

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
UNITED WAY OF EASTERN MAINE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
700 MAIN STREET SUITE 1

City or town, state or province, country, and ZIP or foreign postal code
BANGOR, ME 04401

D Employer identification number
01-0211478

E Telephone number
(207) 941-2800

G Gross receipts \$ 2,754,184

F Name and address of principal officer:
SHIRAR PATTERSON
700 MAIN STREET SUITE 1
BANGOR, ME 04401

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYEM.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1937

M State of legal domicile: ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** 16

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** 17

6 Total number of volunteers (estimate if necessary) **6** 441

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

7b Net unrelated business taxable income from Form 990-T, line 39 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,144,715	2,468,160
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,349	210,091
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,574	66,153
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,337,638	2,744,404
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,349,751	1,658,202
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	533,861	624,276
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶439,817		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	367,886	356,400
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,251,498	2,638,878
19 Revenue less expenses. Subtract line 18 from line 12	86,140	105,526

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,413,470	5,286,737
21 Total liabilities (Part X, line 26)	586,239	596,715
22 Net assets or fund balances. Subtract line 21 from line 20	4,827,231	4,690,022

Part II Signature Block

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

Sign Here

***** Signature of officer 2021-04-29 Date

SHIRAR PATTERSON PRESIDENT & CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-04-29	Check <input type="checkbox"/> if self-employed	PTIN P01874526
Firm's name ▶ RUNYON KERSTEEN OUELLETTE	Firm's EIN ▶ 01-0440155			
Firm's address ▶ 20 LONG CREEK DR SOUTH PORTLAND, ME 04106	Phone no. (207) 773-2986			

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 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.

4a (Code:) (Expenses \$ 1,604,643 including grants of \$ 1,260,234) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 19,470 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 45,308 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 439,413 including grants of \$ 397,968) (Revenue \$)
EASTERN MAINE CAH COALITION - ALSO KNOWN AS EMCAH, IS A UWEM LED COALITION OF MORE THAN 20 ORGANIZATIONS PROVIDING FREE TAX PREPARATION AND FINANCIAL LITERACY SERVICES FOR LOW TO MID-INCOME FAMILIES IN UWEM'S SERVICE AREA. THE MISSION IS TO PROVIDE ACCESS TO FREE TAX PREPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABILITY FOR EASTERN MAINE FAMILIES AND INDIVIDUALS. LAST TAX SEASON, UWEM COORDINATED 10 IRS-CERTIFIED TAX PREPARATION VOLUNTEERS AND 4 FINANCIAL LITERACY VOLUNTEERS AND SERVED 677 TAX FILERS AT 7 SITES THROUGHOUT THE FIVE-COUNTY AREA. THIS RESULTED IN 565,886 IN REFUNDS, INCLUDING 99,926 IN EARNED INCOME TAX CREDITS AND 44,023 IN CHILD TAX CREDITS. THIS SAVED PARTICIPANTS A TOTAL OF 117,312 IN TAX PREPARATION COSTS. FAMILYWIZE - UNITED WAY IS THE OFFICIAL PARTNER OF FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP. UWEM DISTRIBUTES PHARMACY DISCOUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS. FAMILYWIZE CARDS SAVE INDIVIDUALS OVER 550,000 ANNUALLY. NEIGHBORS UNITED - UNITED WAY OF EASTERN MAINE IS A LEADER IN IDENTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER. UWEM CONSISTENTLY IDENTIFIES HEATING FUEL ASSISTANCE AS A SIGNIFICANT NEED IN THE SERVICE AREA BASED ON THE VOLUME OF INDIVIDUALS SEEKING OUT LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE. HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 12% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR. NEIGHBORS UNITED - PROJECT HEAT GREW OUT OF WORK WITH THE EASTERN MAINE FUNDERS IN 2007. THIS INITIATIVE PROVIDES SMALL GRANTS THAT HELP FAMILIES STAY SAFE THROUGH THE WINTER BY PROVIDING FUNDS FOR EMERGENCY HEATING ASSISTANCE, ENERGY AUDITS, WINTERIZATION, WEATHERIZATION, AND HANDS-ON TRAINING IN ENERGY SAVINGS METHODS. IN FY 2019 THIS PROGRAM AWARDED 9,820 IN GRANTS TO NON-PROFITS IN UWEM'S SERVICE AREA. FOOD SECURITY - UWEM HAS HAD A LONG-STANDING FOCUS ON FOOD SECURITY THROUGH PROGRAMS LIKE THE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP), THE NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE, AND UWEM'S PANTRY PROJECT. UWEM IS COMMITTED TO RAISING THE RESOURCES NECESSARY TO MEET THE IMMEDIATE FOOD SECURITY NEEDS FOR THE REGION WHILE ADDRESSING THE UNDERLYING CAUSES OF HUNGER AND WORKING WITH PARTNERS TO STRENGTHEN THE FOOD SECURITY NETWORK. UWEM ADMINISTERED OVER 120,000 IN FEDERAL EFSP AIDE TO ORGANIZATIONS WITHIN PENOBSCOT COUNTY IN THE LAST YEAR. OVER THE PAST 10 YEARS THE NALC FOOD DRIVE HAS GENERATED OVER 1 MILLION POUNDS OF FOOD, TRANSLATING INTO NEARLY 825,000 MEALS VALUED OVER 1.9 MILLION DOLLARS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 439,413 including grants of \$ 397,968) (Revenue \$)

4e Total program service expenses 2,108,834

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN MCKINNON CHAIR	1.00	X		X			0	0	0	
(2) PAT KIMBALL VICE-CHAIR	1.00	X		X			0	0	0	
(3) ERIN BARRY TREASURER	1.00	X		X			0	0	0	
(4) KAREN POMEROY SECRETARY	1.00	X		X			0	0	0	
(5) DOUG MICHAEL DIRECTOR	1.00	X					0	0	0	
(6) DEBBIE GENDREAU DIRECTOR	1.00	X					0	0	0	
(7) SUSAN HUNTER DIRECTOR	1.00	X					0	0	0	
(8) JEN MONTGOMERY-RICE DIRECTOR	1.00	X					0	0	0	
(9) AUSTIN MUCHEMORE DIRECTOR	1.00	X					0	0	0	
(10) RON RUSSELL DIRECTOR	1.00	X					0	0	0	
(11) CHRISTOPHER SHAW DIRECTOR	1.00	X					0	0	0	
(12) ELIZABETH SUTHERLAND DIRECTOR	1.00	X					0	0	0	
(13) ERIC ANDERSON DIRECTOR	1.00	X					0	0	0	
(14) SNO BARRY DIRECTOR	1.00	X					0	0	0	
(15) MELISSA HUSTON DIRECTOR	1.00	X					0	0	0	
(16) MARY NADEAU DIRECTOR	1.00	X					0	0	0	
(17) SHIRAR PATTERSON PRESIDENT &	40.00			X			96,537	0	6,925	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	▶		
c Total from continuation sheets to Part VII, Section A	▶		
d Total (add lines 1b and 1c)	▶	96,537	6,925

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	494,780				
	d Related organizations	1d					
	e Government grants (contributions)	1e	140,676				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,832,704				
	g Noncash contributions included in lines 1a - 1f:\$	1g	52,673				
	h Total. Add lines 1a-1f			2,468,160			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		160,835			160,835	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal	6a			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	49,256			
			(ii) Other	7a			
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c	49,256			
	d Net gain or (loss)			49,256		49,256	
	8a Gross income from fundraising events (not including \$ 494,780 of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b	9,780			
c Net income or (loss) from fundraising events				-9,780			
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a SERVICE FEES		900099	74,521	74,521			
b OTHER INCOME		900099	1,412	1,412			
c							
d All other revenue							
e Total. Add lines 11a-11d			75,933				
12 Total revenue. See instructions			2,744,404	75,933		210,091	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,658,202	1,658,202		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	105,212	41,188	24,568	39,456
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	405,613	159,196	94,136	152,281
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,463	2,813	1,896	2,754
9 Other employee benefits	67,823	26,842	15,426	25,555
10 Payroll taxes	38,165	14,980	8,857	14,328
11 Fees for services (non-employees):				
a Management				
b Legal	110		110	
c Accounting	69,462		69,462	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,243		5,243	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	80,941	35,392	662	44,887
12 Advertising and promotion				
13 Office expenses	44,099	9,099	20,997	14,003
14 Information technology	1,473		1,473	
15 Royalties				
16 Occupancy	55,462		55,462	
17 Travel	4,870	2,581	725	1,564
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,909	10,574	5,183	152
20 Interest	518		518	
21 Payments to affiliates	19,108	327	18,781	
22 Depreciation, depletion, and amortization	8,880		8,880	
23 Insurance	5,900		5,900	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	20,460	3,597	14,647	2,216
b EVENT PRIZES	16,637	16,637		
c VOLUNTEER/AGENCY MEETINGS	4,667	3,039	1,278	350
d DUES AND SUBSCRIPTIONS	2,661	769	1,039	853
e All other expenses		123,598	-265,016	141,418
25 Total functional expenses. Add lines 1 through 24e	2,638,878	2,108,834	90,227	439,817
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20,355	1	38,301
	2 Savings and temporary cash investments	456,230	2	418,650
	3 Pledges and grants receivable, net	495,898	3	472,734
	4 Accounts receivable, net	44,040	4	105,247
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,859	9	21,613
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	130,005		
	b Less: accumulated depreciation	112,854	23,931	10c 17,151
	11 Investments—publicly traded securities	715,611	11	678,363
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,626,546	15	3,534,678
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,413,470	16	5,286,737	
Liabilities	17 Accounts payable and accrued expenses	50,650	17	50,848
	18 Grants payable		18	
	19 Deferred revenue	1,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	534,589	25	545,867
	26 Total liabilities. Add lines 17 through 25	586,239	26	596,715
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,044,045	27	1,020,266
	28 Net assets with donor restrictions	3,783,186	28	3,669,756
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,827,231	32	4,690,022	
33 Total liabilities and net assets/fund balances	5,413,470	33	5,286,737	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,744,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,638,878
3	Revenue less expenses. Subtract line 2 from line 1	3	105,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,827,231
5	Net unrealized gains (losses) on investments	5	-68,347
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-174,388
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,690,022

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
- 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 Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 01-0211478

Name: UNITED WAY OF EASTERN MAINE

Form 990 (2019)

Form 990, Part III, Line 4a:

OPPORTUNITY 2028 - THROUGH THE COMMUNITY GRANTING PROCESS, 29 COMMUNITY- BASED PROGRAMS IMPACT THE LIVES OF 24,000+ PEOPLE ANNUALLY. AS THE LARGEST PRIVATE FUNDER IN THE AREA, UWEM CURRENTLY MANAGES 659,791 IN GRANTS FOR 29 PROGRAMS IN 20 AGENCIES TO MEET BASIC NEEDS AND PROMOTE SELF- SUFFICIENCY; PREVENT, TREAT AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDER; AND ENSURE THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES. THE COMMUNITY MAPPING PROCESS ALLOWS UWEM TO IDENTIFY THE AREAS IN WHICH IT HAS A UNIQUE POSITION TO LEVERAGE RELATIONSHIPS AND COMMUNITY RESOURCES TO CREATE SOLUTIONS THROUGH COLLECTIVE IMPACT. THESE ONGOING COMMUNITY CONVERSATIONS LED UWEM TO EVOLVE OUR COMMUNITY IMPACT WORK THROUGH A COLLECTIVE IMPACT PLAN KNOWN AS OPPORTUNITY 2028. THESE ARE ISSUES THAT HAVE MULTIPLE CAUSES AND CAN'T BE SOLVED WITH A QUICK-FIX SOLUTION. UWEM WORKS TO ADDRESS THE ISSUE AT ITS CORE. WITH DONORS, VOLUNTEERS, AND LIKE-MINDED ORGANIZATIONS, UNITED WAY COORDINATES EFFORTS AROUND CLEAR GOALS TO CREATE LASTING CHANGE THAT WILL IMPROVE LIVES AND COMMUNITY CONDITIONS TODAY AND FOR FUTURE GENERATIONS. THE GOALS OF OPPORTUNITY 2028 INCLUDE: MEETING BASIC NEEDS AND PROMOTING SELF- SUFFICIENCY BY MOVING 10,746 PEOPLE OUT OF POVERTY BY 2028; PREVENTING, TREATING AND SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDER BY ELIMINATING DEATHS DUE TO SUBSTANCE USE DISORDER BY 2028; AND ASSURING THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES BY INCREASING THE PERCENT OF CHILDREN READING PROFICIENTLY AT THE END OF THIRD GRADE TO 58% BY 2028.

Form 990, Part III, Line 4b:

VOLUNTEERISM - THROUGH AN ONLINE DATABASE (VOLUNTEERME.UNITEDWAY.ORG) VOLUNTEERS ARE MATCHED TO MEANINGFUL OPPORTUNITIES THROUGHOUT THE REGION. ADDITIONALLY, THE VOLUNTEER CENTER OFFERS CAPACITY BUILDING AND TECHNICAL SUPPORT FOR AGENCIES THAT UTILIZE VOLUNTEERS BY PROVIDING REGULAR TRAINING OPPORTUNITIES, VOLUNTEER MANAGEMENT RESOURCES AND MONTHLY PEER TO PEER NETWORKING. THE VOLUNTEER CENTER IS ALSO RESPONSIBLE FOR COORDINATING DAYS OF CARING TWICE YEARLY TO ASSIST NONPROFITS IN THE REGION WITH ONE-DAY SERVICE PROJECTS THAT THEY OTHERWISE MAY NOT HAVE THE CAPACITY TO COMPLETE.

Form 990, Part III, Line 4c:

211 - UWEM SUPPORTS 2-1-1 MAINE FOR THE 5-COUNTY AREA IT SERVES. 2-1-1 IS A COMPREHENSIVE STATEWIDE DIRECTORY OF OVER 10,000 HEALTH AND HUMAN SERVICES AVAILABLE IN MAINE. THE TOLL FREE 2-1-1 HOTLINE IS CONFIDENTIAL AND ANONYMOUS AND CONNECTS CALLERS TO TRAINED CALL SPECIALISTS WHO CAN HELP 24 HOURS A DAY, 7 DAYS A WEEK. FINDING THE ANSWERS TO HEALTH AND HUMAN SERVICES QUESTIONS AND LOCATING RESOURCES IS AS QUICK AND EASY AS DIALING 2-1-1, TEXTING YOUR ZIP CODE TO 898-211, OR BY VISITING 211MAINE.ORG. 211 PROVIDES UWEM WITH UP TO DATE DATA AROUND COMMUNITY NEEDS AND UNMET NEEDS ON A MONTHLY BASIS. WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, AND SUBSTANCE ABUSE SERVICES. CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPTEMBER THROUGH MARCH WITH HEATING ASSISTANCE CALLS OFTEN MAKING UP 60 - 70% OF THE CALLS. ADDITIONALLY, 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JANUARY-MARCH), AND WEATHER-RELATED DISASTERS (I.E. ICE STORMS).

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,086,603	2,228,549	2,166,618	2,147,017	2,468,160	11,096,947
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,086,603	2,228,549	2,166,618	2,147,017	2,468,160	11,096,947
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						11,096,947

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,086,603	2,228,549	2,166,618	2,147,017	2,468,160	11,096,947
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	128,365	153,373	145,803	156,838	160,835	745,214
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 through 10						11,842,161
12 Gross receipts from related activities, etc. (see instructions)					12	75,933

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	93.710 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	93.870 %

- 16a 33 1/3% support test—2019.** 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—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** 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—2018.** 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
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
b	Type I or Type II only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 01-0211478

Name: UNITED WAY OF EASTERN MAINE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

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

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,174,055	3,241,657	3,044,640	2,797,128	2,969,826
b Contributions	9,967	3,000	90,000	12,294	10,000
c Net investment earnings, gains, and losses	25,442	131,008	225,477	352,988	-65,988
d Grants or scholarships					
e Other expenditures for facilities and programs	134,700	201,610	118,460	117,770	116,710
f Administrative expenses					
g End of year balance	3,074,764	3,174,055	3,241,657	3,044,640	2,797,128

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

- a** Board designated or quasi-endowment ▶ 5.980 %
- b** Permanent endowment ▶ 76.450 %
- c** Temporarily restricted endowment ▶ 17.570 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		130,005	112,854	17,151
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				17,151

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN ASSETS HELD BY MCF	3,157,364
(2) BENEFICIAL INTERESTS IN PERPETUAL TR	370,005
(3) CASH SURRENDER VALUE OF LIFE INSURAN	7,309
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,534,678

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	350,135
(3) DESIGNATIONS PAYABLE	188,343
(4) CAPITAL LEASE OBLIGATION	7,389
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	545,867

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,990,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-68,347
b	Donated services and use of facilities	2b	6,372
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-102,170
e	Add lines 2a through 2d	2e	-164,145
3	Subtract line 2e from line 1	3	2,154,687
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,243
b	Other (Describe in Part XIII.)	4b	584,474
c	Add lines 4a and 4b	4c	589,717
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,744,404

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

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

1	Total expenses and losses per audited financial statements	1	2,127,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,372
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,372
3	Subtract line 2e from line 1	3	2,121,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,243
b	Other (Describe in Part XIII.)	4b	512,255
c	Add lines 4a and 4b	4c	517,498
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,638,878

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 01-0211478

Name: UNITED WAY OF EASTERN MAINE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN VALUE OF PERPETUAL TRUSTS 988 CHANGE IN VALUE OF ASSETS HELD BY MCF -103,158

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 495,619 PROVISIONS FOR UNCOLLECTIBLES 72,218 VALUE OF DONATED CAR 16,637

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	VALUE OF DONATED CAR 16,637 DONOR DESIGNATIONS 495,618

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MAINE UNITED TE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	494,780			494,780
	2 Less: Contributions	494,780			494,780
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25			25
	7 Food and beverages	1,000			1,000
	8 Entertainment				
	9 Other direct expenses	8,755			8,755
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,780
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-9,780	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III 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 assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION COLLABORATES WITH ITS AGENCY PARTNERS DURING THE YEAR. VOLUNTEERS REVIEW FUNDED PROGRAMS SEMI-ANNUALLY TO DETERMINE PROGRESS TOWARD THE GOALS AND OUTCOMES UPON WHICH GRANTS ARE AWARDED. AGENCY PARTNERS MUST PROVIDE PROOF THAT THEY ARE EXEMPT ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 01-0211478
Name: UNITED WAY OF EASTERN MAINE

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 MAINE - UNITED WAY OF GREATER P ONE CANAL PLAZA PORTLAND, ME 041125200	30-0194364	501C3	14,384				EDU, INC, HEALTH
BANGOR AREA HOMELESS SHELTER 263 MAIN STREET BANGOR, ME 04401	01-0412267	501C3	16,142				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANGOR AREA RECOVERY NETWORK 142 CENTER STREET BANGOR, ME 04401	27-0363459	501C3	34,200				EDU, INC, HEALTH
BANGOR YMCA 17 SECOND STREET BANGOR, ME 04401	01-0211485	501C3	57,017				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBSCOOK INSTITUTE 10 COMMISSARY PT ROAD TRESCOTT, ME 04652	01-0449348	501C3	33,754				EDU, INC, HEALTH
COMMUNITY COMPASS 248 BUCKSPORT ROAD ELLSWORTH, ME 04605	01-0288757	501C3	13,200				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF MAINE PO BOX 75153 BALTIMORE, MD 212755153	22-2478946	501C3	7,995				EDU, INC, HEALTH
DOVER FOXCROFT AREA FOOD CUPBOARD 76 NORTH STREET DOVER FOXCROFT, ME 04426	47-4851960	501C3	10,300				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNEAST AIDS NETWORK 5 LONG LANE 1 ELLSWORTH, ME 04605	01-0441229	501C3	33,000				EDU, INC, HEALTH
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER, ME 04412	01-0328376	501C3	75,080				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS IN ACTION PO BOX 1446 ELLSWORTH, ME 04605	01-0378369	501C3	6,465				EDU, INC, HEALTH
GOOD SAMARITAN AGENCY 100 RIDGEWOOD DRIVE BANGOR, ME 04401	01-0211507	501C3	83,249				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	22-2986809	501C3	14,158				EDU, INC, HEALTH
HABITAT FOR HUMANITY 382 HARLOW STREET BANGOR, ME 04401	01-0441147	501C3	33,230				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY ACADIA 140 STATE STREET 1 ELLSWORTH, ME 04605	27-0548057	501C3	21,241				EDU, INC, HEALTH
HEALTHY PENINSULA PO BOX 945 BLUE HILL, ME 04614	81-2799943	501C3	13,449				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE 179-181 CORPORATE DRIVE BANGOR, ME 04401	01-0514750	501C3	5,124				EDU, INC, HEALTH
INDEPENDENCE ADVOCATES OF MAINE PO BOX 457 ORONO, ME 04473	01-0349310	501C3	18,587				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS OF BANGOR 354 HOGAN ROAD BANGOR, ME 04401	23-7409749	501C3	20,502				EDU, INC, HEALTH
NEW HOPE FOR WOMEN PO BOX A ROCKLAND, ME 04841	01-0377246	501C3	13,840				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHI 25 FREEDOM PARKWAY HERMON, ME 04401	01-0362709	501C3	15,732				EDU, INC, HEALTH
PARTNERS FOR PEACE PO BOX 653 BANGOR, ME 04402	01-0358090	501C3	10,521				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR CHILDREN'S ORAL HEA PO BOX 11 YARMOUTH, ME 04096	31-1783164	501C3	7,900				EDU, INC, HEALTH
PENOBSCOT COMMUNITY HEALTH CENTER 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501C3	38,000				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENQUIS 262 HARLOW STREET BANGOR, ME 04401	01-6023748	501C3	40,810				EDU, INC, HEALTH
SALVATION ARMY PO BOX 1101 BANGOR, ME 04402	13-5562351	501C3	7,000				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAW HOUSE PO BOX 936 BANGOR, ME 04402	01-0495262	501C3	135,452				EDU, INC, HEALTH
SPECTRUM GENERATIONS ONE WESTON COURT SUITE 109 AUGUSTA, ME 043305543	01-0318051	501C3	9,454				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMONS AT CENTRAL HALL 152 E MAIN STREET DOVER FOXCROFT, ME 04426	45-5213907	501C3	11,500				EDU, INC, HEALTH
THE SALVATION ARMY PO BOX 1101 BANGOR, ME 044021101	13-5562351	501C3	6,500				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF DEXTER 23 MAIN STREET DEXTER, ME 04930	01-6000140	GOV	6,000				EDU, INC, HEALTH
UNITED WAY OF ANDROSCOGGIN PO BOX 888 LEWISTON, ME 042400888	01-0211564	501C3	53,449				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF AROOSTOOK COUNTY 830 MAIN STREET UNIT 4 PRESQUE ISLE, ME 047692277	23-7147455	501C3	46,797				EDU, INC, HEALTH
UNITED WAY OF GREATER PORTLAND ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	01-0241767	501C3	133,755				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KENNEBEC VALLEY 121 COMMERCIAL STREET AUGUSTA, ME 04330	01-6004404	501C3	25,445				EDU, INC, HEALTH
UNITED WAY OF MID-MAINE 105 KENNEDY MEMORIAL DRIVE WATERVILLE, ME 04901	01-0233280	501C3	41,404				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MID COAST MAINE 34 WING FARM PARKWAY 201 BATH, ME 045301515	01-6004866	501C3	44,347				EDU, INC, HEALTH
UNITED WAY OF TRI-VALLEY AREA PO BOX 126 FARMINGTON, ME 049380126	01-0377559	501C3	12,401				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF YORK COUNTY PO BOX 727 KENNEBUNK, ME 040430727	01-0276862	501C3	69,473				EDU, INC, HEALTH
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	01-6020566	501C3	6,500				EDU, INC, HEALTH

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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY CAN 232 COURT STREET MACHIAS, ME 04654	01-0407276	501C3	7,120				EDU, INC, HEALTH
WELLSPRING INC 98 CUMBERLAND STREET BANGOR, ME 04401	22-2632367	501C3	47,510				EDU, INC, HEALTH

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUTHERLAND WESTON	ELIZABETH S.	26,963	MARKETING EXPENSES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	SUTHERLAND WESTON PROVIDES MARKETING SERVICES FOR THE ORGANIZATION. ELIZABETH SUTHERLAND, A PARTNER AT SUTHERLAND WESTON, SERVES AS A MEMBER OF THE BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF EASTERN MAINE

Employer identification number
01-0211478

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	16,637	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	21,036	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CARDS</u>)	X	3	4,500	MARKET VALUE
26 Other ▶ (<u>FOOD</u>)	X	1	10,500	MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

UNITED WAY OF EASTERN MAINE

Employer identification number

01-0211478

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE ULTIMATE GOAL IS IMPROVING THE LIVES OF CHILDREN, FAMILIES, AND SENIORS IN EASTERN MAINE. WE STRIVE TO MAKE SURE CHILDREN ARE READY TO LEARN, FAMILIES ARE SAFE AND SELF-SUFFICIENT, AND SENIORS REMAIN INDEPENDENT AND ACTIVE. WE ACCOMPLISH OUR RESULTS BY BRINGING TOGETHER SUBJECT EXPERTS, BUSINESS LEADERS, DONORS, NEIGHBORHOODS, AND MEMBERS OF LOCAL NONPROFIT AGENCIES. THESE COMMUNITY MEMBERS HELP IDENTIFY OUR COMMUNITY'S MOST CRITICAL SOCIAL ISSUES. IN FORMING THESE PARTNERSHIPS, WE ARE BETTER ABLE TO ADDRESS THE UNDERLYING CAUSES OF PROBLEMS IN OUR COMMUNITY AND PREVENT THEM FROM HAPPENING. UWEM RAISES FUNDS FROM THE COMMUNITY TO ADDRESS THE UNDERLYING ROOT CAUSE OF THE COMMUNITY'S MOST PRESSING ISSUES. IN THE PAST YEAR MORE THAN 66,000 INDIVIDUALS WERE SUPPORTED THROUGH THE EFFORTS OF UWEM, WHICH REPRESENTS 1 IN 4 RESIDENTS OF EASTERN MAINE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OPPORTUNITY 2028 - THROUGH THE COMMUNITY GRANTING PROCESS, 29 COMMUNITY- BASED PROGRAMS IMPACT THE LIVES OF 24,000+ PEOPLE ANNUALLY. AS THE LARGEST PRIVATE FUNDER IN THE AREA, UWEM CURRENTLY MANAGES 659,791 IN GRANTS FOR 29 PROGRAMS IN 20 AGENCIES TO MEET BASIC NEEDS AND PROMOTE SELF- SUFFICIENCY; PREVENT, TREAT AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDER; AND ENSURE THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES. THE COMMUNITY MAPPING PROCESS ALLOWS UWEM TO IDENTIFY THE AREAS IN WHICH IT HAS A UNIQUE POSITION TO LEVERAGE RELATIONSHIPS AND COMMUNITY RESOURCES TO CREATE SOLUTIONS THROUGH COLLECTIVE IMPACT. THESE ONGOING COMMUNITY CONVERSATIONS LED UWEM TO EVOLVE OUR COMMUNITY IMPACT WORK THROUGH A COLLECTIVE IMPACT PLAN KNOWN AS OPPORTUNITY 2028. THESE ARE ISSUES THAT HAVE MULTIPLE CAUSES AND CAN'T BE SOLVED WITH A QUICK-FIX SOLUTION. UWEM WORKS TO ADDRESS THE ISSUE AT ITS CORE. WITH DONORS, VOLUNTEERS, AND LIKE-MINDED ORGANIZATIONS, UNITED WAY COORDINATES EFFORTS AROUND CLEAR GOALS TO CREATE LASTING CHANGE THAT WILL IMPROVE LIVES AND COMMUNITY CONDITIONS TODAY AND FOR FUTURE GENERATIONS. THE GOALS OF OPPORTUNITY 2028 INCLUDE: MEETING BASIC NEEDS AND PROMOTING SELF- SUFFICIENCY BY MOVING 10,746 PEOPLE OUT OF POVERTY BY 2028; PREVENTING, TREATING AND SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDER BY ELIMINATING DEATHS DUE TO SUBSTANCE USE DISORDER BY 2028; AND ASSURING THAT ALL CHILDREN HAVE QUALITY EARLY LEARNING EXPERIENCES BY INCREASING THE PERCENT OF CHILDREN READING PROFICIENTLY AT THE END OF THIRD GRADE TO 58% BY 2028.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>211 - UWEM SUPPORTS 2-1-1 MAINE FOR THE 5-COUNTY AREA IT SERVES. 2-1-1 IS A COMPREHENSIVE STATEWIDE DIRECTORY OF OVER 10,000 HEALTH AND HUMAN SERVICES AVAILABLE IN MAINE. THE TOLL FREE 2-1-1 HOTLINE IS CONFIDENTIAL AND ANONYMOUS AND CONNECTS CALLERS TO TRAINED CALL SPECIALISTS WHO CAN HELP 24 HOURS A DAY, 7 DAYS A WEEK. FINDING THE ANSWERS TO HEALTH AND HUMAN SERVICES QUESTIONS AND LOCATING RESOURCES IS AS QUICK AND EASY AS DIALING 2-1-1, TEXTING YOUR ZIP CODE TO 898-211, OR BY VISITING 211MAINE.ORG. 211 PROVIDES UWEM WITH UP TO DATE DATA AROUND COMMUNITY NEEDS AND UNMET NEEDS ON A MONTHLY BASIS. WHILE CALL VOLUME AND TYPE VARY FROM MONTH TO MONTH THE TOP CALL CATEGORIES FOR THE PAST SEVERAL YEARS HAVE INCLUDED HEATING ASSISTANCE, UTILITIES ASSISTANCE, HOUSING, BASIC NEEDS-FOOD, MENTAL HEALTH SERVICES, HEALTH CARE/HEALTH INSURANCE, AND SUBSTANCE ABUSE SERVICES. CALL VOLUME SPIKES FOR HEATING ASSISTANCE SEPTEMBER THROUGH MARCH WITH HEATING ASSISTANCE CALLS OFTEN MAKING UP 60 - 70% OF THE CALLS. ADDITIONALLY, 211 RECEIVES CALLS FOR SEASONAL SERVICE NEEDS (THANKSGIVING AND CHRISTMAS), TAX SERVICES (JANUARY-MARCH), AND WEATHER-RELATED DISASTERS (I.E. ICE STORMS).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>EASTERN MAINE CAH COALITION - ALSO KNOWN AS EMCAH, IS A UWEM LED COALITION OF MORE THAN 20 ORGANIZATIONS PROVIDING FREE TAX PREPARATION AND FINANCIAL LITERACY SERVICES FOR LOW TO M ID-INCOME FAMILIES IN UWEM'S SERVICE AREA. THE MISSION IS TO PROVIDE ACCESS TO FREE TAX PR EPARATION, FINANCIAL EDUCATION, AND ASSET DEVELOPMENT PRODUCTS LEADING TO FINANCIAL STABIL ITY FOR EASTERN MAINE FAMILIES AND INDIVIDUALS. LAST TAX SEASON, UWEM COORDINATED 10 IRS-C ERTIFIED TAX PREPARATION VOLUNTEERS AND 4 FINANCIAL LITERACY VOLUNTEERS AND SERVED 677 TAX FILERS AT 7 SITES THROUGHOUT THE FIVE-COUNTY AREA. THIS RESULTED IN 565,886 IN REFUNDS, I NCLUDING 99,926 IN EARNED INCOME TAX CREDITS AND 44,023 IN CHILD TAX CREDITS. THIS SAVED P ARTICIPANTS A TOTAL OF 117,312 IN TAX PREPARATION COSTS. FAMILYWIZE - UNITED WAY IS THE OF FICIAL PARTNER OF FAMILYWIZE COMMUNITY SERVICE PARTNERSHIP. UWEM DISTRIBUTES PHARMACY DISC OUNT CARDS AT NO CHARGE TO ORGANIZATIONS AND INDIVIDUALS. FAMILYWIZE CARDS SAVE INDIVIDUAL S OVER 550,000 ANNUALLY. NEIGHBORS UNITED - UNITED WAY OF EASTERN MAINE IS A LEADER IN IDE NTIFYING SOLUTIONS TO THE ENERGY CRISIS MANY FAMILIES FACE EACH WINTER. UWEM CONSISTENTLY IDENTIFIES HEATING FUEL ASSISTANCE AS A SIGNIFICANT NEED IN THE SERVICE AREA BASED ON THE VOLUME OF INDIVIDUALS SEEKING OUT LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FUNDS AND THE ANNUAL VOLUME OF CALLS TO 211 AROUND THIS ISSUE. HEATING ASSISTANCE CALLS TO 211 MAKE UP APPROXIMATELY 12% OF CALLS FOR UWEM'S SERVICE AREA EACH YEAR. NEIGHBORS UNITED - P ROJECT HEAT GREW OUT OF WORK WITH THE EASTERN MAINE FUNDERS IN 2007. THIS INITIATIVE PROVI DES SMALL GRANTS THAT HELP FAMILIES STAY SAFE THROUGH THE WINTER BY PROVIDING FUNDS FOR EM ERGENCY HEATING ASSISTANCE, ENERGY AUDITS, WINTERIZATION, WEATHERIZATION, AND HANDS-ON TRA INING IN ENERGY SAVINGS METHODS. IN FY 2019 THIS PROGRAM AWARDED 9,820 IN GRANTS TO NON-PR OFITS IN UWEM'S SERVICE AREA. FOOD SECURITY - UWEM HAS HAD A LONG-STANDING FOCUS ON FOOD S Ecurity THROUGH PROGRAMS LIKE THE FEMA EMERGENCY FOOD & SHELTER PROGRAM (EFSP), THE NATION AL ASSOCIATION OF LETTER CARRIERS (NALC) FOOD DRIVE, AND UWEM'S PANTRY PROJECT. UWEM IS CO MMITTED TO RAISING THE RESOURCES NECESSARY TO MEET THE IMMEDIATE FOOD SECURITY NEEDS FOR T HE REGION WHILE ADDRESSING THE UNDERLYING CAUSES OF HUNGER AND WORKING WITH PARTNERS TO ST RENGTHEN THE FOOD SECURITY NETWORK. UWEM ADMINISTERED OVER 120,000 IN FEDERAL EFSP AIDE TO ORGANIZATIONS WITHIN PENOBSCOT COUNTY IN THE LAST YEAR. OVER THE PAST 10 YEARS THE NALC F OOD DRIVE HAS GENERATED OVER 1 MILLION POUNDS OF FOOD, TRANSLATING INTO NEARLY 825,000 MEA LS VALUED OVER 1.9 MILLION DOLLARS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD RECEIVES A COPY OF THE 990 TO BE FILED. THE FINANCE COMMITTEE REVIEWS THE 990 AND MAKES INQUIRIES OR COMMENTS FOR EDITS BEFORE THE 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, BOARD MEMBERS ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY DECLARING ANY CONFLICTS THEY OR FAMILY MEMBERS HAVE. A GRID WITH THE RESPONSES IS GIVEN TO THE BOARD CHAIR AND GOVERNANCE COMMITTEE CHAIR. AT THE START OF EACH MEETING, THE BOARD CHAIR ASKS IF THERE ARE ANY CONFLICTS WITH ANY ITEMS ON THE AGENDA. IF THERE ARE POSSIBLE CONFLICTS IDENTIFIED, THE BOARD MEMBER(S) ARE ASKED TO LEAVE THE ROOM DURING DELIBERATIONS AND THE CONFLICT DISCLOSURE IS NOTED IN THE BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE SETS THE CEO COMPENSATION DURING THE FISCAL YEAR BUDGETING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UNITED WAY OF EASTERN MAINE POSTS THE WHISTLEBLOWER AND CONFLICT OF INTEREST POLICIES, ORGANIZATIONAL BY-LAWS, AND THE ANNUAL AUDIT AND 990 ON ITS PUBLIC WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF PERPETUAL TRUSTS 988 PROVISION FOR UNCOLLECTIBLES -72,218 CHANGE IN VALUE OF ASSETS HELD BY MCF -103,158 TOTAL -174,388