## DLN: 93493094004137

OMB No 1545-0047

Department of the Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

A F	or the	<b>2015</b> ca	lendar year, or tax year beginnin	g 07-01-2015 , and ending 06-30-2	2016			
		plicable	C Name of organization United Way Inc			D Emplo	oyer id	entification number
Address change Name change Initial return			,			01-0	24176	57
			Doing business as					
F		1111	United Way of Greater Portland			E Teleph	none nui	mber
return/	termina		Number and street (or P O box if ma One Canal Plaza No 300	all is not delivered to street address) Room,	/suite			
<u>:</u>	ended		City or town, state or province, coun	itry, and ZID or foreign postal code		(207	)874-	1000
Ap	olication	pending	Portland, ME 04101	idly, and zir or foreign postar code		<b>G</b> Gross	receipts	s \$ 10,282,999
			<b>F</b> Name and address of princip	al officer	H(a) I	s this a group	n rotur	n for
			Lız Cotter Schlax			subordinates?		∏ Yes 🗸
			One Canal Plaza No 300 Portland, ME 04101			No		•
Ta:	(-exem	pt status	√ 501(c)(3)	insert no ) 4947(a)(1) or 527		Are all subord ncluded?	linates	\[\text{Yes}  \text{No} \]
1 \A/	obcit o		w unitedwaygp org		I	f "No," attacl	h a list	(see instructions)
, ,,	CDSICE	****				Group exemp		
<b>K</b> Forr	n of org	anızatıon	Corporation Trust Associate	tion Other >	<b>L</b> Year	of formation 1	929 <b>  I</b>	M State of legal domicile Mi
Pa	rt I	Sum	ımary					
			scribe the organization's mission	or most significant activities				
	<u>I m</u>	nproving	J lives by focusing on the building	g blocks of a strong community edu	cation, finar	ncial stability	, and h	ealth
)Ce	_							
<u> </u>								
Ven	<b>2</b> C	heck th	nis box 🕨 🥅 if the organization dis	scontinued its operations or dispose	ed of more tl	han 25% of it	s net a	assets
Activities & Governance							į.	Ī
<b>&gt;</b> 5			•	ng body (Part VI, line 1a)			3	2.5
Ē				f the governing body (Part VI, line 1	·		4	24
<u>₹</u>			·	alendar year 2015 (Part V, line 2a)			5	48
ĕ			·	ecessary)			6 7a	1,772
				m Form 990-T, line 34			7b	0
				,		Prior Year	1 75	Current Year
	8	Contri	ibutions and grants (Part VIII, lir	ne 1h)		7,467	,511	8,234,977
₫.	9		-	ne 2 g)		· · · · · · · · · · · · · · · · · · ·	,961	479,363
Ravenue	10 Invest		tment income (Part VIII, column	(A), lines 3, 4, and 7d)		427	,206	292,761
æ	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
			revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	8,401	,678	9,007,101
	13	12)	e and cimilar amounts haid (Part	IX, column (A), lines 1-3)		5,423	594	5,541,191
	14		, ,	X, column (A), line 4)		3,123	0	0
	15		·	ee benefits (Part IX, column (A), line		2 2 7 0	242	2.262.040
Expenses		5-10		, , , , ,		2,379	,342	2,362,040
<u>9</u>	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0
ă	b		undraising expenses (Part IX, column (D)		-			
	17		. , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)			,992	886,786
	18		•	st equal Part IX, column (A), line 25	´ <b>├</b> ──	8,755	<del>`                                    </del>	8,790,017
ي	19	Reven	iue less expenses. Subtract line .	18 from line 12	• •	-354	,250	217,084
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
Bak	20	Total	assets (Part X, line 16)			18,647	,336	18,455,745
절	21		liabilities (Part X, line 26)			4,560	,613	4,420,723
	22			line 21 from line 20		14,086	,723	14,035,022
	t II		nature Block	imined this return, including accomp	anung ceh	adulas and st	atomo.	nts and to the hest of
my kı	nowled	lge and		imined this return, including accomp iplete Declaration of preparer (other	, -			•
		****				2017-03-30		
Sign			ature of officer			Date		
Here	•		Cotter Schlax President/CEO e or print name and title					
		<b>y</b>	Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	1		Nicholas E Porto	Nicholas E Porto	2017-03-30	Check If self-employed	P013	10283
	ı pare	r [	Firm's name 🕨 Baker Newman & Noye	es		Firm's EIN ► (		526
	Onl	1 -	Firm's address ▶ PO Box 507			Phone no (20	7) 879-	2100
	<b></b>	3	Portland, ME 04112					
M	le - TD	_						Cv CN-

# Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III
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Briefly describe the organization's mission

United Way of Greater Portland improves people's lives by mobilizing the caring power of our communities. We work to achieve communitywide change that improves the education, financial stability, and health of Greater Portland residents. To these ends, we

Did the organization undertake any significant program services during the year which were not listed on Yes √No the prior Form 990 or 990-EZ? . . . . . If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

1,801,501 1,620,707 ) (Revenue \$ 4a (Code ) (Expenses \$ including grants of \$

EDUCATION Education is the comerstone of individual and community success. It is essential to getting and keeping a job with a liviable wage and health benefits. It is also fundamental to a community's economic prosperty' a well-educated workforce attracts world-class jobs. United Way of Greater Portland funds 26 programs at 12 partner agences that focus on education, helping us advance our overall education goal of improving graduation rates in Crimberland County. From addressing youth self-esteem to funding accredited child care centers, United Way of Greater Portland is helping children, youth, and families reach their potential buts at the strength of the foundation determines the stability of the home, all future learning, behavior, and establish to a considerable of the foundation determines the stability of the home, all future learning, behavior, and the stability of the strength of the foundation determines the stability of the home, all future learning, behavior, and the stability of the strength of the foundation development of the stability of the strength o

) (Expenses \$ 4b (Code 1,598,701 including grants of \$ 1,511,923 ) (Revenue \$

HEALTH Improving people's physical and mental health and well-being is one of the building blocks of a thriving community, however, numerous obstacles stand in HEALTH Improving people's physical and mental health and well-being is one of the building blocks of a thriving community, however, numerous obstacles stand in the way of good health for many residents of Cumberland County. United Way of Greater Portland funds 41 programs at 18 partner agencies that focus on health, helping to advance our health goals in the community. From addressing substance abuse to funding vision rehabilitation programs and outpatient mental health clinical services, United Way of Greater Portland works tirelessly to improve lives for thousands of residents in Cumberland County In collaboration with several community partners, United Way of Greater Portland developed the Let's Go! program. Let's Go! is a nationally recognized, community-based childhood obesity prevention program that promotes healthy lifestyles for children, youth, and their families. The goal is to increase physical activity and healthy eating, thereby impacting trends regarding youth obesity. We accomplish our goals using the 5-2-1-0 message eat at least 5 fruits and vegetables per day, limit recreational screen time (TV or computer use) to 2 hours or less, get 1 hour or more of physical activity every day, and drink 0 sugar-sweetened beverages, choosing low fat milk or water instead of soda. This message is used consistently across the multi-sector model to reinforce evidence-based environmental and policy change strategies Let's Go! statewide efforts are managed by the Barbara Bush Children's Hospital at Maine Medical Center. United Way of Greater Portland continues to provide key leadership in the statewide work and financially supports the work in Cumberland County by funding the equivalent of two full-time coordinators to implement the multi-sector model locally through Let's Go! Cumberland County In Fiscal Year 2016, Let's Go! in Cumberland County reached many youth through work in multiple sites. This entails working with 2,374 students in 55 childcare sites, 16,936 students in 43 schools, 2,849 students in 24 out

1,106,975 949,504 ) (Revenue \$ ) (Expenses \$ including grants of \$

FINANCIAL STABILITY There are more than 31,000 people in Greater Portland living in poverty, many of whom do not have enough stable, adequate income to support their basic needs. United Way of Greater Portland has always taken a strategic approach to addressing the root-cause of these critical issues, and intends to help every person in Greater Portland have the opportunity to achieve financial stability. In order to achieve financial stability, individuals and families need permanent housing and food security, use every income and work support they qualify for, and have a career pathway to earn enough income to manage their expenses and build savings. To support these individual needs, United Way of Greater Portland invests in 10 programs at 6 partner agencies that support work that focuses on financial stability. By helping to address the root causes of issues faced by our most vulnerable - homelessness and food insecurity, unemployment, and barriers to employment - United Way of Greater Portland is working collectively in the community to connect people to resources that will help them embark on, or continue down, the path to financial stability. I CA\$H (Creating Assets, Savings, and Hope) Greater Portland is a partnership of community leaders and industry experts empowering individuals and families to achieve long-term financial stability. CA\$H is a year-round resource for the community, offering free income tax preparation to qualified filers during tax season, and educating hard-working residents about how they can make the most of their money. In 2015, CA\$H Greater Portland IRS-certified volunteer tax preparers filed 1,106 free federal and state income tax returns, returning \$1,134,006 in federal income tax refunds to individuals and families, including \$353,076 in federal Eamed Income Tax Credits. Thanks to these efforts, 616 households saved roughly \$97,944 in tax preparation and filing fees. 2. United Way of Greater Portland serves as the Cumberland County Local Board administrator for the Local Board FINANCIAL STABILITY There are more than 31,000 people in Greater Portland living in poverty, many of whom do not have enough stable, adequate income to local existing programs, such as food pantries and shelters, expand their capacity to serve those in need. Local funding decisions are made by the Local Board, which sets priorities, advertises the availability of funds, makes funding recommendations, and provides technical support to recipient organizations throughout the grant period. EFSP's Phase 33 funding awarded \$100,476 to 24 programs at 21 agencies in Cumberland County

See Additional Data

Other program services (Describe in Schedule O )

479,363) 2,547,645 including grants of \$ 1,459,058 ) (Revenue \$

7,054,822 Total program service expenses ▶ 4e

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d	Yes	ı
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

29

Par	TEIV Checklist of Required Schedules (continued)
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

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Nο

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Nο

Nο

rt IV Checklist of Required Schedules (continued)			
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Yes	
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			

Pai	TEIV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization		21
	domestic government on Part IX, column (A.) line 12 If "Yes," complete Schedule I, Parts I and II	₩,	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

	,				
Pai	rt IV	Checklist of Required Schedules (continued)			
21	Did t	he organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Yes	

	( )				. 490
a	t IV Checklist of Required Schedules (continued)				
L	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization o		21	Yes	

Par	t IV Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	domestic government on rate 1x, column (x), inte 1 · 11 · 1e3, complete senedule 1, rates 1 and 11 · · · · · · · · · · · · · · · · · ·			

Pai	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	, 21	Yes	

				_	
Pai	rt IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Yes		

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this I	Part	v	• •	 Vac	. No
12	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20		Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to					
С		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	, venc		1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered is return	2a	48			
b	•	east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the	year <sup>,</sup>	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n in S	Schedule O	3b		
4a		time during the calendar year, did the organization have an interest in, or a sig					
		a financial account in a foreign country (such as a bank account, securities acc nt)?	ount,	, or otner financial	4a		No
b	If"Ve	s," enter the name of the foreign country 🕨					
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
	(FBAR	.)					
		ne organization a party to a prohibited tax shelter transaction at any time durin	-	,	5a		No
b	Did an	ly taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
62	Does	the organization have annual gross receipts that are normally greater than \$10	0 00	0 and did the	6a		No
Ja		zation solicit any contributions that were not tax deductible as charitable conti			<b>J</b> u		
b		s," did the organization include with every solicitation an express statement th lot tax deductible?	at su	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).			70		
	_	e organization receive a payment in excess of \$75 made partly as a contribution	on an	d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pr			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?		which it was required to	7c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
	5 1.1			11 61 12			
е	Dia th	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the oi	rganız	ation file Form 8899 as	70		
h	require	ed'or or o	· ·	the organization file a	/g		
		1098-C?	•	· · · · · ·	7h		
8	•	o <mark>ring organizations maintaining donor advised funds.</mark> donor advised fund maintained by the sponsoring organization have excess bus	: IDOC	s holdings at any time			
		the year?	•	· · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson <sup>?</sup>	<b>9</b> b		
10	Sectio	n 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11		n <b>501(c)(12) organizations.</b> Enter				١	
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them).......... L	11b				
		n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
ь		the amount of reserves the organization is required to maintain by the states					
		th the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13c			ļ	
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

orm '	990 (2015)					Рa
Part	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		 			
Se	ction A. Governing Body and Management					
					Yes	N
	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	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					

	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 $$							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		24				
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness • •	relationsh	ip with any	2		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .							
6	Did the organization have members or stockholders?							
7a	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?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?							
В	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active by the following	ions ur	ndertaken (	during the				
а	The governing body?			•	8a	Yes		
b	Each committee with authority to act on behalf of the governing body?				8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			eached at the	9		No	
Se	ction B. Policies (This Section B requests information about policies not	requi	red by th	e Internal R	even	ue Cod	e.)	
						Yes	No	
)a	Did the organization have local chapters, branches, or affiliates?				<b>10</b> a		No	
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization				10b			
La	Has the organization provided a complete copy of this Form 990 to all members of ithe form?	ts gov	erning bod	y before filing • • •	11a	Yes		

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
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 exempt status with respect to such arrangements?	16h		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►Wendy O'Rourke One Canal Plaza No 300 Portland, ME 04101 (207) 874-1000

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1099-11130)	MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers,	Directors, Trustees	, Kev Employees,	and Highest Co	ompensated Employees	(continued)
	,		,,,,		····	(

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more t	tion ( han d n is l	ne b both	ox, an d	officer	less compensation cer from the ee) organization (W-		(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 11100)	,	related organizations
See Addıtıonal Data Table										
1b Sub-Total						▶[				
c Total from continuation sheet	•					. ▶[				
d Total (add lines 1b and 1c) .						<b>&gt;</b>		257,145	0	22,103
3 Total number of individuals (in	aludina hut not l	limited t	a the		.c.t.o.	d abou	ابيد د م	as recovered mare th	3.0	

- \$100,000 of reportable compensation from the organization > 2

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

(A)

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
- 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
- ındıvıdual . . . . . . . . . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
  - Νo

Yes

3

4

(B)

No

Νo

# Section B. Independent Contractors

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

Name and Dusiness address	Description of services	Compensation

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

Form 99	90 (20	15)						Page <b>9</b>
Part V	/++:	Statement o	f Revenue					
		Check if Schedi	ule O contains a respor	se or note to any lin	e in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a	128,443				
ants	ь	Membership du	es <b>1b</b>					
Gifts, Grants ilar Amounts	c	Fundraising eve	ents <b>1c</b>					
ifts. ar A	d	Related organiz	zations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) <b>1e</b>					
ons Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,106,534				
Contributions, and Other Sim		sımılar amounts no	ot included above					
	g	1a-1f \$	ons included in lines	261,991				
Contand	h	Total. Add lines	s 1a-1f	· · · •	8,234,977			
<u>ı</u>				Business Code				
Program Service Revenue	2a	Service fees		624200	418,850	418,850		
æ	b	Miscellaneous Rev	enue	624200	60,513	60,513		
¥	d							
₹ -	e				+			
Iran	f	All other progra	am service revenue					
ď			s 2a-2f		479,363			
	3		ome (including divident					
	١.	and other simil	aramounts)	•	235,477			235,477
	4   5	Royalties	stment of tax-exempt bond p	proceeds •				
		Noyunies I	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)	•				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,333,182					
	ь	Less cost or	4 275 000					
		other basis and sales expenses	1,275,898					
	C	Gain or (loss)	57,284		57,284			57,284
	d 8a	Net gain or (los Gross income f	· .		37,204			37,204
Other Revenue		events (not inc \$						
Ř		See Part IV, Iir	ne 18 a					
the	ь	Less direct ex	penses b					
0	c		(loss) from fundraising (	events ▶				
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (	(loss) from gaming activ	/ities				
	10a	Gross sales of	inventory, less	-				
		returns and allo						
	b c	_	a   oods sold b   (loss) from sales of inve	entory ▶				
		Miscellaneous		Business Code				
	11a							
	b							
	C	A 11 -+-						
	d e	All other revenue Total. Add lines	ı	🕨	+			
	12			-				
		rocar revenue.	See Instructions	• • • •	9,007,101	479,363	1	292,761

# Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$	1) organizations must complete all columns	All other organizations must complete column (A)

	✓	and raicix			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,534,191	5,534,191		
2	Grants and other assistance to domestic individuals See Part IV, line 22	7,000	7,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,033	80,868	30,877	35,288
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,823,441	731,651	485,801	605,989
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	73,866	40,410	5,196	28,260
9	Other employee benefits	166,072	90,839	10,924	64,309
10	Payroll taxes				_
		151,628	81,947	11,524	58,157
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,835		7,835	
С	Accounting	17,430		17,430	_
d	Lobbying	8,066		8,066	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,453		43,453	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,879	167,607	1,655	20,617
12	Advertising and promotion	47,753	23,511	8,869	15,373
13	Office expenses	129,593	71,133	23,924	34,536
14	Information technology				
15	Royalties				
16	Occupancy	237,691	125,105	47,997	64,589
17	Travel	27,502	17,296	2,594	7,612
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,485	20,894	3,271	20,320
20	Interest				
21	Payments to affiliates	77,376	34,410	19,334	23,632
22	Depreciation, depletion, and amortization	27,359	12,167	6,836	8,356
23	Insurance	13,048	5,803	3,260	3,985
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)				
а					
b					
c					
d					
e	All other expenses	15,316	9,990	5,023	303
25	Total functional expenses. Add lines 1 through 24e	8,790,017	7,054,822	743,869	991,326
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)				

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Net Assets or Fund Balances

Part X	Balance	Shee
	Check if S	chedul

Accounts receivable, net . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . . .

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 . . . . . . .

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

Grants payable

Deferred revenue

Less accumulated depreciation .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Schedule L .

II of Schedule L

Part X	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,643	1	1,882
2	Savings and temporary cash investments	4,776,131	2	4,729,956
3	Pledges and grants receivable, net	4,916,191	3	5,126,760

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

Form 990 (2	2015)							F
Part X	Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part X $$ . $$ .	•						
			(/	<b>A</b> )				(B

Page	1

Page	11

Page	11

41,173

93,513

118,086

7,226,660

1,117,715

18,455,745

426,687

199,875

3,794,161

4,420,723

5,970,279

4,965,146

3,099,597

14,035,022

18,455,745

Form 990 (2015)

34,338

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22 23

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25

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32

33

66,928

130.163

7,526,678

1,195,264

18,647,336

313,420

462,468

3,784,725

4,560,613

6,388,673

4.562.038

3,136,012

14.086.723

18.647.336

383,785

265,699

10a

10b

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 Separate basis Consolidated basis Both consolidated and separate basis

Schedule O

Schedule O

**b** Were the organization's financial statements audited by an independent accountant? 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 Separate basis

Single Audit Act and OMB Circular A-133?

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?

✓ Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 01-0241767

Name: United Way Inc

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

(Code ) (Expenses \$ 2,547,645 including grants of \$ 1,459,058 ) (Revenue \$ 479.363 ) 1 211 Maine is a partnership with the United Ways of Maine, The Opportunity Alliance, and the State of Maine that connects people to resources such as heating and utilities assistance, access to food pantries, housing and shelter, and mental health services through a tollfree telephone number (211) and a robust online directory at 211Maine org. Call specialists assess callers' needs and refer them to help 24 hours a day, 365 days a year, utilizing a statewide database of more than 8,000 resources. Last year, 211 Maine call specialists answered approximately 55,222 calls, providing information and referral services 2 Keep ME Warm is a statewide partnership of the 10United Ways of Maine and the 10 Community Action Agencies (CAPs) to raise funds to provide emergency fuel assistance programs in Maine Keep ME Warm is the only statewide fuel assistance fundraising effort in the state. United Way of Greater Portland is the custodian of the Keep ME Warm Fund and is responsible for collecting, distributing, and reporting Funds contributed to Keep ME Warm are distributed based on a formula developed by the CAPs and United Ways in Maine based on federal Low Income Home Energy Assistance Program (LIHEAP) distribution percentages as well as population CAPs receive 65% of the funds, United Ways of Maine receive 25%, and 10% is used to fund emergency overnight assistance through 211 Maine Donations to Keep ME Warm provide emergency heating assistance CAPs use the funds to help households that might not be eligible for limited federal, state, or local fuel assistance programs. United Way of Greater Portland funds support additional organizations and agencies in their communities that can help those in need of fuel assistance 211 Maine aids in the distribution of funds for statewide overnight emergency fuel assistance for people who have no heat and have children or elderly family members in their household More than \$175,000 was raised for heating assistance through Keep ME Warm last year United Way of Greater Portland estimates that more than 1,000 households were helped last year, directly benefiting approximately 2,500 people 3 Designations are donor-directed contributions to health and human service organizations. Donors to United Way of Greater Portland's campaign may direct all or a portion of their contribution to specific nonprofit agencies that provide health and human services Each agency's nonprofit 501(c)(3) status and compliance with the USA Patriot Act is verified before funds are distributed 4 Additional expenses are incurred by United Way of Greater Portland to assess community needs and to lead and participate in community partnerships and advocacy to advance our education, financial stability, and health goals. In addition, these expenses support outcome measurement training and assistance to agencies, assist and promote agency collaboration and mergers, support program reviews and selection of program/agency recipients, help solicit and administer grants, and support financial and programmatic oversight Volunteers play a vital role in improving people's lives and in helping us reach our organizational goals. To this end, United Way of Greater Portland works with agencies and corporate partners to secure qualified volunteers and works with volunteers to identify appropriate volunteer opportunities. Through a collaborative effort, United Way of Greater Portland offers a statewide, searchable listing of volunteer opportunities at volunteer unitedwaygp org. This valuable tool allows agencies to post volunteer opportunities and individuals to perform a customized search. In addition to hosting and administering the site, we offer technical support to volunteers and agencies. Additionally, United Way of Greater Portland organizes a variety of community events, including an annual food drive, National Family Volunteer Day, Dr. Seuss/Read A cross A merica, Literacy Kit project, Kindergarten Jump Start, and dozens of tailor-made volunteer projects for corporate partners. One of the largest and most well-attended events each year is our Day of Caring, during which over 1,000 volunteers dedicate more than 5,000 hours of service to 75 projects at more than 50 different sites. Volunteers on our investment teams donate substantially more hours each year reviewing partner agencies' alignment with United Way of Greater Portland's goals and awarding funding

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					, ru:	stee	S, F	tey Employed	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unles	sition ore t ss pe	(C) (do han erso cer	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Katie Bellerose	1 00	ſ,				Γ				
Director	0 00	X						0	0	
Greg Boulos	1 00	[				Γ				
Director	0 00	X						0	0	(
Martin Bruno	1 00	[				Γ				
Director	0 00	X						0	0	(
Anne Dalton	1 00									
		×						0	0	
Director	0 00	<u> </u>								
Sean Dugan	1 00	!								
Director	0.00	X						0	0	į
	0 00	<del> </del>	<del></del>	$\vdash$	├	┼	₩			
James Elkıns	1 00	l x						0	0	
Director	0 00	^						Ĭ	٦	·
Joan Fischer	1 00									
		X						0	0	
Director	0 00		<u> </u>		L					
MaryEllen FitzGerald	1 00	!							ĺ	

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1 00 1 00

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Director

Director

Patricia French Director

William Fletcher Esq

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the			
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations			
Diane Garofalo	1 00	×						0	0				
Director	0 00	_ ^						٠	5	J			
Dr Marc Gousse Director	1 00	×						0	0	0			
Sterling Kozlowski	0 00			$\vdash$	╁	<del>                                     </del>							
Director	0 00	х						0	0	o			
Victoria A Loring Director	1 00	х						0	0	C			
Regina Phillips	1 00	×						0	0	С			
Director	0 00												
Mıchael Rayder Dırector	1 00	x						0	0	C			
Joe Rosenfield Director	1 00	х						0	0	C			
Jeffrey Sanders part-year	1 00												

0 00 1 00

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Director

Director

Director

Dana Totman

Deanna Sherman

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

5,427

16,676

Compensated Employees, and Inde					rus	stee	S, I	key Employe	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	ition ore t ss pe	(do (do han erso cer tor/t	not one n is and rust		an Forme	(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
Bill Williamson  Director	1 00	x						0	0	C
Nicole Witherbee	1 00	x						0	0	0
Michael Simonds Chair	1 00	х		х				0	0	C
Shawn Gorman	1 00									

				<u> </u>			
Bill Williamson	1 00						
		X			0	0	
Director	0 00						
Nicole Witherbee	1 00						
Micole Wildielbee		l x			l 0	0	
Director	0 00						
Michael Simonds	1 00						

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141,606

115,539

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Vice Chair

Treasurer

Gregory McCarthy

Liz Cotter Schlax

Matthew Hoidal

Secretary/President/CEO

SVP, Resource Development & Marketing

efile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

DLN: 93493094004137 OMB No 1545-0047

01-0241767

SCHEDULE A (Form 990 or 990EZ)

# **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.

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization

Department of the

United Way Inc

Part I

1

2 3 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990. Employer identification number

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% 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 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015 Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 **(b)**2012 (c)2013 (d)2014 (a)2011 (e)2015 (f)Total

10)	fiscal year beginning in) 🕨	(4)2011	(0)2012	(0)2013	(u)2014	(6)2013	(I) I Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
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	<b>Total.</b> Add lines 1 through 3	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
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						2,785,451
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						37,416,244
S	ection B. Total Support						
10)	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	Amounts from line 4	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	190,067	164,328	162,678	258,112	235,477	1,010,662
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7						41,212,357

12 Gross receipts from related activities, etc (see instructions) 2,437,129 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	t Percentage	
							-

box and stop here. The organization qualifies as a publicly supported organization

through 10

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 90 790 % 14 15 91 950 %

Public support percentage for 2014 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶┌

b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
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 <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	eck here if the organization satisfied the Integral Part Test as a qualifying tr pe III non-functionally integrated supporting organizations must complete S		•	ructions. All other
:	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L I	Net short-term capital gain	1		
1	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
,	Add lines 1 through 3	4		
I	Depreciation and depletion	5		
9	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
;	Section C - Distributable Amount			Current Year
,	Adjusted net income for prior year (from Section A , line 8 , Column A )	1		
1	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
:	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

#### DLN: 93493094004137

Employer identification number

01-0241767

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

United Way Inc

Part I-A

2

# **Political Campaign and Lobbying Activities**

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

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

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

Section 527 organizations Complete Part I-A only

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

_	V Ordificer flours				-
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization t	ınder section 4955	5 •	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization:	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes No
5	Enter the names, addresses at organization made payments l amount of political contribution separate segregated fund or a	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a		
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 9	90-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Grassroots lobbying expenditures

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

Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

	expenses, and share of excess lo	bbying expenditures)	-	
В	Check Filing organization checked	box A and "limited control" provisions apply		
		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	copinion (grass roots	1,955	
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	8,695	
c	Total lobbying expenditures (add lines 1a and	10,650		
d	Other exempt purpose expenditures	7,489,235		
е	Total exempt purpose expenditures (add lines	1c and 1d)	7,499,885	
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	524,994	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

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

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014(d)2015 (e) Total beginning in) Lobbying nontaxable amount 556.894 554,385 530,583 524,994 2a Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 14,799 13,647 10,521 10,650

2,166,856 3,250,284 49,617 139,224 138,596 132,646 131,249 541,715 Grassroots nontaxable amount Grassroots ceiling amount 812,573 (150% of line 2d, column (e))

9,810

10,339

131,249

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Pa	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(	a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		4 moun	it
_	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes		7		
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	<b>01</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		I			
	• • • • • • • • • • • • • • • • • • • •		D	т А '		
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1  Also, complete this part for any additional information	тр IIST), 	, Part I	1-A,I	ines 1	and

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493094004137 OMB No 1545-0047

**Inspection** 

	<b>me of the organization</b> ted Way Inc		Empl	oyer identification number
UIII	ted way inc	01-0	241767	
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e g , recreeducation)	_	n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
C	Number of conservation easements on a certified Number of conservation easements included in (c	, ,	2c	
d -	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	ed by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located 🕨		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	ıdlıng of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	•			
7	A mount of expenses incurred in monitoring, inspe  ▶ \$	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		The state of the s
Par	<b>TIII</b> Organizations Maintaining Collection  Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		

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

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

SCIIE	uule D	(FOIIII 990) 2015							Page 2
Part	11111	Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures, o	r Othe	r Similar As	sets	
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, check any	of the following ti	nat are a	sıgnıfıcant use	ofits	
а		Public exhibition		d $\Gamma$ Lo	oan or exchange	programs			
b	_	Scholarly research		<b>e</b>	ther				
с	_	, Preservation for future generations							
4	Provi	de a description of the organization	's collections and ex	plain how they fur	ther the organiza	ition's ex	empt purpose ı	n	
	Part >								
5		g the year, did the organization soli is to be sold to raise funds rather th	nan to be maintained				ılar <b>Yes</b>	∏ No	•
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 990, Pai	rt IV, line 9, or	reporte	d an amount	on Forr	n 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	rmediary for contr	ibutions or other	assets n	ot <b>Yes</b>	√ No	•
ь	If'	'Yes," explain the arrangement in P	art XIII and comple	te the following ta	ble		A mo	unt	
c		ginning balance	are xiii ana compre	te the following ta		1c			
d		ditions during the year				1d			
e		stributions during the year				1e			
f		ding balance				1f			
<b>2</b> a	Did th	ne organization include an amount c	on Form 990, Part X,	line 21, for escro	w or custodial ac	count IIal	bility? 🗸 Yes	∏ No	•
ь		es," explain the arrangement in Part							<b>✓</b>
Pa	rt V	Endowment Funds. Comple							
1a	Bogur	nning of year balance	(a)Current year 7,532,477	<b>(b)</b> Pnor year 7,615,873	<b>b (c)</b> Two years ba		ree years back 6,054,910	(e)Four ye	ars back 6,053,539
b	_	ributions	41,134	12,787	44,7	_	108,781		326,512
c	Net II losse	nvestment earnings, gains, and	1,633	203,124	1,245,5	572	743,423		-47,287
d	Grant	ts or scholarships	55,716	55,827	56,:	184	21,945		22,741
e		r expenditures for facilities	205,136	199,688	195,7	772	227,554		216,970
f	A dmı	nistrative expenses	42,265	43,792	44,2	264	35,838		38,143
g	End o	of year balance	7,272,127	7,532,477	7,615,8	373	6,621,777		6,054,910
2	Provi	de the estimated percentage of the	current year end bal	ance (line 1g, col	umn (a)) held as				
а	Board	l designated or quasi-endowment ▶	. 55 350 %						
ь	Perm	anent endowment ▶ 27 250 %							
c		orally restricted endowinent	17 400 %						
3a	•	ercentages on lines 2a, 2b, and 2c here endowment funds not in the po	•	nization that are b	and administ	ored for t	tho		
Ja		nere endowment lands not in the po lization by	ssession of the orga	ilization that are i	ieid aild adillillis	ered for t	.iie	Yes	No
	<b>(i)</b> un	related organizations					3a(	-	
		elated organizations					3a(i		No
ь 4		es" on 3a(II), are the related organizes  Is a series of the series of the related uses					3b	<b>)</b>	
	t VI	Land, Buildings, and Equip		endownient lands	•				
		Complete if the organization		Form 990, Part	IV, line 11a.S	ee Form	990, Part X,	line 10.	1
		Description of property		(a) Cost or othe (investme		er basıs	Accumulated (c) depreciation	( <b>d</b> )Boo	k value
1a	Land								
b	Buildin	gs							
c	Leasel	nold improvements							
	E			1	I -		205 11	م ا	440.00-

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

118,086

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.			
(a) Description of security or catego (including name of security)	ргу	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of end-of-year market valu
(2)Closely-held equity interests			
(3)0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.			
Complete if the organization answer	ed 'Yes' on Form 990,	Part IV, line 11c. <sub>S</sub>	See Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-or-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organiza	ition answered 'Yes' on Fo	rm 990, Part IV , line	
Part IX Other Assets. Complete if the organiza (a) De-		rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV , line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organiza (a) De-	ition answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
(1) Beneficial Interest in Perpetual Trust  Total. (Column (b) must equal Form 990, Part X, col (B) limits (a) Decomplete if the organization (b) Decomplete if the organization (a) Decomplete if the organization (b) Decomplete if the organization (c) Decomplete	ntion answered 'Yes' on Foscription		(b) Book value 1,117,71
(a) Description (b) must equal Form 990, Part X, col (B) line  Other Assets. Complete if the organization (a) Description (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the o	ntion answered 'Yes' on Foscription		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the organization of the org	ntion answered 'Yes' on Foscription		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability	ntion answered 'Yes' on Foscription  scription  ne 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  (a) Description of liability	ntion answered 'Yes' on Foscription  scription  ne 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  scription  ne 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
(a) Dec (1) Beneficial Interest in Perpetual Trust  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability Federal income taxes	ntion answered 'Yes' on Foscription  me 15 )		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	tion answered 'Yes' on Foscription  the 15 )  real 5 )  real 6 )  real 5 )  real 6 )  real 5 )  real 6 )		(b) Book value  1,117,71  1,117,71  1,117,71  Part IV, line 11e or 11f.

Other (Describe in Part XIII )

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

1

2

а

b

c d

е 3

d

е

а b

3

7,448,184

-327,786

7,775,970

7,499,885

1,290,132 8,790,017

1

2e

3

2e

3

4c

43,453

1,246,679

-327.786

43,453

b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,231,131
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	9,007,101
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	7,499,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses	1	

2a

2b

2c

2d

4a

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . .

Recoveries of prior year grants . . . . .

#### Add lines 4a and 4b . c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Add lines 2a through 2d .

Other (Describe in Part XIII ) . . . . .

Subtract line 2e from line 1 . . . . . .

Other (Describe in Part XIII ) . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Part XIII Supplemental Information

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

Return Reference Explanation Part IV, Line 2b United Way of Greater Portland holds an endowment for the benefit of Preble Street, a social service agency that provides services to people experiencing problems with homelessness, housing, hunger, and poverty Income from the endowment is to be used by Preble Street to promote and support self

sufficiency of the individuals and families it serves. Additionally, \$57,150 was owed to 211 Maine, a related organization, at year end

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493094004137 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number United Way Inc 01-0241767 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 72 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistar	nce	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
(1) Higgins Scholarships		1	7,000				
Part IV Supplemental 1	Informat	ion. Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.	
Return Reference	Explanation						

# Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference Explanation Community Investments Organizations receiving discretionary funding from United Way of Greater Portland undergo an intensive pre-screening process before being awarded funding United Way of Greater Portland utilizes teams of community volunteers working in conjunction with staff to conduct this "Community Investment" review process, which includes a paper application and in-person review meeting. To be considered for funding, applicant organizations must meet basic certification standards, including verification of current status as an IRS Code Section 501(c)(3) nonprofit organization Applicant agencies are required to 1) Explain the proposed use of United Way of Greater Portland funding and demonstrate results (client outcomes) of funding 2) Submit agency and program-level budgets and annual audits to demonstrate financial stability and adherence to sound fiscal policies and management practices. United Way of Greater Portland requires that all funded organizations sign a funding contract agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations such as the USA Patriot Act Community Impact staff regularly communicate with and monitor funded organizations via interim reports submitted between scheduled full reviews Interim reports demonstrate how funding has been utilized to date and the client outcomes achieved as a result of funding Interim reports provide information on major programmatic or financial changes to the agency that might impact its ability to deliver agreed-upon client outcomes. Completion and submission of satisfactory interim reports are a requirement of continued funding. Designations of creening includes certification that the

nature. In addition, organizations must provide verification of compliance with the USA Patriot Act

organization 1) is a non-profit under IRS code section 501(c)(3), 2) provides health and human services, 3) is not fraternal, political or religious in

## **Additional Data**

Augusta, ME 04330

Software ID: Software Version:

**EIN:** 01-0241767

Name: United Way Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	, ,	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 Maine Inc PO Box 15200 Portland,ME 041125200	30-0194364	501(c)(3)	250,000				Information & Referral, Grant, Donor Designations
A Company of Girls PO Box 7527 Portland, ME 04112	05-0631726	501(c)(3)	45,786				Community Investment, Donor Designations
American Lung Association 122 State Street	06-0646594	501(c)(3)	41,881				Community Investment, Donor

Designations

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) American Red Cross of 501(c)(3) 116,083 01-0215209 Community Investment, Southern Maine Donor Designations 2401 Congress Street

Portland, ME 04102					
A mistad PO Box 992 Portland, ME 04104	01-0500860	501(c)(3)	47,371		Community Investment, Donor Designations

Aroostook County Action 01-0315849 501(c)(3) 13,579 Emergency Heating Program Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 1116

Presque Isle, ME 04769

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Big Brother & Big Sisters of 01-0475146 501(c)(3) 103.591 Community Investment, Southern Maine Donor Designations

501(c)(3)

Boys & Girls Clubs of

Southern Maine

PO Box 7830 Portland, ME 04112 01-0211543

195 Lancaster Street Portland, ME 04101					
Boy Scouts of America #0218 Pine Tree Council Inc 131 Johnson Road Portland, ME 04102	01-0211490	501(c)(3)	5,690		Donor Designations

Community Investment,

Donor Designations

331,373

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Cancer Community Center 01-0513301 501(c)(3) 20,989 Donor Designations 778 Main Street

	South Portland, ME 04106					
-	Caring Resources for Living - North Yarmouth 1018 North Road	20-0868716	501(c)(3)	14,227		Donor Designations

63,156

Community Investment,

Donor Designations

North Yarmouth, ME 04097

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Catherine Morrill Day Nursery

96 Danforth Street

Portland, ME 04101

01-0211542

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 501(c)(3) 247,722 Catholic Charities of Maine 01-0228225 Community DO Boy 10660 Investment Dener

PO BOX 10000					riivestillelit, Dolloi
Portland, ME 04104					Designations
Center for Grieving Children PO Box 1438	01-0431501	501(c)(3)	121,159		Community Investment, Donor
Portland ME 04104					Decignations

POILIANA, ME 04104

Community Concepts 01-0424969 501(c)(3) 15,944

pesignations

Emergency Heating PO Box 278

Assistance, Donor Designations

South Paris, ME 04281

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Community Counseling 01-0288362 501(c)(3) 298,408 Community tment, Donor

Center 343 Forest Avenue Portland, ME 04101					Investm Designa
Community Dental - Portland	23-7129502	501(c)(3)	130,560		Commu

South Portland, ME 04106

343 Forest Avenue Portland, ME 04101					Designations
Community Dental - Portland 276 Canco Road Portland, ME 04103	23-7129502	501(c)(3)	130,560		Community Investment, Donor Designations

1 Oldana, TTE 0 1101					
Community Dental - Portland 276 Canco Road Portland, ME 04103	23-7129502	501(c)(3)	130,560		Community Investment, Dono Designations

276 Canco Road Portland, ME 04103					Investment, Donor Designations
Day One	01-0322532	501(c)(3)	164,276		Community
525 Main Street	01 0322332	301(0)(3)	104,270		Investment, Donor

Designations

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 20-3559947 501(c)(3) 19.168 Educate Maine Count ME in Grant 482 Congress Street Portland MF 04101 01-0352636 501(c)(3) 90.290 Community Investment.

42,706

Donor Designations

Donor Designations

Community Investment,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

T Officiality, FIL O 1101	
Family Crisis Services	
PO Box 704	
Portland, ME 04104	

01-0416974

Frannie Peabody Center

335 Valley Street

Portland, ME 04102

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Freeport Community Services 01-0332769 501(c)(3) 41,487 Community Investment, Designations

53 Depot Road PO Box 119 Freeport, ME 04032					Donor De
Girl Scouts of Maine 138 Gannett Drive PO Box	01-0269802	501(c)(3)	27,091		Communi Donor De

501(c)(3)

Good Shepherd Food Bank

PO Box 1807 Auburn, ME 04211 22-2986809

Freeport, ME 04032					
Girl Scouts of Maine 138 Gannett Drive PO Box 9421 280 South Portland, ME 04106	01-0269802	501(c)(3)	27,091		Community Investment, Donor Designations

7,424

Community Investment, Donor Designations

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Goodwill Industries of 01-0284340 501(c)(3) 54,629 Community Northern New England Investment, Donor PO Box 8600 353 Designations Cumberland Avenue Portland MF 04104 unity

Investment, Donor

Designations

Torciana, FIL 04104					
HomeHealth Visiting Nurses of Southern ME 15 Industrial Park Road Saco,ME 04072	23-7204938	501(c)(3)	90,101		Community Investment, Donor Designations
Immigrant Legal Advocacy	22-3260883	501(c)(3)	37,270		Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Project

PO Box 17917

Portland, ME 04112

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Irıs Network 01-0196359 501(c)(3) 29,353 Community Investment, Designations

189 Park Avenue Portland,ME 04101					Donor Designations
Kennebec Valley Community Action Program	01-0277678	501(c)(3)	18,818		Emergency Heating Assistance

26,697

Community Investment, Donor Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

97 Water Street

22-2993035

Waterville, ME 04901 Kids First Center

222 St John Street Suite 101 Portland, ME 04102

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Legal Services for the Elderly 01-0359131 501(c)(3) 51,741 Community 5 Wabon Street Investment, Donor nations

_Augusta,ME 043307040					Designa
Maine Behavioral Health Foundation 295 Water Street Suite 200	56-2409903	501(c)(3)	9,000		Grant - Recover Center

501(c)(3)

Maine Medical Center

22 Bramhall Street Portland, ME 04102 01-0238552

- Portland ery Community Augusta, ME 04330

11,957

Let's Go! Partnership

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Massachusetts Institute of 04-2103594 501(c)(3) 10,001 Community Technology Investment, Donor ations

77 Massachusetts Avenue Cambridge, MA 02139					Designati
Mercy Hospital 144 State Street Portland, ME 04101	01-0211534	501(c)(3)	11,130		Donor De

01-0315732

esignations 501(c)(3) 6,653 Emergency Heating

Assistance

Midcoast Maine Community Action Program 34 Wing Farm Parkway

Bath, ME 04530

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Milestone Foundation 01-6024344 501(c)(3) 7.000 Milestone 65 India Street Detoxification Program

Donor Designations

Portland, ME 04101					b etexined trongram
Mission Possible Teen Center 755 Main Street Westbrook,ME 04092	01-0509578	501(c)(3)	60,350		Donor Designations
Morrison Developmental	01-0243254	501(c)(3)	67,603		Community Investment,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center

331 Veranda Street Portland, ME 04103

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Northeast Hearing & Speech 01-0228262 501(c)(3) 89,794 Community Investment, 75 West Commercial Street Donor Designations

501(c)(3)

Peaks Island, ME 04108

01-6023748

Penguis CAP Inc

Bangor, ME 04401

PO Box 1162

Suite 205 205 Portland, ME 04101					
Peaks Island Children's Workshop PO Box 80	01-0482767	501(c)(3)	23,312		Community Investment

22,591

Emergency Heating

Assistance

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Pine Tree Legal 01-0279387 501(c)(3) 88,923 Community PO Box 547 88 Federal Investment, Donor Street Designations Dortland ME 04113 Designations

Portiand, ME 04112					
Planned Parenthood of	03-0222941	501(c)(3)	44,634		Donor D
Northern New England					
51 US Route 1 Suite C					
					1

Scarborough, ME 04074

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

46-0809288 42,070 Government

Portland Housing Authority

One Time Housing 14 Baxter Blvd Grant Portland, ME 04101

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 46-0809288 12,761 Starting Strong Grant Portland Public Schools Government 353 Cumberland Avenue Portland, ME 04101 and Support to nt Seamen

Portland Seamans Friend Society Lewis Street Westbrook,ME 04092	01-0211545	501(c)(3)	60,000		How Fund Indigent
Preble Street	01-0418917	501(c)(3)	395,294		Commun

Portland, ME 04104

unity 18 Portland Street PO Box Investment, Donor 1459 Designations

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Regional Transportation 01-0339851 501(c)(3) 71,253 Community

127 St John Street Portland, ME 04102					Designati
Rippleffect	01-0521260	501(c)(3)	6,837		Donor Des

501(c)(3)

Serenity House

30 Mellen Street Portland, ME 04101 01-0426638

Portland, ME 04102					
Rippleffect PO Box 401	01-0521260	501(c)(3)	6,837		Donor Designations
Portland, ME 04112					

12,574

Community Investment

Program  127 St John Street  Portland, ME 04102  Investment, I  Designations	D l - # t	01 0521260	E01/a//3/	6 9 2 7		Danas Dagianations
						Investment, Donor Designations

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Sexual Assault Response 01-0343943 501(c)(3) 38,920 Community Investment, Services of Southern Maine Donor Designations

PO Box 13/1 Portland, ME 04104					
Shalom House Inc 106 Gilman Street PO Box 560 Portland, ME 04112	23-7119236	501(c)(3)	55,548		Community Investment, Donor Designations

13,372

Gorman Camperships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

01-0186800

State YMCA of Maine

305 Winthrop Center Road Winthrop, ME 04364

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Stepping Stones (Formerly 01-0348849 501(c)(3) 5,281 Community known as MAPS) Investment, Donor 107 India Street Designations nor Designations

Portland, ME 04101					i .
Susan L Curtis Foundation	01-0324705	501(c)(3)	10,305		Dono
1321 Washington Avenue Suite 104					
Portland, MF 04103					l

01-0316041 501(c)(3) 572,348 The Opportunity Alliance

Community 50 Lydia Lane Investment, Let's Go! South Portland, ME 04106 Partnership, Heating Assistance, Donor

Designations

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Tri-County Mental Health 01-0316813 501(c)(3) 24,496 Community Services Investment, Donor P O Box 2008 1155 Lisbon Designations

St Lewiston, ME 04241					
United Way of Androscoggin County PO Box 888 Lewiston, ME 04243	01-0316813	501(c)(3)	30,814		Emergency Heating Assistance, Donor Designations
				·	

8,630

Emergency Heating Assistance, Donor

Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

United Way of Aroostook

480 Main Street 3rd Floor

Presque Isle, ME 04769

County

23-7147455

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) United Way of Eastern Maine 01-0211478 501(c)(3) 21.115 Emergency Heating 24 Springer Drive Suite 201 Assistance, Donor Bangor, ME 04401 Designations 01-6004404 Emergency Heating

United Way of Kennebec 501(c)(3) 13,596 Valley Assistance, Donor 331 Water Street Suite 5 Augusta, ME 04330 United Way of Mid-Coast 01-6004866 501(c)(3) 45,671 Maine

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Bath, ME 04530

Designations Emergency Heating Assistance, Donor 34 Wing Farm Parkway Suite Designations 201

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way of Mid-Maine 01-0233280 501(c)(3) 7,354 Emergency Heating PO Box 91 Assistance, Donor

Assistance

Waterville,ME 04901					Designations
United Way of York County PO Box 727 Kennebunk, ME 04043	01-0276862	501(c)(3)	80,403		Emergency Heating Assistance, Donor Designations
Waldo Community Action	01-6020566	501(c)(3)	5,654		Emergency Heating

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Partners

PO Box 130

Belfast, ME 049150130

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Washington Hancock 52-0817684 501(c)(3) 11,132 Emergency Heating Community Action Assistance PO Box 280

Milbridge, ME 04658					
Wayside Soup Kitchen PO Box 1278 Portland, ME 04104	22-2806424	501(c)(3)	33,293		Community Investment, Donor Designations

Westbrook School 01-6000038 Government

Westbrook, ME 04092

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

36,250

Westbrook Children's Department Project 117 Stroudwater Street

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(c)(3) 126,124 YMCA of Southern Maine 01-0211568 Community PO Box 1078 70 Forest Investment, Donor Avanua Designations

Portland, ME 04104				
York County Community Action PO Box 727	01-6020406	501(c)(3)	8,913	

Portland, ME 04101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Designations

Emergency Heating Assistance Sanford, ME 04073 Youth and Family Outreach 01-0374597 501(c)(3) 35,437 Community 331 Cumberland Avenue Investment, Donor

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M** 

DLN: 93493094004137

## **Noncash Contributions**

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

**Employer identification number** 

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

13 Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation

(Form 990)

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

United Way Inc 01-0241767 Types of Property Part I (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . . 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 58 261,991 Stock Exchange Price **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous .

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 ▶ ( \_\_\_\_\_)

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 30a

**b** If "Yes," describe the arrangement in Part II Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . . . . 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

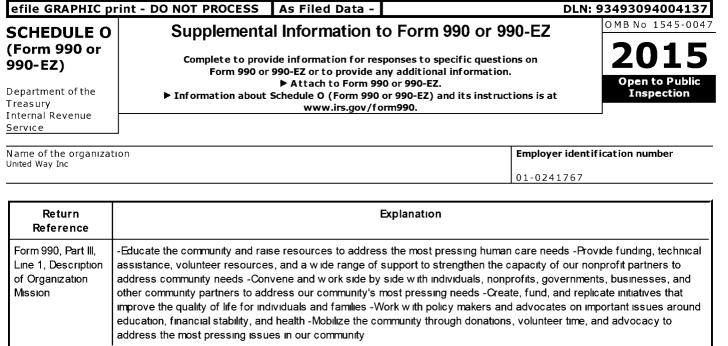
for exempt purposes for the entire holding period? .

Yes

No

Νo

Schedule M (Form 990) (2015)



Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Membership The membership of United Way of Greater Portland consists of contributors to the United Way of Greater Portland Campaign, United Way of Greater Portland volunteers, and representatives of providers of human services in the community that are supported financially by United Way of Greater Portland as follows. Individual Members. All individuals who have made a financial contribution to the most recently completed United Way of Greater Portland Campaign qualify as contributor members of United Way of Greater Portland for the ensuing calendar year. Those individuals who have volunteered for United Way of Greater Portland qualify as volunteer members of United Way of Greater Portland for the ensuing calendar year. Organizational Members. Those partner agencies that receive any funding from the Corporation qualify as an agency member of the corporation for the ensuing calendar year, and are entitled to designate a volunteer to represent them as a member of the corporation at any meeting of the members.

Return Reference	Explanation
Form 990, Part VI,	Powers The membership of the Corporation shall have the following powers and authority (a) To attend the annual
· ·	meeting and any special meeting(s) of the membership (b) To receive reports at meetings of the membership (c) To elect Directors of the Corporation at the Annual Meeting

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	See preceeding explanation (line 7a)

Return Reference	Explanation
Form 990, Part VI,	The Form 990 is prepared by an independent accounting firm and thoroughly reviewed by the Director of Finance prior to
Section B, line 11	review and approval by the Senior Vice President Operations & Planning, President, and Board of Directors. A copy of
	the final Form 990 is provided to all Directors and is available to the public upon request

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	United Way of Greater Portland's Code of Ethics is intended to guide and advance the ethical conduct of both volunteers and staff in carrying out their United Way of Greater Portland responsibilities. As part of the Code of Ethics, the Board of Directors and staff must avoid a conflict of interest or the appearance of a conflict of interest, which could tarnish the reputation of United Way of Greater Portland or undermine the public's trust in United Way of Greater Portland's staff and volunteers. To ensure that the best interests of United Way of Greater Portland are served, the Board of Directors and staff upon first being appointed, elected or hired, disclose in wirting, to the best of his or her knowledge, any potential conflicts of interest that involve the individual, his or her immediate relatives, or any entity with which he or she is associated in a significant leadership or ownership capacity. Thereafter, these disclosures are updated annually, or sooner if changed circumstances in a particular case may warrant. The terms of all potential conflicts of interest are reviewed by management and reported to the Executive Committee of United Way of Greater Portland as necessary to ensure compliance with the Code of Ethics.

Return Reference	Explanation
' '	The process of determining the compensation package of the President & CEO includes all elements noted review and approval by independent board members, comparability data, and contemporaneous substantiation of the deliberation and
	decision by a board member present in the executive session where compensation is determined

Return Reference	Explanation	l
Form 990, Part VI,	United Way of Greater Portland's conflict of interest policy and most recent audited financial statements are available	l
Section C, line 19	on line at www unitedwaygp org and its governing documents are available upon request	ı

Return Reference	Explanation
Form 990, Part IX, Line 25	Indirect Expense Calculation A calculation of United Way of Greater Portland's operating expense ratio according to the data included in Form 990, Part VIII, Statement of Revenue and Form 990, Part IX, Statement of Functional Expenses, includes expenses associated with soliciting, collecting, and distributing over \$5.3 million in out-of-area pledges in 2016. Revenues associated with these pledges are excluded from the Statement of Revenue, as United Way Worldwide standards dictate that such pledges represent revenue to the United Way in which the donor works. Similarly, dollars raised on behalf of 211 Maine are excluded from the Statement of Revenue, as 211 Maine issues its own Form 990, but some costs incurred in soliciting those dollars are included in the Statement of Functional Expenses. The below calculation, which includes all funds processed by the United Way of Greater Portland, better represents the Organization's operational efficiency, and is included in the Organization's audited financial statements for the year ended June 30, 2016. Supporting Services. 2016 2015. Fundraising 991,325.1,138,724. Management & General 700,415.739,689. Total Supporting Services. 1,691,740.1,878,413. Revenue. 2016. 2015. Sources. Listed Above 8,963,648.8,401,678. Out-of-Area Pledges. 5,259,177.5,599,343. 211. Maine Revenue. 948,658.941,362. Total Sources. 15,171,483.14,942,383. Operating Expense. Ratio. 11.2%. 12.6%.

Return Reference	Explanation
Form 990, Part XI, line 9	Donor Designation Adjustment, Net 59,001

Return Reference	Explanation
Form 990, Part XII, Line 2c	The audit process has not changed from the prior year

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493094004137 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization **Employer identification number** 

United Way Inc				01-0241	767			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d</b> ) Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	e tax year.							
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	ction Public charity statu (if section 501(c)(3		<b>(f)</b> Direct controlling entity	(13) cont entity	
(1)211 Maine Inc PO Box 15200 Portland, ME 041125200 30-0194364	Health & human service information and referral service	ME	501(c)(3)	Line 7		United Way Inc	Yes	No
							+	<u> </u>
							+	-
For Denominal Poduction Art Notice and the Technistics for Form 000		Cat No FO1:	<u> </u>			Cabadula D / Cam	000) :	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		rimary activity Legal domicile (state or foreign	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		
				314)			Yes	No		Yes	No		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

No

Yes

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No					
b	Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	Yes						
С	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No					
d	Loans or loan guarantees to or for related organization(s)				1d		No					
е	Loans or loan guarantees by related organization(s)				1e		No					
f	Dividends from related organization(s)				1f		No					
g	Sale of assets to related organization(s)				<b>1</b> g		No					
h	Purchase of assets from related organization(s)				1h		No					
i	Exchange of assets with related organization(s)				1i		No					
j	j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes						
 m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes						
o	Sharing of paid employees with related organization(s)				10	Yes						
D	Reimbursement paid to related organization(s) for expenses				1p		No					
q	Reimbursement paid by related organization(s) for expenses				1q	Yes						
r	Other transfer of cash or property to related organization(s)				1r		No					
	Other transfer of cash or property from related organization(s)				<b>1</b> s		No					
	If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved	ı					
<b>(1)</b> 21	. Maine Inc	В	250,000	cash value								
				1								

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

revenue) that was not a related organization. See instructions r							(g) Share of											
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		organizations?		organizations/		organizations/		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
													<u></u>					
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