



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



Return of Organization Exempt From Income Tax

2012

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

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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

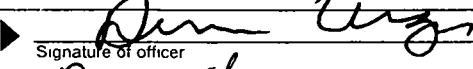
B Check if applicable		C Name of organization UNITED WAY OF MID COAST MAINE, INC.			D Employer Identification Number 01-6004866	
<input type="checkbox"/> Address change		Doing Business As			E Telephone number (207) 443-9752	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street addr) 34 WING FARM PARKWAY			Room/suite 201	
<input type="checkbox"/> Initial return		City, town or country BATH			State ZIP code + 4 ME 04530	G Gross receipts \$ 2,087,825.
<input type="checkbox"/> Terminated		F Name and address of principal officer BOB BEAUMENT 34 WING FARM PKWY BATH			ME 04530	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return						H(b) Are all affiliates included? If 'No,' attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending						H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) 4947(a)(1) or 527						
J Website: ► WWW.UWMCM.ORG						
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►					L Year of Formation 1956	M State of legal domicile ME

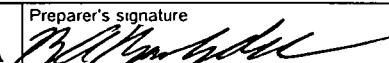
Part I Summary

1 Briefly describe the organization's mission or most significant activities THE UNITED WAY OF MID COAST MAINE'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3
4 Number of independent voting members of the governing body (Part VI, line 1b) 4
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5
6 Total number of volunteers (estimate if necessary) 6
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, line 34 7b
8 Contributions and grants (Part VIII, line 1h) 8
9 Program service revenue (Part VIII, line 2g) 9
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13
14 Benefits paid to or for members (Part IX, column (A), line 4) 14
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a
b Total fundraising expenses (Part IX, column (D), line 25) ► 277,907. 16b
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18
19 Revenue less expenses Subtract line 18 from line 12 19
20 Total assets (Part X, line 16) 20
21 Total liabilities (Part X, line 26) 21
22 Net assets or fund balances. Subtract line 21 from line 20 22

Part II Signature Block

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

Sign Here	Signature of officer 	Date 1/15/14
	Type or print name and title Dennis Unger	Board Chair 1/15/2014

Paid Preparer Use Only	Print/Type preparer's name Bruce A. Bachelder, CPA	Preparer's signature 	Date 1-11-14	Check <input type="checkbox"/> if self-employed	PTIN P01229052
	Firm's name ► Bruce A. Bachelder, CPA			Firm's EIN ► 01-0519493	
	Firm's address ► PO Box 1479 Damariscotta	ME 04543		Phone no (207) 563-7540	

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

 Yes No

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

TEEA0101 05/09/13

Form 990 (2012) 

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

 Yes No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O.

 Yes No4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 1,521,353. including grants of \$ 1,325,315.) (Revenue \$ 0.)

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

4b (Code _____) (Expenses \$ 257,754. including grants of \$ 0.) (Revenue \$ 0.)

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

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 1,779,107.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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 X	
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 X	
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 X	
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 X	
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 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 X	
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 X	
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, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
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 X	
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 X	
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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a X	
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 and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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 X	
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 X	
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 X	
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 X	
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 X	
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 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	2
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a 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 a	15
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	
4 a 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)?	4 a	X
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		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a 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 as charitable contributions?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
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?	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
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	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
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?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.		
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	13 b	
c Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

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

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

Section A. Governing Body and Management

1 a 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

1 a 22

1 b Enter the number of voting members included in line 1a, above, who are independent

1 b 22

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 X

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 X

4 Did the organization make any significant changes to its governing documents
since the prior Form 990 was filed?

4 X

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

5 X

6 Did the organization have members or stockholders?

6 X

7 a 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?

7 a X

b Are any governance decisions of the organization reserved to (or subject to approval by) members,
stockholders, or other persons other than the governing body?

7 b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by
the following.

8 a The governing body?

8 a X

8 b Each committee with authority to act on behalf of the governing body?

8 b X

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

9 X

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

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

10 a X

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?

10 b

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

11 a X

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

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

12 a X

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise
to conflicts?

12 b X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Schedule O how this is done

12 c X

13 Did the organization have a written whistleblower policy?

13 X

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

14 X

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?

15 a The organization's CEO, Executive Director, or top management official

15 a X

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)

15 b X

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

16 a X

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 taken steps to safeguard the
organization's exempt status with respect to such arrangements?

16 b

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public
inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► JOHN WASHBURN 34 WING FARM PARKWAY, SUITE 2 BATH ME 04530 (207) 443-9752
BAA TEEA0106 08/08/12 Form 990 (2012)

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

1 a 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 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 (list any hours for related organiza- tions below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) BARBARA REINERTSEN EXECUTIVE DIRECTOR	40.00				X			90,161.	0.	0.
(2) JOHN WASHBURN FINANCE DIRECTOR	40.00				X			57,580.	0.	0.
(3) BOB BEAUMONT DIRECTOR & CHAIR	4.00				X	X		0.	0.	0.
(4) BILL BRILLIANT DIRECTOR	3.00				X			0.	0.	0.
(5) PAM BOWERMAN DIRECTOR	2.00				X			0.	0.	0.
(6) CHIEF MIKE FIELD DIRECTOR	5.00				X			0.	0.	0.
(7) GEOFF GATTIS DIRECTOR	3.00				X			0.	0.	0.
(8) JEFF GEIGER DIRECTOR	1.00				X			0.	0.	0.
(9) DODIE JONES DIRECTOR	2.00				X			0.	0.	0.
(10) BOB MCCUE DIRECTOR	3.00				X			0.	0.	0.
(11) CRAIG MCEWEN DIRECTOR	4.00				X			0.	0.	0.
(12) GEORGE REICHERT DIRECTOR	4.00				X			0.	0.	0.
(13) HOLLY STOVER DIRECTOR	3.00				X			0.	0.	0.
(14) DENNIS UNGER DIRECTOR	3.00				X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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	Institutional trustee	Officer	Key employee			
(15) MARILYN WEINERG DIRECTOR	3.00	X				0.	0.	0.
(16) SUSAN WYGAL DIRECTOR	3.00	X				0.	0.	0.
(17) SANDRA PETERS DIRECTOR	3.00	X				0.	0.	0.
(18) MATT ORLANDO DIRECTOR & TREASURER	4.00	X		X		0.	0.	0.
(19) FRED HAER DIRECTOR	2.00	X				0.	0.	0.
(20) GEORGE STERGIO DIRECTOR	2.00	X				0.	0.	0.
(21) JIM DONOVAN DIRECTOR	2.00	X				0.	0.	0.
(22) JON DOYLE DIRECTOR	1.00	X				0.	0.	0.
(23) LAURA FORTMAN DIRECTOR	2.00	X				0.	0.	0.
(24) SUZANNE UMLAND DIRECTOR	2.00	X				0.	0.	0.
(25)								
1 b Sub-total						147,741.	0.	0.
c Total from continuation sheets to Part VII, Section A								
d Total (add lines 1b and 1c)						147,741.	0.	0.

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

	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	X
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	X
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	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(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	1 a Federated campaigns	1 a 209,315.			
	b Membership dues	1 b			
	c Fundraising events	1 c			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e 33,550.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,768,218.			
	g Noncash contributions included in lns 1a-1f	\$ 30,798.			
	h Total. Add lines 1a-1f	► 2,011,083.			
PROGRAM SERVICE REVENUE	2 a ADMINISTRATIVE FEES	Business Code 900099	69,848.	69,848.	0.
	b -----				
	c -----				
	d -----				
	e -----				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 69,848.			
	3 Investment income (including dividends, interest and other similar amounts)	►	6,894.	0.	0.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6 a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)	►				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less. cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)	►				
8 a 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	►				
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a 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				
11 a -----					
b -----					
c -----					
d All other revenue					
e Total. Add lines 11a-11d	►				
12 Total revenue. See instructions	► 2,087,825.	69,848.	0.	6,894.	

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	1,337,080.	1,337,080.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	147,741.	92,457.	32,974.	22,310.
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	340,030.	191,377.	23,412.	125,241.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	43,865.	25,525.	5,071.	13,269.
9 Other employee benefits	67,204.	39,106.	7,769.	20,329.
10 Payroll taxes	40,554.	23,598.	4,688.	12,268.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,025.	3,416.	639.	1,970.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	8,707.	4,937.	923.	2,847.
12 Advertising and promotion	9,819.	5,567.	1,041.	3,211.
13 Office expenses	9,903.	5,615.	1,050.	3,238.
14 Information technology	11,487.	6,514.	1,217.	3,756.
15 Royalties .				
16 Occupancy	39,352.	22,313.	4,171.	12,868.
17 Travel	7,453.	4,226.	790.	2,437.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	649.	368.	69.	212.
20 Interest				
21 Payments to affiliates	20,126.	11,412.	2,133.	6,581.
22 Depreciation, depletion, and amortization	15,793.	8,955.	1,674.	5,164.
23 Insurance	4,573.	2,593.	485.	1,495.
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.)				
a POSTAGE	4,896.	2,776.	519.	1,601.
b DUES	1,753.	994.	186.	573.
c CREDIT CARD FEES	3,603.	2,043.	382.	1,178.
d CAMPAIGN MATERIALS	15,851.	0.	0.	15,851.
e All other expenses	21,508.	0.	0.	21,508.
25 Total functional expenses. Add lines 1 through 24e	2,157,972.	1,790,872.	89,193.	277,907.
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing		1	
2	Savings and temporary cash investments	1,654,990.	2	1,543,988.
3	Pledges and grants receivable, net	815,068.	3	742,998.
4	Accounts receivable, net	6,133.	4	13,301.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other 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). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	13,457.	9	9,397.
10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a	214,168.	
b	Less, accumulated depreciation	10b	75,190.	10c
11	Investments – publicly traded securities		11	
12	Investments – other securities See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,605,437.	16	2,448,662.
17	Accounts payable and accrued expenses	31,846.	17	20,598.
18	Grants payable ..	750,310.	18	714,930.
19	Deferred revenue	40,000.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	822,156.	26	735,528.
NET ASSETS	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets .	1,114,944.	27	1,031,509.
28	Temporarily restricted net assets	666,937.	28	680,225.
29	Permanently restricted net assets	1,400.	29	1,400.
ORG FUND BALANCES	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,783,281.	33	1,713,134.
BAA	34 Total liabilities and net assets/fund balances	2,605,437.	34	2,448,662.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	2,087,825.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,157,972.
3 Revenue less expenses Subtract line 2 from line 1	3	-70,147.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,783,281.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,713,134.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b Were the organization's financial statements audited by an independent accountant?	2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 a 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?	3 a	X
3 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	3 b	

SCHEDULE A
 (Form 990 or 990-EZ)

 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.

2012
Open to Public Inspection

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

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

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

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or 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 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 – Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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 supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	2,462,822.	2,179,500.	2,179,832.	2,118,291.	2,011,083.	10,951,528.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,462,822.	2,179,500.	2,179,832.	2,118,291.	2,011,083.	10,951,528.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						10,951,528.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,462,822.	2,179,500.	2,179,832.	2,118,291.	2,011,083.	10,951,528.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	22,150.	8,944.	4,970.	5,602.	6,894.	48,560.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						11,000,088.
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.27 %
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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 yr beginning in) ►

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.)

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 Total support. (Add lines 9, 10c, 11, and 12.)

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9						
10a						
b						
c						
11						
12						
13 Total support.						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3% support tests – 2011. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

2012Open to Public
Inspection

Employer identification number

UNITED WAY OF MID COAST MAINE, INC.

01-6004866

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? 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 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
2 a	
2 b	
2 c	
2 d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

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

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation 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 section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, 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.

1 a 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 XIII, the text of the footnote to its financial statements that describes these items.

b 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 ► \$ _____

(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 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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.

1 a 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 XIII and complete the following table:

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

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		90,000.	13,200.	90,000.
b Buildings				
c Leasehold improvements		5,419.	3,783.	1,636.
d Equipment		61,512.	48,379.	13,133.
e Other		57,237.	23,028.	34,209.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

138,978.

BAA

Schedule D (Form 990) 2012

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		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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, column (B), line 15.)**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1 Total revenue, gains, and other support per audited financial statements	1	1,760,518.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	36,927.
e Add lines 2a through 2d	2e	36,927.
3 Subtract line 2e from line 1	3	1,723,591.
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 XIII)	4b	364,234.
c Add lines 4a and 4b	4c	364,234.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,087,825.

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

1 Total expenses and losses per audited financial statements	1	1,802,188.
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 XIII)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,802,188.
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 XIII)	4b	355,784.
c Add lines 4a and 4b	4c	355,784.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,157,972.

Part XIII | Supplemental Information

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

Pt XI Line 2d MAINE COMMUNITY FOUNDATION INVESTMENT INCOME (-36,844)

Pt XI Line 4b MAINE COMMUNITY FOUNDATION GRANT (\$8,450) AND

DESIGNATED CONTRIBUTIONS (\$344,019)

Pt XII Line 4b DESIGNATED CONTRIBUTIONS (\$344,019)

Part XIII **Supplemental Information (continued)**

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
2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

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. Part I can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALL_ABOUT_PREVENTION -- -- PO BOX 57 -- -- BRUNSWICK ME 04011	01-0427425	501C3	21,250.				SEE ATTACHED
(2) BATH_AREA_FAMILY_YMCA -- -- 303_CENTRE_STREET -- -- BATH ME 04530	01-0211812	501C3	51,625.				SEE ATTACHED
(3) BB_BS_BATH-BRUNSWICK -- -- 85_MAINE_STREET -- -- BRUNSWICK ME 04011	01-0467282	501C3	29,375.				SEE ATTACHED
(4) BB_BS_MIDCOAST_MAINE -- -- 16_SCHOOL_STREET -- -- ROCKLAND ME 04841	01-0328483	501C3	28,875.				SEE ATTACHED
(5) CATHOLIC_CHARITIES_MAINE -- PO BOX 10660 -- -- PORTLAND ME 04104	01-0280225	501C3	11,375.				SEE ATTACHED
(6) CENTRAL_LINCOLN_COUNTY_YM -- PO BOX 787 -- -- DAMARISCOTTA ME 04543	22-2978129	501C3	17,750.				SEE ATTACHED
(7) COASTAL_KIDS_PRESCHOOL -- -- 12 JACKIES_TRAIL -- -- DAMARISCOTTA ME 04543	22-3126832	501C3	9,250.				SEE ATTACHED
(8) MIDCOAST_MAINE_COMMUNITY -- 34_WING_FARM_PARKWAY -- -- BATH ME 04530	01-0315732	501C3	79,500.				SEE ATTACHED
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							35
3 Enter total number of other organizations listed in the line 1 table							0

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

TEEA3901 11/30/12

Schedule I (Form 990) (2012)

Continuation Sheet for Schedule I (Form 990)

2012

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

Continuation Page 1 of 3

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance
<u>(MCH) - COASTAL TRANS</u> <u>46 SUMMER STREET</u> <u>ROCKLAND ME 04841</u>	22-2571406	501C3	20,000.			SEE ATTACHED
<u>ELDER CARE NETWORK LC</u> <u>PO BOX 652</u> <u>DAMARISCOTTA ME 04543</u>	01-0504725	501C3	8,650.			SEE ATTACHED
<u>ELMHURST INC</u> <u>400 CENTER STREET</u> <u>BATH ME 04530</u>	01-0266854	501C3	14,925.			SEE ATTACHED
<u>FAMILY CRISIS SERVICES</u> <u>PO BOX 704</u> <u>PORTLAND ME 04104</u>	01-0352636	501C3	13,500.			SEE ATTACHED
<u>FAMILY FOCUS</u> <u>2 DAVENPORT CIRCLE</u> <u>BATH ME 04530</u>	01-0409991	501C3	84,700.			SEE ATTACHED
<u>HARBOR CHILDRENS CENTER</u> <u>35 SCHOOL STREET</u> <u>BOOTHBAY HARBOR ME 04538</u>	01-0387304	501C3	8,250.			SEE ATTACHED
<u>HEALTHY KIDS</u> <u>PO BOX 689</u> <u>DAMARISCOTTA ME 04543</u>	01-0451523	501C3	42,500.			SEE ATTACHED
<u>INDEPENDENCE ASSOCIATION</u> <u>PO BOX 642</u> <u>BRUNSWICK ME 04011</u>	01-0278024	501C3	23,875.			SEE ATTACHED
<u>GIRL SCOUTS OF MAINE</u> <u>PO BOX 9421</u> <u>SOUTH PORTLAND ME 04116</u>	01-0269802	501C3	10,550.			SEE ATTACHED
<u>TRI COUNTY LITERACY VOLUN</u> <u>2 SHERIDAN ROAD</u> <u>BATH ME 04530</u>	54-2127254	501C3	30,158.			SEE ATTACHED

TEEA4001 12/10/12

Schedule I (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

2012

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

Continuation Page 2 of 3

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID COAST CHAPTER, RED CR 16 COMMUNITY WAY TOPSHAM ME 04086	53-0196605	501C3	35,500.				SEE ATTACHED
MID COAST HUNGER PREVENTI 84A UNION STREET BRUNSWICK ME 04011	01-0492643	501C3	33,000.				SEE ATTACHED
FAMILY PLANNING ASSOC OF PO BOX 5870 AUGUSTA ME 04332	01-0317679	501C3	6,550.				SEE ATTACHED
MOBIUS 319 MAIN STREET DAMARISCOTTA ME 04543	01-0358732	501C3	19,375.				SEE ATTACHED
PSU 75 SCHOOL BASED HEALT 50 REPUBLIC TOPSHAM ME 04086	01-0283948	501C3	15,250.				SEE ATTACHED
NEW HOPE FOR WOMEN PO BOX A ROCKLAND ME 04841	01-0377246	501C3	27,750.				SEE ATTACHED
OASIS HEALTH NETWORK 66 BARRIBEAU DRIVE BRUNSWICK ME 04011	01-0497587	501C3	22,250.				SEE ATTACHED
PEOPLE PLUS CENTER 6 NOBLE STREET BRUNSWICK ME 04011	01-0349949	501C3	22,000.				SEE ATTACHED
PINE TREE LEGAL PO BOX 547 PORTLAND ME 04112	01-0279387	501C3	16,190.				SEE ATTACHED
PLANNED PARENTHOOD OF NNE 1 PLEASANT ST, SUITE 4 PORTLAND ME 04101	03-0222941	501C3	12,350.				SEE ATTACHED

1EEA4001 12/10/12

Schedule I Cont (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

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

Continuation Page 3 of 3

Name of the organization

UNITED WAY OF MID COAST MAINE INC

Part II Continuation of Grants and Other Accruals

Part II Continuation of Grants and Contracts

<u>BRUNSWICK AREA RESPITE CA</u> <u>112 MAIN ST., SUITE 2</u> <u>TOPSHAM ME 04086</u>	22-3128999	501C3	20,500.	SEE ATTACHED
<u>SALVATION ARMY-BATH-BRUNS</u> <u>PO BOX 574</u> <u>BATH ME 04530</u>	13-5562351	501C3	16,575.	SEE ATTACHED
<u>SPECTRUM GENERATIONS</u> <u>PO BOX 2589</u> <u>AUGUSTA ME 04330</u>	01-0318051	501C3	16,000.	SEE ATTACHED
<u>SEXUAL ASSAULT SUPPORT SE</u> <u>PO BOX 990</u> <u>BRUNSWICK ME 04011</u>	22-2850515	501C3	- 18,250.	SEE ATTACHED
<u>SWEETSER</u> <u>50 MOODY STREET</u> <u>SACO ME 04072</u>	01-0211807	501C3	6,000.	SEE ATTACHED
<u>TEDEFORD HOUSING</u> <u>PO BOX 958</u> <u>BRUNSWICK ME 04011</u>	01-0422035	501C3	64,075.	SEE ATTACHED
<u>HABITAT FOR HUMANITY</u> <u>108 CENTER STREET</u> <u>BATH ME 04530</u>	01-0460969	501C3	9,000.	SEE ATTACHED
<u>TEEN & YOUNG PARENT PROGR</u> <u>PO BOX 805</u> <u>ROCKLAND ME 04841</u>	01-0538045	501C3	10,000.	SEE ATTACHED

Schedule I Cont (Form 990) 2012

<u>Agency</u>	<u>Purpose of Grant (agency programs)</u>
All About Prevention	Education
Bath Area Family YMCA	Financial Aid and Child Care
Big Brother/Big Sisters- Bath-Brunswick	Community and School Based Mentoring
Big Brother/Big Sisters- Midcoast Maine	Community and Site-based Mentoring
Catholic Charities Maine	Elder Outreach Network
CLC YMCA	Child Care and Teen Center & Leadership
Coastal Kids Preschool	Developmental Education for
Midcoast Maine Community Action	Family CAN, Family Development
(MCH)Coastal Trans	Non-emergency Demand Response Transportation
Elder Care Network LC	Activities and Transportation
Elmhurst, Inc	Supported Living Program
Family Crisis Services	Outreach and Court Advocacy
Family Focus	Children Services and Parent Program
Harbor Children's Center	Child Care & Primary Plus
Healthy Kids! A Family Resource Network	Child Abuse Prevention/Parenting Education
Independence Association, Inc	Community Supported Services
Girl Scouts of Maine	Girl Grant
Tri County LVA	Adult Literacy and Read With Me Program
Mid Coast Chapter, American Red Cross	Emergency Services, Health & Safety
Mid Coast Hunger Prevention Program	Soup Kitchen, Food Bank, Food Security Coalition
Family Planning Association of Maine	Clinical Health and Outreach
Mobius	Integrated Employment
New Hope for Women, Inc	Lincoln County Outreach
Oasis Health Center	Free Clinics and Prescription Assistance
People Plus Center	Brunswick Teen Center, Community Outreach, Volunteer Trans
Pine Tree Legal	Victim Assistance
Planned Parenthood of Northern New England	Brunswick/Topsham Health Center
Brunswick Area Respite Care	Adult Day Program
MSAD 75 - Health Clinic	School Health Center
Salvation Army	Emergency Assistance
Spectrum Generations	Meals on Wheels
Sexual Assault Support Services of Midcoast Maine	School Education
Sweetser	Learning and Recovery Center
Habitat for Humanity, 7 Rivers Maine	Home Repair and Weatherization
Tedford Housing	Homeless Prevention and Shelter, Supportive Housing
Teen and Young Parent Program	Maine Families

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2012

► Complete if the organizations answered 'Yes' on
Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

[Part II] 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 noncash 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	15	30,798.	STOCK QUOTATIONS
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	

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2012

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

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

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

DIRECTORS GERALD STERGIO, JEFF GEIGER AND PAM BOWERMAN.

HAVE A BUSINESS RELATIONSHIP

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

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

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

Pt VI, Line 15a A SUBCOMMITTEE OF THE FINANCE COMMITTEE DID A MARKET STUDY

Pt VI, Line 15b IN 2013. THE REVIEW ENCOMPASSED ALL EMPLOYEES INCLUDING
THE EXECUTIVE DIRECTOR

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

THE ORGANIZATION HAS ESTABLISHED AN AGENCY FUND WITH THE MAINE
COMMUNITY FOUNDATION. UNDER THE TERMS OF THE AGREEMENT
THE FUNDS CONTRIBUTED ARE THE PROPERTY OF MAINE COMMUNITY
FOUNDATION. UNITED WAY OF MID COAST MAINE IS ENTITLED TO
DISTRIBUTIONS OF INCOME AS DETERMINED BY THE FOUNDATION.

Name of the organization

UNITED WAY OF MID COAST MAINE, INC.

Employer identification number

01-6004866

THE CURRENT YEAR'S DISTRIBUTION WAS \$8,540 AND IS INCLUDED IN CONTRIBUTION INCOME. THE FAIR MARKET VALUE OF THE FUND AS OF JUNE 30, 2013 WAS \$345,721.