Department of the Treasury

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.

2019

DLN: 93493055004181 OMB No. 1545-0047

Open to Public Inspection

		enue Servic						
A F	or th	e 2019 (ning 07-01-2019 , and ending 06-	30-2020			
		pplicable:	C Name of organization United Way Inc			D Employe	er identifi	cation number
		change	d/b/a United Way of Greater Portland	d		01-0241	1767	
□ Na		-	Doing business as					
		n/terminate	United Way of Greater Portland					
☐ Am	nende	d return		ail is not delivered to street address) Room/s	suite	E Telephon	e number	
□ Ар	plicati	on pending	550 Forest Avenue No 100			(207) 8	74-1000	
			City or town, state or province, coun	try, and ZIP or foreign postal code				
			Portland, ME 04101			G Gross re	ceipts \$ 12	2,794,822
			F Name and address of principa	officer:	H(a)	Is this a group ref	turn for	
			Liz Cotter Schlax		` ´	subordinates?		□Yes ☑ No
			550 Forest Avenue No 100 Portland, ME 04101			Are all subordinat	es	☐ Yes ☐No
I Ta:	x-exei	mpt status	: 1			included?	: /	
			: ☑ 501(c)(3) ☐ 501(c)() ◀(insert no.) 4947(a)(1) or 527		If "No," attach a l Group exemption	•	•
JW	ebsii	te:► wv	vw.unitedwaygp.org		(0)	Group exemption	number	
					L Year o	of formation: 1929	M State	of legal domicile: ME
K Forr	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🗌 Assoc	ciation ☐ Other ►	1 1001 0	i formadon. 1929	. State	or regar dofficie. The
Pa	art I	Sun	ımary					
			escribe the organization's mission or	most significant activities:				
a,				blocks of a strong community: education	n, financia	al stability, and he	alth.	
) (-							
E L								
Governance	_ [Chl - bl	··- b · · · >	continued its operations or disposed of		- 250/ -f:tt-		
ဌ			of voting members of the governin		more than	n 25% or its net a	3	29
	l		<u> </u>	the governing body (Part VI, line 1b)			4	28
es	l			endar year 2019 (Part V, line 2a)			5	44
₹	l		, ,	, , , , , , , , , , , , , , , , , , , ,			6	
Activities &	l		•	essary)				1,776
Q	l			VIII, column (C), line 12			7a	0
	Ь	Net unre	elated business taxable income from	Form 990-T, line 39	<u> </u>		7b	0
						Prior Year		Current Year
<u>9</u> :	8	Contribu	itions and grants (Part VIII, line 1h)			8,085,5	531	9,175,021
Ravenue	9	Program	service revenue (Part VIII, line 2g)	455,7	762	201,878		
۸∻۲	10	Investm	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)		222,2	234	229,220
_	11	Other re	evenue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total rev	venue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		8,763,5	527	9,606,119
	13	Grants a	and similar amounts paid (Part IX, co	olumn (A), lines 1–3)		5,486,5	517	5,785,960
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)			0	0
S	15	Salaries	, other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		2,731,0	010	2,933,596
Se	l		onal fundraising fees (Part IX, colun	, , , , , ,		_,,,,,	0	0
Expenses	l		draising expenses (Part IX, column (D), I	, ,,			+	<u>_</u>
ă	l		rpenses (Part IX, column (A), lines 1	· - ·	-	1,200,1	186	1,121,820
	l			•			_	
	l		penses. Add lines 13-17 (must equ		-	9,417,7	_	9,841,376
. 10	19	Kevenue	e less expenses. Subtract line 18 fro	om line 12		-654,1	_	-235,257
200					Веді	inning of Current Y	ear	End of Year
alar	20	Total as	sets (Part X, line 16)			19,226,8	317	17,437,834
Net Assets or Fund Balances	l		bilities (Part X, line 26)			4,146,4		2,400,459
žŠ.	l		, ,	11 from line 20				
			ets or fund balances. Subtract line 2	11 11 11 11 11 11 11 11 11 11 11 11 11		15,080,3	5/3	15,037,375
	ırt II		nature Block	ned this return, including accompanyin	a schodul	oc and statements	and to	the best of my
				Declaration of preparer (other than of				
any k	nowle	edge.						
		*****	**			2021 02 17		
c:		Signa	ture of officer			2021-02-17 Date		_
Sign Here		 						
	•		otter Schlax President/CEO or print name and title					
		1	Print/Type preparer's name	Preparer's signature	Date		PTIN	
D-:	J		rinicy rype preparers name		2021-02- 1	7 Check 🗀 if F	211 N 20 1 289281	
Paid		}	Firm's name			self-employed Firm's EIN ► 01-	0523202	
Pre _l		E1	- Derry Duffit McNeil & Pa	and the			JJZJZ0Z	
Use	On	iiy [Firm's address ► 2211 Congress Street			Phone no. (207)	775-2387	
			Portland, ME 04102					
May +	he IP	S discue	s this return with the preparer show	n above? (see instructions)			▽ ∨	es 🗆 No
			eduction Act Notice, see the sep	,	Cat	No. 11282Y		Form 990 (2019)
	_				-ul.			

Form	990 (2019)					Page 2
Pa	Statement of	of Program Servic	e Accomplis	hments		
	Check if Sched	ule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the or	ganization's mission:				
we, impr knov	as a backbone organizat ove education, financial on to achieve the best re	tion, are uniting individ stability, and health fo esults, and we rigorous	luals and organ or every person sly evaluate our	izations around our com in Greater Portland. Wi r progress. And because	nd by mobilizing the caring power munity's shared vision, Thrive2027 th community partners, we build o we believe everyone has a role to surable, long-lasting community ch	7, three 10-year goals to n strategies that are play in building a thriving
2	<u>-</u>	, -	, -	vices during the year wh	nich were not listed on	
	'	990-EZ?				☐ Yes ☑ No
	•	se new services on Sch				
3	-	- -	-	changes in how it condu	cts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe thes	=				
4	Section $501(c)(3)$ and		ns are required	I to report the amount o	largest program services, as meast f grants and allocations to others, t	
4a	(Code: See Additional Data) (Expenses \$	1,137,306	including grants of \$	966,330) (Revenue \$	0)
	(Code:) (Expenses \$	2,056,704	including grants of \$	1,800,261) (Revenue \$	0)
טד	See Additional Data	/ (Expenses \$	2,030,704	merading grants or \$	1,500,201) (Nevende \$	0)
4c	(Code: See Additional Data) (Expenses \$	1,248,454	including grants of \$	1,069,905) (Revenue \$	0)
	(Code:) (Expenses \$	3,222,902	including grants of \$	1,949,464) (Revenue \$	201,878)
	available 24 hours a day, food pantries, housing an www.211Maine.org. 211 Alliance as the contact ce operating specialized initi of the nine United Ways i the only statewide fuel as collecting, distributing, an based on federal Low Ilnot creceive 25%, and 10% is use the funds to help hou additional organizations a overnight emergency fue for heating assistance thr benefiting approximately direct all or a portion of the before funds are distribut We know meaningful compossible when people fror helping to support Thrive strategy, aligning partner to utilize their full range of strengthen the connection the agency services to myolunteers to fill identified responsible for evaluating Maine, United Way of Groganizations to post volusupport to volunteers and drive, National Family Volunfort.	seven days a week, by phid shelter, and mental hea Maine is a partnership with inter partner. Last year, 2: atives like the Opiate Help in Maine and the 10 Commissistance fundraising effort in different form. Funds contributed to fund emergency of the seven different in the	none, text, and on the services thrown the United Ways 11 Maine Specialishine and fielding on the text of the state. United to Keep ME noe Program (LIH overnight assistant eligible for limite that can ho have no heat an year. United Way ons are donor-dired nonprofit agenciated role in improvimore than just mong to roll up their commitment to the ces. United Way of direasure - throunds the text way of Greated nonprofits. These commendations for exemple the commendation of the dividuals to perform Additionally, Unit America Day, liter many of our schedunters typically divined the sevent of the control	lline. 211 Maine connects pegh a toll-free telephone num so of Maine, the State of Maine sts answered approximately general questions about Maineies (CAPs) to raise funds to teled Way of Greater Portland Warm are distributed based EAP) distribution percentage for through 211 Maine. Donad federal, state, or local fuel help those in need of fuel as do have children or elderly fa of Greater Portland estimatected contributions to other ies. Each agency's nonprofit ing people's lives and in help oney, programs, or policies. sleeves and go where their free 10-year, community-wich Greater Portland puts people for the policy of the policy of the countributions to the ree 10-year, community with the countribution of greater Portland puts people of the policy of the polic	s across Maine to local services. 211 Mai ople to resources such as heating and ut iber (211), a text option (898-211), and ie Department of Health and Human Ser 65,365 calls, providing information and inc's COVID-19 situation.2. Keep ME Ward of Supplement fuel assistance programs in it is the custodian of the Keep ME Warm Foon a formula developed by the CAPs ansas well as population. CAPs receive 65 ations to Keep ME Warm provide emerge assistance programs. United Way of Greststance. 211 Maine aids in the distribution in the more than 729 households were agencies. Donors to United Way of Greath and the stribution of the first of the first of Greath and the first of Greath Portland reactine and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and talent is most needed. United Way of Greath and the first of the capacity of local non-profit agencies be proprate partners and others in the computed readers, skills-based volunteers, are estments. Through a collaborative effort inities at volunteer. united way op. org. Thi addition to hosting an administering the organizes a variety of community events of tailor-made volunteer projects for cors including one of the largest and most vervice to 75 projects at more than 60 described and the first more than 60 described at the first projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 described and most very projects at more than 60 descr	illities assistance, access to a robust online directory at vices, and The Opportunity referral services, as well as m is a statewide partnership n Maine. Keep ME Warm is und and is responsible for d United Ways in Maine % of the funds, United Ways ncy heating assistance. CAPs eater Portland funds support on of funds for statewide than \$193,000 was raised helped last year, directly ter Portland's campaign may SA Patriot Act is verified h our organizational goals. benefits everyone is only vay of Greater Portland is by guiding its vision and immunities by calling on them ne community and yenhancing and expanding munity to identify and recruit ind volunteers who are with the United Ways in s valuable tool allows site, we offer technical sicileding an annual food porate partners.

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1,949,464) (Revenue \$

201,878)

19

	556 (2025)			rage 3
Pai	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😼	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
				I

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Nο

19

20a

20b

21

Yes

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Pai	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
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	
Pa	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

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
C	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to i	ines
	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			✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29		165	NO_
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
17 18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
10	only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization 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: Nemandary O'Rourke 550 Forest Avenue Suite 100 Portland, ME 04101 (207) 874-1000			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization and related organizations organization and organization organization and organization organization organization organization organization organization organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	(A) Name and title	(B) Average hours per week (list any hours	Average hours per week (list any hours described and hours describ								(D) (E) ortable ensation m the nization (E) Reportable compensation from related organizations			ted f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed
See	Additional Data Table													
41.6) T-1-1											\perp		
c T	Sub-Total . Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Section			٠		▶ ▶		:	278,859		0		29,185
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000			
-													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	,		ee, ke	•	mplo •	oyee, d	or hi	ghest cor	npensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the		V	
5	Did any person listed on line 1a receiv services rendered to the organization										vidual for	5	Yes	No
	ction B. Independent Contract													
1	Complete this table for your five high from the organization. Report comper											npens	sation	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C) Compen	

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

Form **990** (2019)

orm 9										Page 9
Part	VIII	Statement			rocno	ence or note to any	/ line in this Bort \/!!!			П
		Check if Sched	uie (O contains a	respo	inse or note to any	/ line in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns		1a	132,626		revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	• Membership dues	5.	. i	1b					
Sra not		: Fundraising even	ts .	. [1c					
IS, (l Related organizat		-	1d					
Gif ilar		Government grants		<u> </u>	1e					
ns, Sim		All other contributio		L						
er S		and similar amounts above	s not	included	1f	9,042,395				
혈환	ç	Noncash contributio	ns ind	cluded in	.					
Contributions, Gifts, Grants and Other Similar Amounts				_ L	1g	199,143				
<u>ہ ت</u>	_ '	1 Total. Add lines 1	la-li		• •	•	9,175,021			
						Business Code	168,106	168,106		
au I	2a	Service Fees				624200	100,100	100,100		
en l	b	Miscellaneous Revenu	ıe			624200	33,772	33,772		
æ. }										
ųce ųce	c									
Program Service Revenue	d									
an	u									
ıßo.	е									
<u>~</u>	f	All other program	carvi	ice revenue						
		Total. Add lines 2				201,878				
		investment income					1	1	I	T
	S	imilar amounts) .	•				246,00	1		246,001
		ncome from invest Royalties								
	3 r	Royalties	ı.	(i) Real		(ii) Personal	<u>▶</u>			+
				(1) 115411	<u>'</u>	(,				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income								
		or (loss) Net rental income	6c	loss)		· · · •	4			
				(i) Securit		(ii) Other		-		+
	7a	Gross amount	_		74 000					
		from sales of assets other	7a	3,1	71,922					
		than inventory Less: cost or								
	_	other basis and sales expenses	7b	3,18	88,703	1				
		·								
		Gain or (loss) Net gain or (loss)	7c		16,781			1		-16,781
		Gross income from fu			 	· · · •	10,70	1		10,701
ane		(not including \$	d on I	of						
₹ •		See Part IV, line 18			8a					
ag	b	Less: direct expen	ses		8b					
Other Revenue	C	Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨				
	9a	Gross income from	aami	na activities.						
		See Part IV, line 19	•		9a					
		Less: direct expen			9b					
	C	Net income or (los	s) fr	om gaming a	ctiviti	es >	_			
	10a	Gross sales of inve	entor	y, less						
		returns and allowa	nces		10a					
	b	Less: cost of good	s sol	d	10b					
-	С	Net income or (los Miscellaneo	_		nvent T	ory ► Business Code		1		
	11		~~ i/t	- range		Dadiness Code	-			
	b									1
	c				-			1		
		All other revenue								
	е	Total. Add lines 1	1a-1	1d		•				
	12	Total revenue. Se	ee in	structions .			9,606,11	9 201,878	3	0 229,220
							, , , , , , , , , , , , , , , , , , , ,		•	Form 990 (2019)

Part IX Statement of Functional Expenses				rage 10
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> </u>
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,785,960	5,785,960		
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	181,483	90,741	45,371	45,371
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	2,228,403	996,096	432,310	799,997
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	103,527	48,865	28,366	26,296
9 Other employee benefits	242,480	114,451	66,439	61,590
10 Payroll taxes	177,703	91,422	38,668	47,613
11 Fees for services (non-employees):				
a Management				
b Legal	1,637		1,637	_
c Accounting	15,273		15,273	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,613		21,613	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	266,574	125,823	73,041	67,710
12 Advertising and promotion	40,270	18,531	10,347	11,392
13 Office expenses	269,088	151,635	58,725	58,728
14 Information technology				
15 Royalties				
16 Occupancy	304,492	147,207	74,348	82,937
17 Travel	9,352	4,894	1,648	2,810
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	40,487	16,988	8,168	15,331
20 Interest				
21 Payments to affiliates	85,815	40,500	23,551	21,764
22 Depreciation, depletion, and amortization	46,015	21,717	12,628	11,670
23 Insurance	12,323	5,816	3,382	3,125
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 Other Expenses	8,881	4,720	2,163	1,998
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,841,376	7,665,366	917,678	1,258,332
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

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Liabilities 22

Fund Balances

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Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

End of year

Page **11**

1,881

4,061,915

3.354,955

20.699

45,461

316,515

8,431,886

1,204,522

17,437,834

604,474

385.000

1,410,985

2.400.459

6.708,066

8,329,309

15,037,375

17,437,834

Form 990 (2019)

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

Beginning of year Cash-non-interest-bearing 4,649,746 Savings and temporary cash investments . . .

Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other receivables from other disqualified persons (as defined under

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Assets Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

Investments—program-related. See Part IV, line 11

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

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

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

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

604,483 287,968

91,589 107,397 8,077,733

1,236,456

19,226,817

368,588

160,824

3,617,032

4.146.444

6,895,130

8,185,243

15,080,373

19,226,817

2,162

4.975.006

86,728

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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.

3a

3h

Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 01-0241767

Name: United Way Inc

d/b/a United Way of Greater Portland

Form 990 (2019)

Form 990, Part III, Line 4a:

Goal 1: Give kids a strong start. Children will lead our communities tomorrow and we need them healthy, educated, and resilient. It takes all of us working to ensure that even the youngest children in Greater Portland have a strong start so they read at grade level in third grade. We know that until third grade, children are learning to read. After third grade, they are reading to learn. It is critical to their lifelong success. Success Measurement: By 2027, 70% of children read proficiently at the end of third grade. UWGP funding that supports Goal 1 enabled, among other things: 1, 510 children in early childhood programs to meet their developmental milestones and 334 children to be better prepared to enter kindergarten, 2, 66 elementary school children from Portland's East Bayside neighborhood to strengthen their language and reading skills, 3, 47 early childhood educators to receive professional development and coaching around supporting children's social-emotional learning and managing challenging behaviors. Additionally, United Way of Greater Portland invests in or supports the following collaborative efforts toward this goal such as: Brick & Beam Society, an Individual Giving Group of United Way of Greater Portland, is a collaboration of young adult professionals investing their time, skills, and finances to impact the Thrive2027 goal around early childhood education. They focus their funding around STEM and literacy programming for under-served kids in Cumberland County. Funding supports Palaver Strings' Palaver Music Center to collaborate with local partner organizations in providing easily accessible, early childhood education for students ages birth-5, introductory string classes for pre-kindergarten students, and well-rounded instrumental music instruction to students age 6-18. They also fund the Boys & Girls Club of Southern Maine in developing their comprehensive menu of after-school and summer STEM offerings to reduce the achievement gap for the low-income and ethnically diverse 175 youth they serve. Count ME In is an innovative partnership of schools, parents, youth, and community organizations working to improve elementary school attendance. They work with 12 schools from four school districts to increase their capacity to achieve and maintain high-fidelity implementation, which includes generating annual attendance data reports to inform their efforts. Coordinating with local and State agencies, they impact policies and practices that reduce chronic absenteeism. The Children's Initiative Early Childhood Education Collaborative (ECEC) is a trauma-focused prevention and intervention program of Maine Behavioral Healthcare, which implements targeted program tactics proven to enhance the quality and sustainability of early childhood programs. ECEC provides education about infant and early childhood mental health, early childhood exposure to trauma, trauma-informed leadership, family engagement and professional resilience. These strategies increase support for 51 teachers and staff and provide them with the skills needed to increase behavior management efficacy. The overarching goal is to bolster the ability of community-based early childhood education programs to serve the next generation.

Form 990, Part III, Line 4b:

rent on time and put food on the table. They are also better able to save for emergencies, buy a house, pay for college, and save for retirement. This is why we work together to ensure more individuals and families in Greater Portland are more financially secure through improved education and employment opportunities. Success Measurement: By 2027, 70% of households pay less than 30% of their income on housing. UWGP funding that supports Goal 2 enabled, among other things: 1, 70 individuals enrolled in employment support and training. An additional 49 secured & maintained employment for at least 3 months, 2, 180 youth and adults completed their high school education through Adult Education classes preparing them for postsecondary education and/or employment. 3. 524 households received free tax preparation through CA\$H Greater Portland. These individuals and families saved \$158,200 in income tax preparation fees and received \$1.1 million in federal and state income tax refunds, including \$299.611 in federal Earned Income Tax Credits, Additionally, United Way of Greater Portland invests in or supports the following collaborative efforts toward this goal such as: 1. Funded by Women United, an Individual Giving Group of UWGP, The Opportunity Alliance's Project WIN (Women in Neighborhoods) is a collaboration that works with a group of single mothers and their children living in Portland's East Bayside neighborhood. Project WIN engages community partners like Southern Maine Community College, Portland Adult Education, Head Start, Pine Tree Legal, and East End Community School to help parents pursue employment skills and education goals to improve their own economic security and stability, while simultaneously ensuring their children are on a path at an early age to foster a love of learning. The program served 12 single-mothers and 39 children. By focusing jointly on the development of both mother and child(ren), Project WIN engages families using a twogeneration approach. Women United supports this initiative because they know children and families do better when they both have every opportunity to succeed in school. in work, and as a family. 2. United Way of Greater Portland serves as the backbone for the Greater Portland Workforce Initiative (GPWI). GPWI is a collective impact collaborative that builds on the existing work and experience of 21 community organizations and connects with the public workforce system to create a dual-customer

Goal 2: Empower neighbors to thrive - not just survive. When people have the educational and employment opportunities to become financially stable, they can pay their

and shelters, expand their capacity to serve those in need. Local funding decisions are made by the Local Board, which sets priorities, advertises the availability of funds, makes funding recommendations, and provides technical support to recipient organizations throughout the grant period. EFSP's. In FY 20, EFSP awarded \$2,347,527 to organizations in Cumberland County through two rounds of Supplemental Appropriation for Humanitarian Aid, CARES Act funding and Phase 37.

pipeline aligning with the needs of jobseekers and employers. To achieve this, the GPWI identifies sector-specific opportunities for sustainable employers. employers for input into the core and occupational skills required for increased employment of jobseekers with barriers to employment, provides individuals with barriers the skills and supports necessary to enter into the identified pathways, and provides employers with access to qualified jobseekers. Among their various projects, the GPWI offers a Bridge to Certified Nursing Assistants (CNA)/Healthcare Careers along with 6 Healthcare employer advisors, an employer-supported Job and Resource Fair focused on individuals reentering from incarceration, and an intensive English language acquisition class. Twenty-seven individuals received job relevant credentials through GPWI. Participants experienced decreased barriers to training and employment, gained knowledge of career pathways, earned recognized credentials, increased income, and gained access to employment benefits and job retention supports. The Bridge has shown remarkable success, received incredible support, and is recognized as a best practice. 3. United Way of Greater Portland serves as the Cumberland County administrator for the Local Board of the federal Emergency Food and Shelter National Board Program (EFSP). This program is designed to help communities respond to local emergency food and shelter needs. EFSP funds to help local existing programs, such as food pantries

Form 990, Part III, Line 4c: Goal 3: Help us all live longer, better lives. Today, too many lives are cut short due to barriers to health, such as untreated mental health issues, substance use disorder, or

Success Measurement: By 2027, reduce preventable premature deaths by 10%. UWGP funding that supports Goal 3 enabled, among other things: 1. 108 adolescents who received counseling reduced their risk for suicide and substance use, 2, 253 individuals participated in peer groups that resulted in a reduction of suicidal thoughts, 3, 377 adolescents, including 76 who are homeless, abstained from, or reduced, their substance use. Additionally, United Way of Greater Portland invests in or supports the following collaborative efforts toward this goal such as: United Way of Greater Portland is a funder of the Portland School Based Health Centers, a collaborative project

domestic violence. And that is why we work to ensure that everyone in Greater Portland has opportunities to live healthier lives to reduce preventable premature death.

between Greater Portland Health and the Portland Public School District to provide local children physical and behavioral health care at school. In the last school year, they assessed 350 middle and high school students to identify signs of at-risk behaviors, depression, anxiety, trauma and substance use. Of those students 56% screened

positive on the at-risk screenings. Those individuals were then offered appropriate behavioral health/treatment services, including counseling and psychiatric services. During treatment, almost 100 students experienced a reduction in their scores for depression or anxiety. The centers have seen a growth in services available as well as services provided as a result of offering screening and trusting relationships. The School Based Health Centers are the result of strong collaboration resulting in the delivery of

essential health and behavioral health services to Portland youth in the school setting.

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

	any hours				or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
William Fletcher	1.00	Х		×				0	0	0
Chair	0.00									
Diane Garofalo	1.00	Х		x				0	0	0
Vice-Chair	0.00									
Dan Espinal	1.00	Х		х				0	0	0
Treasurer	0.00									
Liz Cotter Schlax Secretary/President/CEO	40.00	X		x				168,942	0	12,541
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Treasurer	0.00
Liz Cotter Schlax	40.00
Secretary/President/CEO	1.00
Helaine Ayers	1.00
Past Director	0.00
Vavior Botana	1.00

Xavier Botana

Greg Boulos

Michael Bourque

Tony Cipollone

Glenn Cummings

Director

Director

Director

Director

Director

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) organization organizations from the

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

	any hours and a director/trustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Anne Dalton Director	1.00	Х						0	0	0	
Dudley Davis Director	1.00	х						0	0	0	
Sean Dugan Director	1.00	х						0	0	0	
Andrea Gordon Director	0.00	Х						0	0	0	
Richard Henry	1.00										

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Director	0.00
Andrea Gordon	1.00
Director	0.00
Richard Henry	1.00
Director	0.00

Quincy Hentzel

Director

Director

Director

Director

Director

John Moran

Regina Phillips

Lou Inzana

Leeann Leahy

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Hilary Rapkin	1.00	Х						0	0	0	
Director	0.00										
Meredith Rousseau Director	1.00	Х						0	0	0	
Claude Rwaganje Director	1.00	х						0	0	0	
Spencer Thibodeau Director	0.00 1.00 0.00	Х						0	0	0	

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Claude Rwaganje	
Director	
Spencer Thibodeau	
Director	
Lisa Toner	

Director

Director

Director

Director

Director

Director

Ben Waxman

Michael Vail

Kierston Van Soest

Christopher Wilson

Giovani Twigge

and Independent Contractors

and Independent Contractors (A)

Danny Coyne

SVP, Community Impact

Name and Title

	hours per week (list any hours for related organizations below dotted line)
	40.00
• • • •	

(B)

Average

Institutiona 0.00

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

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

compensation from the organization (W-2/1099-MISC) 109,917

(D)

Reportable

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

Estimated

amount of other

compensation

from the

organization and

related

organizations

16,644

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SCI	HED	ULE A		Public (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(Form 990 or 990EZ)				lete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	▶ Go	to <u>www.irs</u>	gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	il Reven e of th Way Ii	nie Service he organiza nc	tion					Employer identific	<u> </u>
		Way of Greate						01-0241767	
	rt I				is (All organization it is: (For lines 1 thro			See instructions.	
1 1	rganiz		•		sociation of churches	•		(A)(i)	
2		·		,					
					l)(A)(ii). (Attach Sch	,			
3		·	·	·	ice organization desc			-	
4	Ц	name, city,		zation operate	d in conjunction with	a nospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Complete		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local g	overnment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that norm '0(b)(1)(A)(v			s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust describ	ed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in 170(b)(1) e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10		from activit investment	ies related to it income and ur	ts exempt fund prelated busine	ctions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	
11		An organiza	ation organized	and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ly supported o	rganizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g.	
a		Type I. A so	supporting orga	nization opera to regularly a	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting org	anization superting organiza	tion vested in the sar			organization(s), by ha ge the supported orga	
c		Type III f	unctionally in	tegrated. A s				nd functionally integra	ted with, its
d		Type III n	on-functional integrated. Th	lly integrated e organization	I. A supporting organi	ization operated fy a distribution	in connection wi	th its supported orgar an attentiveness req	
е		Check this	box if the orgai	nization receiv		nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported o			-			
g	Provi	de the follow	ing information	about the su	pported organization(s).		_	
	(i) N	Name of supp organizatior		(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		
Tota				/ -	structions for	Cat. No. 11285		 Schedule A (Form 9	00 000 ==\ 2515

Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (or fiscal year beginning in) ▶ 8,234,977 8,438,203 8,738,714 8,085,531 Amounts from line 4. . Gross income from interest, dividends, payments received on 235,477 225,659 225,577 247,326 securities loans, rents, royalties and income from similar sources. . . 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.). .

12

(e) 2019

9,175,021

246,001

(f) Total

42,672,446

1,180,040

14 15 h 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

11 Total support. Add lines 7 through 43,852,486 2,153,445 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, Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 89.740 % 15 Public support percentage for 2018 Schedule A, Part II, line 14 88.810 % 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 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 h 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	art III Support Schedule for								
	(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.)								
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)				
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)		
	(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								
4	under section 513 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								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	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.)								
Se	ection B. Total Support		1				Г		
	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.								
С	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								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.).								
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>		
	check this box and stop here						▶ ⊔		
	ection C. Computation of Public S			! (6))		1 1			
15	Public support percentage for 2019 (lin		•			15			
16	Public support percentage from 2018 S	-	<u> </u>			16			
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17			
17 10	Investment income percentage for 201	-		-		17			
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not		
	more than 33 1/3%, check this box and s								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the								
ט	not more than 33 1/3%, check this box	-			•		_		
20	Private foundation. If the organization	-	-						
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖		

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

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Schedule A (Form 990 or 990-EZ) 2019

9b

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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? If "Yes," provide detail in Part VI.
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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)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? 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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	tid the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the orm 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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? 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.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b		
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> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV. See							
	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 Yea (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 Yea (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									
а	Average monthly value of securities	1a									
b	Average monthly cash balances	1 b									
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									

	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	

7 Total annual distributions. Add lines 1 through 6.								
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)	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
1 Distributable amount for 2019 from Section C, line 6								
Underdistributions if any for years prior to 2019								

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who 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			

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			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
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		

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		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 01-0241767

Name: United Way Inc

d/b/a United Way of Greater Portland

Page 8

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).

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 C (Form 990 or 990-

Department of the Treasury

EZ)

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493055004181

Open to Public

nterna	al Revenue Service					
		on Form 990, Part IV, Line 3, or Form		e 46 (Political Campaign	Activities), then	
		omplete Parts I-A and B. Do not comple 501(c)(3)) organizations: Complete Par		Do not complete Part LB		
• 5	Section 527 organizations: Comple	ete Part I-A only.		·		
f the	organization answered "Yes" o	on Form 990, Part IV, Line 4, or Form				
		at have filed Form 5768 (election under at have NOT filed Form 5768 (election u				
		on Form 990, Part IV, Line 5 (Proxy Ta				
Prox	κ <mark>y Tax) (see separate instructio</mark>	ns), then	, \	,	, ,	
	Section 501(c)(4), (5), or (6) organ	izations: Complete Part III.		le::1	1:6: 1:	
Unit	ed Way Inc			Employer iden	ntification numb	ег
d/b/	a United Way of Greater Portland			01-0241767		
Par	I-A Complete if the orga	anization is exempt under secti	ion 501(c) or is	a section 527 organi	zation.	
1	Provide a description of the orga "political campaign activities")	nization's direct and indirect political ca	ampaign activities in	n Part IV (see instructions f	or definition of	
2	Political campaign activity expen	nditures (see instructions)		>	\$	
3		paign activities (see instructions)				
Par	I-B Complete if the orga	anization is exempt under secti	ion 501(c)(3).			
1	Enter the amount of any excise	tax incurred by the organization under	section 4955	>	\$	
2	·	tax incurred by organization managers			\$	
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720 for	r this year?		☐ Yes	☐ No
4a	Was a correction made?				☐ Yes	□ No
b	If "Yes," describe in Part IV.					
Par		anization is exempt under secti				
1	· ·	ded by the filing organization for sectio			\$	
2		ganization's funds contributed to other			\$	
3		res. Add lines 1 and 2. Enter here and			\$	
4	Did the filing organization file Fo	orm 1120-POL for this year?			☐ Yes	□ No
5	organization made payments. For of political contributions received	employer identification number (EIN) or or each organization listed, enter the an d that were promptly and directly delive tee (PAC). If additional space is needed	nount paid from the ered to a separate p	e filing organization's funds political organization, such a	. Also enter the a	mount regated
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter	(e) Amount of contributions and prompti	received
				-0	directly delive separate po organization. enter -0	olitical If none,
1						
2						
3						
4						
5					1	
		+	+		+	

18,356

135,712

2.000

8.888

153,981

5,260

12,795

155,222

12.091

160,517

6,572

Schedule C (Form 990 or 990-EZ) 2019

52,130

605,432

908,148

20,509

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), o	r secti	on	
	,)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), o		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), o III-A		Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493055004181

OMB No. 1545-0047

Supplemental Financial Statements

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

Open to Public

2019

Department of the Treasury

(Form 990)

Na	me of the organization					er identification	number
	ed Way Inc 'a United Way of Greater Portland				01-024:	1767	
Pa	rt I Organizations Maintaining Donor Advis				_ !		
	Complete if the organization answered "Ye	s" on Form 990, (a) Dono			(b)) Funds and other	accounts
1	Total number at end of year	(a) Done	auvis	sea runus	(0)	runus and other	accounts
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 adviso	rs in writing that th	ne asse	ts held in donor ac	l dvised fund	ds are the	
	organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor						
	private benefit?						Yes 🗌 No
Pa	t II Conservation Easements.	all are Farms 2000	Deut 1	0 / line 7			
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ						
-	Preservation of land for public use (e.g., recreation		ласар П		historical	ly impropend	
		or education)		Preservation of ar			агеа
	☐ Protection of natural habitat		Ш	Preservation of a	certified hi	istoric structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	ion co	ntribution in the fo		nservation Held at the End o	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	c structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservatio	n easement is loca	ted 🕨				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor	ing, in	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	olation	ns, and enforcing c	onservatio		
7	Amount of expenses incurred in monitoring, inspecting, \$\$	handling of violation	ns, ar	d enforcing conser	vation eas	sements during the	e year
_	·	-1			70/57/47/	D)/:)	
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?				./u(n)(4)(l	B)(i) □ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				ment, and	□ NO
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			ner Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducati	on, or research in [.]			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	6 (ASC 958), to re	port in	its revenue staten			
(i) Revenue included on Form 990, Part VIII, line 1				•	\$	
(i	i)Assets included in Form 990, Part X				•	<u></u>	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ncial gain,	, provide the	
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X					▶ \$	
For	Paperwork Reduction Act Notice, see the Instruction						orm 990) 2019

Par	3111	Organizations Ma	aintaining Coll	ections of Art,	Histori	ical Ti	reas	ures, or	Other	Similar A	. ssets (cor	ntinued)	
3		the organization's acq (check all that apply):		, and other record	s, check	any of	the fo	ollowing th	nat are a	significant	use of its co	ollection	
а		Public exhibition			d		Loar	or excha	nge prog	rams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	e generations										
4	Provide Part >	de a description of the	=	ections and explair	n how the	ey furtl	ner th	e organiza	ation's ex	empt purp	ose in		
5	Durin	g the year, did the org s to be sold to raise fur									☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			orm 990), Part	IV, I	ine 9, or	reporte	d an amo	unt on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part								not 	☐ Yes	☑ N	lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the	followina	ı table:		Γ			Amount		_
c		ning balance		·	_				1c				_
d	-	ions during the year .							1d				_
e		butions during the year							1e				
f		ig balance							1f				_
2a	Did th	re organization include	an amount on Fo	rm 990 Part X line	e 21 for	escrow	or c	ustodial ad	count lia	hility?	V vec		<u> </u>
b		es," explain the arrange								•			
	rt V	Endowment Fund		CHECK HEIC II GIC	СХРІВІТИС	JOIT Has	, DCCI	Provided	mr arc /	<u> </u>			
		Complete if the or		ered "Yes" on Fo	orm 990), Part	IV, ا	ine 10.					
				(a) Current year		Prior yea		(c) Two ye		(d) Three ye) Four yea	
	_	ing of year balance .		8,378,897	-	8,069			3,100,206	7	,294,377	7,	532,477
		outions		134,022 377,241			5,662 0,205		20,345		146,187 924,541		1,633
		estment earnings, gair	ns, and losses	12,340			3,572		8,429		56,105		55,716
		or scholarships	•	12,340	<u> </u>		3,372		0,429		30,103		
		expenditures for facilition	es	327,997	7	230	0,092		218,277		161,872		205,136
f	Admini	istrative expenses .		21,613	3	27	7,357		30,883		46,922		20,015
g	End of	year balance		8,528,210)	8,378	3,897		3,069,051	8	,100,206	7,	294,377
2	Provid	de the estimated perce	ntage of the curre	nt year end balanc	e (line 1	g, colu	mn (a	a)) held as	s:				
а	Board	d designated or quasi-e	ndowment 🟲	59.240 %									
b	Perm	anent endowment ►	23.630 %										
c	Temp	orarily restricted endo	wment ► 17.1	30 %									
_		percentages on lines 2a		•									
3а		here endowment funds nization by:	not in the possess	sion of the organiz	ation tha	t are h	eld ar	nd adminis	stered fo	r the		Yes	No
	-	nrelated organizations									3a(i	_	
	(ii) re	elated organizations .									3a(ii	i)	No
		es" on 3a(ii), are the re					? .				. 3b		
4		ribe in Part XIII the inte			owment	funds.							
Pai	rt VI	Land, Buildings, Complete if the or			orm 000) Davt	T\/ '	ino 115	Soc For	-m 000 D	art V lina	10	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Co	st or other					epreciation	T	Book valu	е
4 -	1 =!							-					
								1					
		gs						+					
		old improvements					24.402			207.060			216 515
đ	⊏quipn	nent				ы	04,483	<u>' </u>		287,968			316,515

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

316,515

	Investments—Other Securities.				Page 3
	Complete if the organization answered "Yes" on Form 990, F	1	ine 11		
	(a) Description of security or category (including name of security)	(b) Book value			d of valuation: -year market value
(1) Financia	I derivatives	value			
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					_
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.				
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, I	ine 110	c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P.	art IV, li	ne 11d	. See Form 990, Par	
(1)Beneficia	(a) Description Il Interest in Perpetual Trust				(b) Book value 1,204,522
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)				4 204 522
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, col.(B) line 15.)	art IV, li	 ne 11e	or 11f.See Form	
1. (1) Federal	(a) Description of liability income taxes				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the o	rganizal	tion's financial state	1,410,985
•	's liability for uncertain tax positions under FIN 48 (ASC 740). Check I		-		

2c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d

2b

2a 2b

2c

2d

4a

4b

Explanation

Page 4

8,806,357

198,517

998,279

9,606,119

8,849,355

8,849,355

992,021

9,841,376

Schedule D (Form 990) 2019

2e

3

4c

5

21,613 970.408

2e e Subtract line **2e** from line **1** 3 3

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.

8,607,840 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 21,613

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

4b 976,666 b

Add lines **4a** and **4b** 4c

5

C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Total expenses and losses per audited financial statements

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

Donated services and use of facilities

Schedule D (Form 990) 2019

b

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 01-0241767

Name: United Way Inc

d/b/a United Way of Greater Portland

Supplemental Information Return Reference

Explanation

Part IV, Line 2b: United Way of Greater Portland holds an endowment for the benefit of Preble Street, a soci al service agency that provides services to people experiencing problems with homelessness , housing, hunger, and poverty. Income from the endowment is to be used by Preble Street t o promote and support self sufficiency of the individuals and families it serves.

Supplemental Information	
Return Reference	Explanation
Part V, Line 4:	Income from the United Way of Greater Portland's endowment is used to support the mission of the United Way of Greater Portland.

_ _ _

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	The Organization is a not-for-profit corporation as described in Section 501(c)(3) of the Code and as such is exempt from federal and state income taxes. Management has evaluated the Organization's tax positions and concluded that the Organization has maintained its tax exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the consolidated financial statements.

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Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Donor Designated Contributions 976,666.

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Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Donor Designated Grants & Awards 970,408.

Ē

DLN: 93493055004181 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** United Way Inc 01-0241767 d/b/a United Way of Greater Portland

,,							
Part I General Inform	nation on Grants	and Assistance					
 Does the organization mai the selection criteria used 	intain records to sub to award the grants	estantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ N
Describe in Part IV the org	ganization's procedu	res for monitoring the u	se of grant funds in the U	nited States.			
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part I	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
	. , . ,	-					96 0
or Paperwork Reduction Act Noti				Cat No. 5005			nedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

(3) (4) (5)

(6)

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference **Explanation**

> Community Investments: Organizations receiving discretionary funding from United Way of Greater Portland undergo an intensive pre-screening process before being awarded funding. United Way of Greater Portland utilizes teams of community volunteers working in conjunction with staff to conduct this "Community Investment" review process. To be considered for funding, applicant organizations must meet basic certification standards, including verification of current status as an IRS Code Section 501(c)(3) nonprofit organization or other eligible agency. Applicant agencies are required to: 1) Submit a lengthy funding request, which includes an explanation of the proposed use of United Way of Greater Portland funding and a demonstration of the funding's impact on the program (how much, how well, difference made) in the community. 2) Submit agency and program-level budgets and annual audits to demonstrate financial stability and adherence to sound fiscal policies and management practices. 3) Sign a contract with United Way of Greater Portland agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations. Community Impact staff regularly communicate with and monitor the progress of funded

(7)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

(2)

Part I, Line 2:

lorganizations.

Additional Data

2-1-1 Maine Inc

PO Box 7527

550 Forest Avenue

Portland, ME 04101 A Company of Girls

Portland, ME 04112

Software ID: **Software Version:**

30-0194364

05-0631726

EIN: 01-0241767 Name: United Way Inc d/b/a United Way of Greater Portland

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
rothin 550/5chicatric 1/ rate 11/ Granto and Gardi Assistance to Bonicotic Grantina dina Bonicotic Governments	Form 990, Schedule I, Pa	art II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	l
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

(a) Name and address of	(D) ETM	(C) INC SECTION	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501(c)(3)

501(c)(3)

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

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of or assistance

146,155

29,700

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic 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 Investment,

Community Investment,

Donor Designations

Donor Designations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E044 \(\sigma\) 24 522 ations

American Lung Association 122 State Street Augusta, ME 04330	06-0646594	501(c)(3)	34,533		Donor Designations
American Red Cross of	01-0215209	501(c)(3)	46,917		Community Investment,

Southern Maine Donor Designations 2401 Congress Street

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

Portland, ME 04102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Amistad 01-0500860 501(c)(3) 88.523 Community Investment,

PO Box 992
Portland, ME 04104

Aroostook County Action Program

O1-0315849
Arostook County Action Program

Donor Designations, COVID-19 Grant

Emergency Heating Assistance

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

PO Box 1116

Presque Isle, ME 04769

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 01-0315296 501(c)(3) 75.045 Avesta Housing Community Investment,

307 Cumberland Avenue Donor Designations Portland, ME 04101 Big Brothers Big Sisters of 01-0475146 501(c)(3) 58.437 |Community Investment. Donor Designations

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

Southern Maine 195 Lancaster Street

Porltand, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Boys & Girls Clubs of Southern 01-0211543 501(c)(3) 306.269 Community Investment, esignations

Maine PO Box 7830 Portalnd, ME 04112			, i		Donor Designations
Caring Resources for Living -	20-0868716	501(c)(3)	10,111		Donor Designations

North Yarmouth 1018 North Road

North Yarmouth, ME 04097

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Community Investment,

Donor Designations

Catherine Morrill Day Nursery	01-0211542	501(c)(3)	66,675		Community Investment,
96 Danford Street					Donor Designations
Portland, ME 04101					

42.975

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

501(c)(3)

Catholic Charities Maine

Portland, ME 04104

PO Box 10660

01-0228225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government tv Investment.

Community Investment

Center for Grieving Children PO Box 1438 Portland, ME 04104	01-0431501	501(c)(3)	102,652		Community Investme Donor Designations

40.250

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

Government

01-6000032

City of Portland

389 Congress Street Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ency Heating

Designations

Community Concepts	01-0424969	501(c)(3)	12,792		Emergen
PO Box 278					Assistanc
South Paris, ME 04281					Designati

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

165 Lancaster Street

Portland, ME 04101

nce, Donor ations Community Counceling Center 01-0524834 501(c)(3) 9.480 COVID-19 Grant, Donor

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government V Investment.

Community Investment

Community Dental	23-7129502	501(c)(3)	9,946		Community Investme
276 Canco Road					Donor Designations
Portland, ME 04103					_

14.000

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

501(c)(3)

Count ME In - Educate Maine

482 Congress Street Portland, ME 04101 20-3559947

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Crosswalk Community 26-3629377 501(c)(3) 7 0001 COVID-19 Grant, Donor tions

Designations

Outreach PO Box 64 Naples, ME 04055	20-3029377	301(0)(3)	7,000		Designations
Cultivating Community	04-3607322	501(c)(3)	9,052		COVID-19 Grant, Donor

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

Portland, ME 04104

PO Box 3792

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government vestment.

Designations

Day One 525 Main Street South Portland, ME 04106	01-0322532	501(c)(3)	70,794		Community Investment, Donor Designations
Falmouth Food Pantry	26-4005067	501(c)(3)	12,150		COVID-19 Grant, Donor

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

PO Box 277

Auburn, ME 04105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E044 \(\sigma\) 20.000 Grant

Donor Designations,

COVID-19 Grant

Foundation for Portland Public	22-31/9/38	501(c)(3)	20,000		COMID-19 (
Schools					
353 Cumberland Avenue					
Portland, ME 04101					

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

335 Valley Street

Portland, ME 04102

501(c)(3) Frannie Peabody Center 01-0332769 41.250 Community Investment.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Freeport Community Services	01-0332769	501(c)(3)	27,112		Community Investment,
PO Box 119					Donor Designations
Freeport, ME 04032					

Full Plates Full Potential 82-2032867 501(c)(3) 12.750 COVID-19 Grant

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

PO Box 2420

South Portland, ME 04116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Good Shepherd Food Bank 3121 Hotel Road Auburn, ME 04210	22-2986809	501(c)(3)	5,114		Donor Designations
Goodwill Industries of Northern	01-0284340	501(c)(3)	79,439		Community Investment

New England Donor Designations PO Box 8600

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

Portland, ME 04104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Gray Community Food Pantry 26-4521875 501(c)(3) 6,500 COVID-19 Grant

55 Westwood Road Gray, ME 04039					
Greater Portland Workforce	01-0241767	501(c)(3)	93,005		Community Investment

iniuative 550 Forest Avenue

Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Hand in Hand Mano en Mano 01-0836208 501(c)(3) 40.000 COVID-19 Grant

(Presente Maine) PO Box 573 Milbridge, ME 04658	(-)(-)			
				i

PO Box 112 Harrison, ME 04040

Harrison Food Bank 82-1087262 7.000 501(c)(3) ICOVID-19 Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

189 Park Avenue

Portland, ME 04101

Immigrant Legal Advocacy Project PO Box 17917 Portland, ME 04112	22-3260883	501(c)(3)	39,659		Community Investment, Donor Designations, COVID-19 Grant
The Iris Network	01-0196359	501(c)(3)	15,000		Community Investment,

Donor Designations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance assistance other) or government

Jewish Community Alliance 57 Ashmont Street Portland, ME 04103	01-0530420	501(c)(3)	15,000		COVID-19 Grant
Kennebec Valley Community	01-0277678	501(c)(3)	15,097		Emergency Heating

Action Program rassistance 97 Water Street

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

Waterville, ME 04901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Community Investment

Kids First Center	22-2993035	501(c)(3)	15,281		Community Investment,
51 US Route 1 Suite S					Donor Designations
Scarborough, ME 04074					

30,000

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

501(c)(3)

01-0353682

Learning Works

181 Brackett Street Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ent.

Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330	01-0359131	501(c)(3)	17,176		Community Investmer Donor Designations
Maine Access Immigration	30-0239409	501(c)(3)	20,000		COVID-19 Grant

Network 237 Oxford Street Suite 25A

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

Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Community Investment.

Donor Designations

Maine Association for the	06-1713614	501(c)(3)	27,500		Donor Designations
Education of Young Children					
PO Box 675					
Yarmouth, ME 04096					

199.675

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

501(c)(3)

Maine Behavioral Healthcare

South Portland, ME 04106

78 Atlantic Place

46-0809288

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 9 Grant

Community Investment

Maine Immigrants Rights	82-3097991	501(c)(3)	5,000		COVID-19
Coalition					
24 Preble Street					
Portland, ME 04101					

73.444

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

501(c)(3)

01-0431680

MaineHealth

110 Free Street Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MaineHealth Care at Home 22-2571902 501(c)(3) 29.222 Community Investment

15 Industrial Park Drive Saco, ME 04072 Midcoast Maine Community 01-0315732 501(c)(3) 5.323 |Emergency Heating Assistance

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

Action 34 Wing Farm Parkway Bath, ME 04530

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Community Investment,

Donor Designations

Milestone Recovery 01-6024344 501(c)(3) 95,421 Community Investment, 65 India Street Donor Designations, COVID-19 Grant

44.576

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

501(c)(3)

01-0243254

Morrison Center

331 Veranda Street

Portland, ME 04103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Community Investment,

Donor Designations,

COVID-19 Grant

Muskie School of Public Service	04-3350930	501(c)(3)	28,000		Community Investment
USM 34 Bedford Street					
Portland, ME 04101					

37.644

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

501(c)(3)

My Place Teen Center

Westbrook, ME 04092

755 Main Street

01-0509578

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) New England Arab American 47-5574330 501(c)(3) 5 0001 COVID-19 Grant

75 West Commercial Street

Portland, ME 04101

Suite 20

Organization 426 Bridgton Street Westbrook, ME 04092	47-3374330	301(0)(3)	3,000		COVID-13 Grant
Northeast Hearing & Speech Center	01-0228262	501(c)(3)	97,402		Community Investment, Donor Designations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Community Investment

Palaver Strings Inc 47-4914834 501(c)(3) 19.500 45 Exchange Street Portland, ME 04101 Peaks Island Children's 01-0482767 501(c)(3) 6.832 Community Investment

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

Workshop PO Box 80

Peaks Island, ME 04108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ating

Community Investment,

Donor Designations

Penquis CAP Inc	01-6023748	501(c)(3)	18,124		Emergency Heati
PO Box 1162			·		Assistance
Bangor, ME 04401					

84.319

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

501(c)(3)

Pine Tree Legal Assistance

Portland, ME 04112

PO Box 547

01-0279387

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Planned Parenthood of 03-0222941 501(c)(3) 20,274 Donor Designations Northern New England

COVID-19 Grant

51 US Route 1 Suite C Scarborough, ME 04074					
Portland Community Health Center	45-4960453	501(c)(3)	44,355		Community Investment, Donor Designations,

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

180 Park Avenue

Portland, ME 04102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ity Investment,

Community Investment

Portland ConnectEd 550 Forest Avenue Portland ME 04101	01-0241767	501(c)(3)	15,000		Community Investr COVID-19 Grant

52.477

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

501(c)(3)

Portiand, ME 04101 Portland Housing Authority

14 Baxter Boulevard Portland, ME 04101

22-2527595

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Community Investment

Portland Public Library	01-6000802	501(c)(3)	40,324		Community Investment,
5 Monument Square					Donor Designations,
Portland, ME 04101					COVID-19 Grant

197.170

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

Government

Portland Public Schools

353 Cumberland Avenue Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Portland Recovery Community 45-5307975 501(c)(3) 33.358 Community Investment. Donor Designations,

Center 468 Forest Avenue COVID-19 Grant Portland, ME 04103

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

Portland Seamans Friend 01-0211545 Society

501(c)(3) 56.275 Community Investment PO Box 777 Windham, ME 04062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government nity Investment.

COVID-19 Grant

Preble Street	01-0418917	501(c)(3)	132,109		Communit
PO Box 1459		1			Donor Des
Portland, ME 04104					COVID-19

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

PO Box 6846

Scarborough, ME 04070

esignations, .9 Grant Project GRACE 01-0701784 501(c)(3) 17.036 Donor Designations,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Pagional Transportation 01-0220951 501/61/21 24 421 Community Investment.

Program 127 St John Street Portland, ME 04102	01-0339031	301(0)(3)	34,431		Donor Designations
Rippleffect Inc	01-0521260	501(c)(3)	7,698		Donor Designations

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

PO Box 401 Portland, ME 04112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Donor Designations

The Salvation Army 13-2923701 501(c)(3) 11.912 PO Box 3575 Portland, ME 04104 Sexual Assault Response 01-0343943 501(c)(3) 22.171

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

|Community Investment. Services of Southern Maine Donor Designations. PO Box 1371 COVID-19 Grant Portland, ME 04104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Shalom House 23-7119236 22.307 Community Investment,

Shalom House 23-7119236 501(c)(3) 22,307 Community Investment, Donor Designations
Portland, ME 04112

South Portland School 01-6000036 Government 10,266 Community Investment

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

Department 130 Westcott Road South Portland, ME 04106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Spurwink 01-0319802 501(c)(3) 47.582 Community Investment, Donor Designations,

901 Washington Avenue Portland, ME 04103 St Vincent de Paul Soup 06-0687373 501(c)(3) 5.079

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

Portland, ME 04101

COVID-19 Grant Donor Designations Kitchen 307 Congress Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 01-0324705 501(c)(3) 6.305 Susan L Curtis Foundation Donor Designations

Community Investment.

Donor Designations,

COVID-19 Grant

1321 Washington Avenue Suite 104 Portland, ME 04103

29.616

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

501(c)(3)

The Locker Project

PO Box 3134

Portland, ME 04104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

	Community Investment, et's Go! Partnership,
He	leating Assistance,

Donor Designations The Rufus Porter Museum 74-3175428 501(c)(3) 6.500 Community Investment

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

121 Main Street Bridgton, ME 04009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Through These Doors 01-1352636 501(c)(3) 40.966 Community Investment

Designations

PO Box 704
Portland, ME 04104

United Way of Androscoggin
County

O1-0316813

D1-0316813

C0 United Way of Androscoggin
County

Emergency Heating
Assistance, Donor

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

PO Box 888

Lewiston, ME 04243

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of Aroostook 23-7147455 501(c)(3) 7.851 CASH Grant, Emergency

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

24 Springer Drive Suite 201

Bangor, ME 04401

County 480 Main Street 3rd Floor Presque Isle, ME 04769		(-)(-)	.,		Heating Assistance, Donor Designations
United Way of Eastern Maine	01-0211478	501(c)(3)	14,880		CASH Grant, Emergency

Heating Assistance,

Donor Designations

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government United Way of Kennebec Valley 01-6004404 501(c)(3) 16.788 |Emergency Heating

331 Water Street Suite 5 l Assistance, Donor Augusta, ME 04330 United Way of Mid-Coast Maine 01-6004866 501(c)(3) 32.268

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

Bath, ME 04530

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

CASH Grant, Emergency Heating Assistance,

Donor Designations

United Way of Mid-Maine PO Box 91	01-0233280	501(c)(3)	5,125		CASH Grant, Emergency Heating Assistance,
					,
Waterville, ME 04901					Donor Designations

11.199

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

501(c)(3)

United Way of the Tri-Valley

Farmington, ME 04938

PO Box 126

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Investment.Donor

Grant

Designations, COVID-19

United Way of York County PO Box 9300 Kennebunk, ME 04043	01-0276862	501(c)(3)	57,134		Emergency Heating Assistance, Donor Designations
University of Southern Maine	46-0809288	501(c)(3)	86,010		Community

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

University of Southern Maine 96 Falmouth Street Portland, ME 04901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Volunteers of America NNE 58-1818450 501(c)(3) 7.533 Donor Designations. 14 Maine Street COVID-19 Grant

|Emergency Heating

Assistance

8.931

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

501(c)(3)

Brunswick, ME 04011

Washington Hancock
Community Action
PO Box 280

Milbridge, ME 04658

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Wayside Food Programs	22-2806424	501(c)(3)	22,523		Community Investment,
PO Box 1278					Donor Designations
Portland, ME 04104					

Woodfords Family Services 01-0278395 501(c)(3) 6.800 COVID-19 Grant

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

6 Opportunity Lane Waterville, ME 04901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Donor Designations

YMCA State of Maine	01-0186800	501(c)(3)	14,535		Donor Desi
305 Winthrop Center Road					
Winthrop, ME 04364				1	

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

PO Box 1078 Portland, ME 04104

esignations YMCA of Southern Maine 01-0211568 501(c)(3) 67.463 Community Investment,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Community Investment,

Donor Designations

York County Community Action PO Box 727	01-6020406	501(c)(3)	7,196		Emergency Heating Assistance
Sanford, ME 04073					

43,886

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

501(c)(3)

Youth & Family Outreach

331 Cumberland Avenue

Portland, ME 04101

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 9349	30550	004181
Sch	nedule J	C	ompensat	ion Information	ОМВ	No. 15	45-0047
(Forr	m 990)		Compensa ganization answ	rustees, Key Employees, and Highest ated Employees rered "Yes" on Form 990, Part IV, line to Form 990.	23.	201	9
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest informatio		en to l	Public tion
Nar	ne of the organiza	Iation		Emp	loyer identificatio		
	ed Way Inc /a United Way of Gre	eater Portland		01-0.	241767		
Pa	rt I Questi	ons Regarding Compensa	ation				
	•					Y	es No
1a				the following to or for a person listed on F y relevant information regarding these iter			
		s or charter travel		Housing allowance or residence for person			
	_	companions	님	Payments for business use of personal re-			
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation fee			
	LI Discretion	nary spending account		Personal services (e.g., maid, chauffeur,	cner)		
b				follow a written policy regarding payment ve? If "No," complete Part III to explain		1b	
2				or allowing expenses incurred by all r, regarding the items checked on Line 1a?		2	
	unectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on time ra:			
3				d to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part	: III.		
	✓ Compensa			Weither and bounded a second			
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study			
		of other organizations	✓	Approval by the board or compensation c	ommittee		
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing o	rganization or a		
а	_	ance payment or change-of-cor	atrol navment?			4a	No
a b		· · ·		ified retirement plan?		4b	No
c	•		•	nsation arrangement?		4c	No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part III.			
_	, ,,,), 501(c)(4), and 501(c)(29	, ,	•			
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any			
а		n?				5a	No
b	-					5b	No
		5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any			
а	The organization	n?				6a	No
b						6b	No
	•	6a or 6b, describe in Part III.					
7				the organization provide any nonfixed rt III		7	No
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describ · · · · · · · · · · · · · · · · · · ·		8	N ₀
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in Regul	ations section	9	No
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 50053	T Schedule J (F		90) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Expression of Expression in the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Expression in the sum of Expressi

Note. The sum of column	ıs (B)	(i)-(iii) for each listed inc	dividual must equal the to	tal amount of Form 990,	Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.				
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported	
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990	
1 Liz Cotter Schlax Secretary/President/CEO	(i)	168,425	0	517	10,106	2,435	181,483	0	
	(ii)	0	0	0	0	0	0	0	
	1					l	Schedule	J (Form 990) 2019	



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493055004181 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 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 Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** United Way Inc d/b/a United Way of Greater Portland 01-0241767 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 31 199,143 Stock Exchange Price 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
Part I, Line 32b:	Local brokers are used to sell stock.
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493055004181
SCHEDUL (Form 990 or EZ)	90-EZ ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection				
៧៩ភាខ ៅ B៩៩៦១៦៤ United Way Inc d/b/a United Way		tland			Employer ident 01-0241767	ification number
Return Reference	e O, Supp	lemental Informatio	n	Explanation		
Form 990, Part VI, Section A, line 6	he United representa ially by Un ho have m Portland Cear. Those volunteer ational Meify as an a	Way of Greater Portland of atives of providers of humalited Way of Greater Portlande a financial contribution contribution and a financial contribution at a financial contribution and a financial way of the contribution and the contribution at a financial way of the contribution and the contribution and the contribution at a financial way of the contribution and t	campaign, United Way an services in the coming and, as follows: Individual to the most recently butor members of United Way of Greater Portland for the coices that receive any poration for the ensuing	ortland consists of contributors to of Greater Portland volunteers, amunity that are supported financual Members: All individuals wo completed United Way of Greated Way for the ensuing calendar ay of Greater Portland qualify as the ensuing calendar year. Organ funding from the Corporation qualify calendar year, and are entitled the corporation at any meeting	er · y niz ual	

Return Explanation
Reference

Form 990,	Powers: The membership of the Corporation shall have the following powers and authority: (
Part VI,	a) To attend the annual meeting and any special meeting(s) of the membership. (b) To recei
Section A,	ve reports at meetings of the membership. (c) To elect Directors of the Corporation at the
line 7a	Annual Meeting.

Return Explanation Reference See preceeding explanation (line 7a)

Form 990,
Part VI,
Section A,
line 7b

Return Explanation

Form 990,	The Form 990 is prepared by an independent accounting firm and thoroughly reviewed by the
Part VI,	Senior Director, Finance and Operations prior to review and approval by the Senior Vice Pr
Section B,	esident, Community Impact and Finance, President/CEO, and Board of Directors prior to fili
line 11b	ng. A copy of the final Form 990 is provided to all Directors and is available to the publ
	ic upon request.

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

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Iline 15

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

Return Explanation
Reference

Form 990,
Part VI,
Section C,
line 19

Return Reference	Explanation
rm 990	Section 1.263(a)-3(n) Election: United Way, Inc. 550 Forest Avenue, Suite 100 Portland, ME

Part X, Line
10: Land,
Buildings,
and
Equipment

04101 EIN: 01-0241767 Section 1.263(a)-3(n) Election: United Way, Inc. is electing to cap
italize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Donor Designation Adjustment, Net -6,258.

Part XI, line

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047 2019

DLN: 93493055004181

Open to Public Inspection

Name of the organization United Way Inc d/b/a United Way of Greater Portland							01-024		ication num	ıber		
Part I Identification of Disregarded Entities. Complete if	f the organiza	ition answe	ered "Yes	" on Form	990, Part	IV, line 3		11707				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activit		ivity (c) Legal domicilor foreign co		(d) Cicle (state country)		(e) End-of-year as	r assets Direc		l ntrolling ty	
Part II Identification of Related Tax-Exempt Organization	ns. Complete	if the orga	nization	answered	"Yes" on F	orm 990	, Part IV	, line 34 be	ecause it ha	ad one or	more	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary a)	Legal dor	(c) nicile (state n country)	(d Exempt Coo)	(Public cha	e) arity status 501(c)(3))	Direct co	i) ntrolling	Section (13) co	512(b
(1)211 Maine Inc 550 Forest Avenue Suite 100 Portland, ME 04101 30-0194364	Health and hur information and service			ME	501(c)(3)		Line 7		United Way Ir	nc	Yes Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t. No. 5013!					Schedule	R (Form	990) 20	119

(a) Name, address, and EIN related organization	N of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi income(re unrelat excluded tax und sections 514)	inant Shar elated, total in ted, from der 512-	e of	(g) Share of end-of-year assets	(H Dispropiallocal	rtionate tions?	(i Code \ amount 20 Schedu (Form	V-UBI t in box of ule K-1 1065)	(j Gener mana partr	al or ging ner?	(k) Percent owners
			+						Yes	No			Yes	No	
			+											+	
														\dashv	
			1 1												
													-		
							answ	vered "Yes	s" on F	orm 9	90, Pa	art IV,	line	34	
IV Identification of Related Orga because it had one or more relat (a) Name, address, and EIN of related organization		s a corporation (control of the corporation (control of th	on or trus c) gal nicile r foreign	st during th	(d) controlling		, Sha	vered "Yes (f) are of total income	Share	(g) of end-o		(h) Percent) tage	Se (13	ction 3) cor enti
because it had one or more relat (a) Name, address, and EIN of	ted organizations treated a	s a corporation (contraction (contraction))	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total	Share Share	(g) of end-c	of-	(h) Percent	l tage ship	Se (13	(i) ction 3) cor entit
because it had one or more relat (a) Name, address, and EIN of related organization	ted organizations treated a (b) Primary activity	s a corporatio	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total income	Share Share	(g) of end-c year ssets	of-	(h) Percent owners	l tage ship	Se (13	ction 3) cor enti
because it had one or more relat (a) Name, address, and EIN of related organization th How Charitable Trust 802 ce, RI 02901	ted organizations treated a (b) Primary activity	s a corporatio	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total income	Share Share	(g) of end-c year ssets	of-	(h) Percent owners	l tage ship	Se (13	ction 3) cor enti
because it had one or more relat (a) Name, address, and EIN of related organization h How Charitable Trust 802 2e, RI 02901	ted organizations treated a (b) Primary activity	s a corporatio	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total income	Share Share	(g) of end-c year ssets	of-	(h) Percent owners	l tage ship	Se (13	ction 3) cor enti
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because it had one or more relat (a) Name, address, and EIN of related organization th How Charitable Trust 802 ce, RI 02901	ted organizations treated a (b) Primary activity	s a corporatio	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total income	Share Share	(g) of end-c year ssets	of-	(h) Percent owners	l tage ship	Se (13	ction 3) cor enti
because it had one or more relat (a) Name, address, and EIN of related organization oh How Charitable Trust 802 ce, RI 02901	ted organizations treated a (b) Primary activity	s a corporatio	on or trus c) gal nicile r foreign ntry)	st during th	(d) controlling	(e) Type of entity (C corp, S corp	, Sha	(f) are of total income	Share Share	(g) of end-c year ssets	of-	(h) Percent owners	l tage ship	Se (13	ction 3) cor enti

Schedule R (Form 990) 2019					Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				1	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations listed ir	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b \	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e	\Box	No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	\dashv	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	\dashv	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11 \	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n \	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	\dashv	No
q Reimbursement paid by related organization(s) for expenses				1q \	Yes	
r Other transfer of cash or property to related organization(s)				1r	\dashv	No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete th	is line, including covered r	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	/olved	
(1)311 Maina Inc	В	146 155	Cach Value			

in retrottiance of services of membership of fundralshing solicitations by related organization(s).						
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
f s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tra	ansaction thresholds.		•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount ir	nvolved	
(1)211 Maine Inc	В	146,155	Cash Value			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Fo	rm 990) 2019		Page 5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	