line 34 beca	use it had	1
(a) Name, address, and EIN of related organization Prin	(c) (c) Primary activity 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 entity?	l @
					Yes No	ı
(1) Good Will Home Association (01-0211508) P O Box 159, Hinckley, ME 04944	n ME	501c3	2	N/A	>	i
(2) Unity College (01-0275130) 90 Quaker Hill Road, Unity, ME 04988	n ME	501c3	2	N/A	>	1
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ω						1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat. I	Cat. No 50135Y		Schedule	Schedule R (Form 990) 2011	İΞ

Schedule R (Form 990) 2011

(k) Percentage ownership (h) Percentage ownership 100% Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (g)
Share of
end-of-year assets 13,301,055 (j) General or managing partner? ŝ Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income 6,414,859 (e)
Type of entity
(C corp, S corp,
or trust) (h) Disproportionate ŝ allocations? Yes (g) Share of end-of-ပ year assets (d)
(Direct controlling entity Unity Foundation (f) Share of total Income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) 불 (b) Primary activity (d)
(Direct controlling entity Holding company (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization Primary activity (1) UniTek Holdings Inc (20-0329316) P O Box 835, Unity, ME 04988 (a) Name, address, and EIN (3) related organization (2) (9) Part IV Part III 5 Ξ 2 € € Ø 2 8 9 E Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transactic

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Schedule	R (Form 9	90) 201	Ξ
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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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.

(B) (J) (e) (D) (c) (d) (e)	a	(0)	(D)	(e)	(j) (i)	(6)	ε	8	3	K
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant	Are all partners	Share of total income	Share of end-of-vear	Disproportionate aflocations?	amount in box 20	General or	Percentage
		country)	unrelated, excluded from tax under	501(c)(3)		assets		of Schedule K-1 (Form 1065)	partner?	
			section 512-514)	Yes No			Yes No		Yes No	
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	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule R, Part VII, Statement 1

Form Schedule R

Page 3

Line Number: Part V Line 2

UNITY FOUNDATION 01-0536785

Description of Covered Relationships and Transaction Thresholds

		Amount involved
Name	UniTek Holdings Inc	14,400
Transaction type	a-ıv	
Method of determining amount involved	Rent from UniTek Holdings Inc at fair market value	
Name	UniTek Holdings Inc	14,400
Transaction type .	I	
Method of determining amount involved	Lease to UniTek Holdings Inc at fair market value	
Name	UniTek Holdings Inc	100,000
Transaction type	r	
Method of determining amount involved	Annual dividend	