## DLN: 93493094004137

# OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organization D Employer identification number B Check if applicable United Way Inc Address change 01-0241767 Name change Doing business as Initial return United Way of Greater Portland -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated One Canal Plaza No 300 (207)874-1000Amended return City or town, state or province, country, and ZIP or foreign postal code Portland, ME  $\,$  04101  $\,$ Application pending G Gross receipts \$ 10.282,999 Name and address of principal officer H(a) Is this a group return for Liz Cotter Schlax subordinates? One Canal Plaza No 300 Nο Portland, ME 04101 H(b) Are all subordinates Tax-exempt status 501(c) ( ) **◄** (insert no ) 4947(a)(1) or included? **✓** 501(c)(3) If "No," attach a list (see instructions) Website: ▶ www unitedwaygp org Group exemption number **>** L Year of formation 1929 M State of legal domicile ME K Form of organization 
✓ Corporation 
Trust 
Association Summary 1 Briefly describe the organization's mission or most significant activities Improving lives by focusing on the building blocks of a strong community education, financial stability, and health Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 48 Total number of volunteers (estimate if necessary) . . . 6 1,772 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 7,467,511 8,234,977 8 Contributions and grants (Part VIII, line 1h) . Rayenua 479,363 506.961 Program service revenue (Part VIII, line 2g) . 427,206 292,761 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,401,678 9,007,101 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 5,423,594 5,541,191 Benefits paid to or for members (Part IX, column (A), line 4) . 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,379,342 2,362,040 5 - 10Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright$  991,326 17 952,992 886,786 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,790,017 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,755,928 18 217,084 19 Revenue less expenses Subtract line 18 from line 12 -354,250 Assets or d Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 18,647,336 18,455,745 21 4,560,613 4,420,723 Total liabilities (Part X, line 26) . . . Net assets or fund balances Subtract line 21 from line 20 14,086,723 14,035,022

Signature Block

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

		*****			2017-03-30	
Sign		Signature of officer			Date	
Here		Liz Cotter Schlax President/CEO				
		Type or print name and title				
Paid		Print/Type preparer's name Nicholas E Porto	Preparer's signature Nicholas E Porto	Date 2017-03-30	Check If self-employed	PTIN P01310283
Prepare	٦r	Firm's name Baker Newman 8	k Noyes	Firm's EIN ▶ 01-0494526		
Use On		Firm's address ► PO Box 507			Phone no (207	7) 879-2100
		Portland, ME 041	112			
May the IR	RS d	iscuss this return with the prepa	rer shown above? (see instruction	ons)		✓Yes No

Form	990 (2	2015)	Page	e <b>2</b>
Par	1111	Statement of Program Service Accomplishments		
	Briofly	Check if Schedule O contains a response or note to any line in this Part III		<b>✓</b>
<b>1</b> Unite	•	of Greater Portland improves people's lives by mobilizing the caring power of our communities. We work to achie	ve community-	
		e that improves the education, financial stability, and health of Greater Portland residents. To these ends, we		
				—
				_
2		ne organization undertake any significant program services during the year which were not listed on nor Form 990 or 990-EZ?	es 🗸 No	
	•	nor Form 990 or 990-EZ? .........................	s   140	
3		ne organization cease conducting, or make significant changes in how it conducts, any program		
	servic	ces?	es <b>√N</b> o	
	If"Yes	es," describe these changes on Schedule O		
4	expens	ribe the organization's program service accomplishments for each of its three largest program services, as meas nses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t otal expenses, and revenue, if any, for each program service reported		
4a	(Code	e ) (Expenses \$ 1,801,501 including grants of \$ 1,620,707 ) (Revenue \$	)	
	It is al progra address potent Our visthe en college our pa our pa The W expannamon include interveted and interveted at the college our pa attend literaction of the college out pa attend partners in the thing reading reading focusing reading focusing reading focusing the thing school partners facilitated the provided at a the provided at the provi	ATION. Education is the comerstone of individual and community success. It is essential to getting and keeping a job with a livable wage isso fundamental to a community's economic prospenty a well-educated workforce attracts workf-casps pols United Way of Greater Portlams at 12 partner agencies that focus on education, helping us advance our overall education goal of improving graduation rates in Cumb assing youth self-esteem to funding accredited child care centers, United Way of Greater Portland is helping children, youth, and families is reliablust as the strength of the foundation determines the stability of the home, all future learning, behavior, and health is based on one's isson is that young people will grow up healthy and ready for the future, that they are prepared for kindergarten, that children are reading not of the third grade, that middle school youth are at grade level in math and reading, and that high school students graduate with profice pic the workplace, or the military. Research and expenience show that each one of these benchmarks is essential for long term success in artner agency programs, we have a number of place-based initiatives that allow us to conduct intensive, targeted work in the identified grade and the project of the project of the project of the project of the project ("Children's Project") continues to be an example of how we are working to fulfill our vision. This year, the Conded in scope, identifying a range of goals and strategies to support the success of youth in Westbrook from cradle to career. Active and fing the Westbrook School Department and community partners have grown Important Children's Project strategies, activities, and accomplied — Implementation of an early warming system throughout the school distort to identify at risk students and proactively plain for school dig this program showed progress in letter identification, sound identification, or both of these important indicators of future academic sure ykits, books and school suppire kind the surfners o	and funds 26 iserland County Free acach their acach their acach their acach tell addition to funding ommunities Most inty partnerships 1 children's Project focused partnerships hened goal of providir ram, children coess - Preparation improvement cycle gon resources, and ED's initial efforts a secondary enrollme inting Strong, a ork groups, Startin ance Awareness summer meal sites first-grade studer controlled studer comprove element 50% by 2018 The count ME In ary schools involve pased organizations ning system that u included - Review g programs and ith an Individualize gement, on provides fiscal inding for early bined resources an teen active memb oung children and	or good loss of the to and ent, and story e
4b	the wa helping clinical comm prever impact screen milk o strated provid impler work i 56,476 into po	TH. Improving people's physical and mental health and well-being is one of the building blocks of a thriving community, however, numers are yof good health for many residents of Cumberland County. United Way of Greater Portland funds 41 programs at 18 partner agencies the good health for many residents of Cumberland County. United Way of Greater Portland funds 41 programs at 18 partner agencies the good health goals in the community. From addressing substance abuse to funding vision rehabilitation programs and outpatted all services, United Way of Greater Portland works tirelessly to improve lives for thousands of residents in Cumberland County. In collaboration program, that promotes healthy lifestyles for children, youth, and their families. The goal is to increase physical activity and healthy enting the foliation program that promotes healthy lifestyles for children, youth, and their families. The goal is to increase physical activity and healthy in time (TV or computer use) to 2 hours or less, get 1 hour or more of physical activity every day, and drink 0 sugar-sweetened beverage or water instead of soda. This message is used consistently across the multi-sector model to reinforce evidence-based environmental and agies Let's Go! statewide efforts are managed by the Barbara Bush Children's Hospital at Maine Medical Center. United Way of Greater Port de key leadership in the statewide work and financially supports the work in Cumberland County by funding the equivalent of two full-time imment the multi-sector model locally through Let's Go! Cumberland County In Fiscal Year 2016, Let's Go! in Cumberland County reached m in multiple sites. This entails working with 2,374 students in 55 childcare sites, 16,936 students in 43 schools, 2,849 students in 24 out-of-76 children in 33 health care practices. Let's Go! Cumberland County worked with 155 sites and at year end, 73% (113 sites) were recording in children in 33 health care practices. Let's Go! Cumberland County worked with 155 sites and at year end, 73% (11	that focus on health and mental health and mental health and the several shildhood obesity eating, thereby mit recreational es, choosing low fapolicy change thand continues to be coordinators to hany youth through school sites, and implemented, writing the second sites, and implemented, writing the several hand the second sites, and implemented, writing the several hand the second sites and the second sites, and the second sites, and the second sites, and the second sites, and the second sites are second sites.	h, it n ten
4c	(Code	e ) (Expenses \$ 1,106,975 including grants of \$ 949,504 ) (Revenue \$	)	—
	support help e perma expen. focuse because to the focuse portlar prepar Portlar and fa fees 2 Nation local e which	NCIAL STABILITY There are more than 31,000 people in Greater Portland living in poverty, many of whom do not have enough stable, add out their basic needs. United Way of Greater Portland has always taken a strategic approach to addressing the root-cause of these critical is every person in Greater Portland have the opportunity to achieve financial stability. In order to achieve financial stability, individuals and from anent housing and food security, use every income and work support they qualify for, and have a career pathway to earn enough income nees and build savings. To support these individual needs, United Way of Greater Portland invests in 10 programs at 6 partner agencies the es on financial stability. By helping to address the root causes of issues faced by our most vulnerable - homelessness and food insecurity, eas to employment - United Way of Greater Portland is working collectively in the community to connect people to resources that will help the down, the path to financial stability. 1 CA\$H (Creating Assets, Savings, and Hope) Greater Portland is a partnership of community lead its empowering individuals and families to achieve long-term financial stability. CA\$H is a year-round resource for the community, offering aration to qualified filers during tax season, and educating hard-working residents about how they can make the most of their money. In 2 and IRS-certified volunteer tax preparers filed 1,106 free federal and state income tax returns, returning \$1,134,006 in federal income tax families, including \$353,076 in federal Earned Income Tax Credits. Thanks to these efforts, 616 households saved roughly \$97,944 in tax is a constituted to the program (EFSP). This program is designed to help communities respond to local emergency food and shelter needs. EFSP funds existing programs, such as food pantries and shelters, expand their capacity to serve those in need. Local Board of the federal EFSP funds existing programs, advertises the availability of funds, makes funding recommendations, and pr	ssues, and intends amilies need e to manage their at support work th unemployment, a them embark on, ders and industry g free income tax 2015, CA\$H Greate refunds to individuoreparation and fill ney Food and Shelt are intended to he the Local Board,	nat nd or er uals ng er elp

2,547,645 including grants of \$ 1,459,058 ) (Revenue \$ Total program service expenses ▶ 7,054,822 4e

See Additional Data

Other program services (Describe in Schedule O )

4d

479,363)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🐿	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I \$	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 $11e^7$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

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J J U (2	.013)			
: IV	Checklist of	Required	Schedules	(continued

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes." complete Schedule L. Part I	25b		No

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	
С	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	

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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

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

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

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

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

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I . . . . . . . . . . . . 🖠 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

Νo Nο

Part V	Statements	Regarding	Other II	RS Filinas	and Tax	Compliance

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		Yes	. l
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   20		165	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and reportable			
		ng (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered			
		s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За		ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial unt)?	4a		No
b					
	See ir	es," enter the name of the foreign country  makes," enter the name of the foreign country  makes," enter the name of the foreign Bank and Financial Accounts			
	(FBA	R)			
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did ai	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
		ization solicit any contributions that were not tax deductible as charitable contributions?			
b		es," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7		nizations that may receive deductible contributions under section 170(c).			
а	_	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
		ces provided to the payor?			
		es," did the organization notify the donor of the value of the goods or services provided?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	<b>7</b> c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year			
_	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
е	Dia ti	le organization receive any lunus, directly of indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
		1098-C?	7h		
8	-	soring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		g the year?	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club  ties			
11	Section	on 501(c)(12) organizations. Enter			
а	Gross	s income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )			
	-	,	.		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	year	es," enter the amount of tax-exempt interest received or accrued during the			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
	T c + h -	a organization licenced to iccur qualified health plane in more than one state? Nate Cos the instruction for			
đ		e organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for lonal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states			
_		the driganization is need see to issue quantity mans			
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		1110
		, , , , , , , , , , , , , , , , , , , ,	-		

orm	990 (2015)			Page
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.			w, _
_	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management		1	
1a	Enter the number of voting members of the governing body at the end of the tax year 25		Yes	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 24			
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?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, 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 R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 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 **16**a Νo **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

# Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

► Wendy O'Rourke One Canal Plaza No 300 Portland, ME 04101 (207) 874-1000

Part VII

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

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

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

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

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

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

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

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

art VII	Section A. Officers	, Directors, Trustees	s, Key Employees,	and Highest C	Compensated Employees (	continued)
---------	---------------------	-----------------------	-------------------	---------------	-------------------------	------------

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position or director	tion ( han d n is l	ne b both	oox, an o	unless officer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
								1		
			•	•		. •				
<ul><li>c Total from continuation sheet</li><li>d Total (add lines 1b and 1c) .</li></ul>				٠.	٠.	•		257,145	0	22,103
Total number of individuals (inc \$100,000 of reportable compe	cluding but not l	lımıted t				d abov	e) wl	no received more th	an	

**(A)** 

- 3

  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

  - on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . .

  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
  - ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
    - services rendered to the organization? If "Yes," complete Schedule J for such person . . .

3

4

5

Yes

No

Νo

Νo

Νo

# **Section B. Independent Contractors**

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

Name and business address	Description of services	Compensation

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

Form 99								Page <b>9</b>
Part V	* * * *	Statement o						
		Check If Schedu	ule O contains a respon	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a	128,443				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
	c	Fundraising eve						
Š.		_						
Gif ilar	d	J	ations 1d					
is,	e	Government grants	s (contributions) 1e					
tio r S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,106,534	İ			ĺ
혈	g		ons included in lines	261,991				] 
a d	-	1a-1f \$						
<u>م</u>	h	Total. Add lines	s 1a-1f	· · · ·	8,234,977			
<u> 1</u>				Business Code				
Program Service Revenue	2a	Service fees		624200	418,850	418,850		
á	b	Miscellaneous Reve	enue	624200	60,513	60,513		
ac e	C							
<del>€</del>	d							
Ē	e							
ogra	f	All other progra	ım service revenue					
Δ	g	Total. Add lines	s 2a – 2f	•	479,363			
	3		ome (including dividend		235,477			235,477
	4		ar amounts) tment of tax-exempt bond p	-				
	5			▶				
		·	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental inco		(v) Oblasia				
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	1,333,182					
	ь	Less cost or other basis and	1,275,898					
		sales expenses						
	С	Gain or (loss)	57,284		57,284			57,284
	d Ra	Gross income fi	s)		37,204			37,264
Other Revenue		events (not inc	reported on line 1c)					
her			a					
ŏ	l		penses <b>b</b> [ loss) from fundraising e	events				
			rom gaming activities					
	ь	Less directevi	penses b					
	l		loss) from gaming activ	/ities				
			г	<b>•</b>				
	IUa	Gross sales of returns and allo						
			a					
	b	Less cost of go	L					
	С	Net income or (	loss) from sales of inve					
	11a	miscenaneous	2 MEAGUING	Business Code				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	L	•				
	12		See Instructions					
					9,007,101	479,363	O	292,761

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(-	<ol> <li>organizations must con</li> </ol>	nplete all columns. All other o	rganizations must complete column (A)

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

	✓				_	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,534,191	5,534,191			
2	Grants and other assistance to domestic individuals See Part IV, line 22	7,000	7,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	·	•			
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	147,033	80,868	30,877	35,288	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	1,823,441	731,651	485,801	605,989	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	73,866	40,410	5,196	28,260	
9	Other employee benefits	166,072	90,839	10,924	64,309	
10	Payroll taxes					
		151,628	81,947	11,524	58,157	
11	Fees for services (non-employees)					
а	Management					
b	Legal	7,835		7,835		
c	Accounting	17,430		17,430		
d	Lobbying	8,066		8,066		
е	Professional fundraising services See Part IV, line 17					
f	Investment management fees	43,453		43,453		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,879	167,607	1,655	20,617	
12	Advertising and promotion	47,753	23,511	8,869	15,373	
13	Office expenses	129,593	71,133	23,924	34,536	
14	Information technology					
15	Royalties					
16	Occupancy	237,691	125,105	47,997	64,589	
17	Travel	27,502	17,296	2,594	7,612	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	44,485	20,894	3,271	20,320	
20	Interest					
21	Payments to affiliates	77,376	34,410	19,334	23,632	
22	Depreciation, depletion, and amortization	27,359	12,167	6,836	8,356	
23	Insurance	13,048	5,803	3,260	3,985	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)					
a						
b						
С						
d						
е	All other expenses	15,316	9,990	5,023	303	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	8,790,017	7,054,822	743,869	991,326	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)					

(B)

End of year

1,882

4,729,956

5,126,760

41,173

93,513

118,086

7,226,660

1,117,715

18,455,745

426,687

199,875

3.794.161

4,420,723

5,970,279

4.965.146

3,099,597

14.035.022

18,455,745

Form 990 (2015)

(A)

Beginning of year

1,643

4,776,131

4,916,191

34,338

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66,928

130,163

7,526,678

1,195,264

18,647,336

313,420

462.468

3,784,725

4,560,613

6,388,673

4.562.038

3.136.012

14.086.723

18.647.336

383,785

265,699

10a

10b

Part X	Bai	an	ce	Si	1e	e

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

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

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

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10a

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Net Assets or Fund Balances

Part X	Balance	Sheet

Part X	Balance	Sheet

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . .

Secured mortgages and notes payable to unrelated third parties

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

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

Retained earnings, endowment, accumulated income, or other funds

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

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

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

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

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

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

✓ Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis

Schedule O

Single Audit Act and OMB Circular A-133?

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 01-0241767

Name: United Way Inc

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

(Code ) (Expenses \$ 2,547,645 including grants of \$ 1,459,058 ) (Revenue \$ 479,363 ) 1 211 Maine is a partnership with the United Ways of Maine, The Opportunity Alliance, and the State of Maine that connects people to resources such as heating and utilities assistance, access to food pantries, housing and shelter, and mental health services through a tollfree telephone number (211) and a robust online directory at 211Maine org Call specialists assess callers' needs and refer them to help 24 hours a day, 365 days a year, utilizing a statewide database of more than 8,000 resources. Last year, 211 Maine call specialists answered approximately 55,222 calls, providing information and referral services  $\,2\,$  Keep ME Warm is a statewide partnership of the  $10\,$ United Ways of Maine and the 10 Community Action Agencies (CAPs) to raise funds to provide emergency fuel assistance programs in Maine Keep ME Warm is the only statewide fuel assistance fundraising effort in the state. United Way of Greater Portland is the custodian of the Keep ME Warm Fund and is responsible for collecting, distributing, and reporting. Funds contributed to Keep ME Warm are distributed based on a formula developed by the CAPs and United Ways in Maine based on federal Low Income Home Energy Assistance Program (LIHEAP) distribution percentages as well as population CAPs receive 65% of the funds, United Ways of Maine receive 25%, and 10% is used to fund emergency overnight assistance through 211 Maine Donations to Keep ME Warm provide emergency heating assistance CAPs use the funds to help households that might not be eligible for limited federal, state, or local fuel assistance programs. United Way of Greater Portland funds support additional organizations and agencies in their communities that can help those in need of fuel assistance 211 Maine aids in the distribution of funds for statewide overnight emergency fuel assistance for people who have no heat and have children or elderly family members in their household More than \$175,000 was raised for heating assistance through Keep ME Warm last year United Way of Greater Portland estimates that more than 1,000 households were helped last year, directly benefiting approximately 2,500 people 3 Designations are donor-directed contributions to health and human service organizations. Donors to United Way of Greater Portland's campaign may direct all or a portion of their contribution to specific nonprofit agencies that provide health and human services Each agency's nonprofit 501(c)(3) status and compliance with the USA Patriot Act is verified before funds are distributed 4 Additional expenses are incurred by United Way of Greater Portland to assess community needs and to lead and participate in community partnerships and advocacy to advance our education, financial stability, and health goals. In addition, these expenses support outcome measurement training and assistance to agencies, assist and promote agency collaboration and mergers, support program reviews and selection of program/agency recipients, help solicit and administer grants, and support financial and programmatic oversight Volunteers play a vital role in improving people's lives and in helping us reach our organizational goals. To this end, United Way of Greater Portland works with agencies and corporate partners to secure qualified volunteers and works with volunteers to identify appropriate volunteer opportunities Through a collaborative effort, United Way of Greater Portland offers a statewide, searchable listing of volunteer opportunities at volunteer unitedwaygp org. This valuable tool allows agencies to post volunteer opportunities and individuals to perform a customized search. In addition to hosting and administering the site, we offer technical support to volunteers and agencies. Additionally, United Way of Greater Portland organizes a variety of community events, including an annual food drive, National Family Volunteer Day, Dr. Seuss/Read A cross A merica, Literacy Kit project, Kindergarten Jump Start, and dozens of tailor-made volunteer projects for corporate partners. One of the largest and most well-attended events each year is our Day of Caring, during which over 1,000 volunteers dedicate more than 5,000 hours of service to 75 projects at more than 50 different sites. Volunteers on our investment teams donate substantially more hours each year reviewing partner agencies' alignment with United Way of Greater Portland's goals and awarding funding

Form 990, Part VII - Compensation Compensated Employees, and Inde					[rus	stee	s, k	(ey Employe	es, Highest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Katie Bellerose	1 00									
Director	0 00	X						0	0	C
Greg Boulos	1 00									
Director	0 00	X						υ	0	U
Martın Bruno	1 00	×						0	0	(
Director	0 00									
Anne Dalton	1 00	x						0	0	(
Director	0 00									
Sean Dugan Director	1 00	×						0	0	(
	0 00	$\vdash$			$\vdash$					
James Elkıns Dırector	0 00	x						0	0	C
Joan Fischer	1 00									

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0 00

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Joan Fischer Director

Director

Director

Director

Patricia French

MaryEllen FitzGerald

William Fletcher Esq

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

Form 990, Part VII - Compensation Compensated Employees, and Inde					[ru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Diane Garofalo	1 00									
Director	0 00	×						U 	0	
Dr Marc Gousse	1 00	x						0	0	,
Director	0 00	<u>^</u> _								`
Sterling Kozlowski	1 00	x						0	0	,
Director	0 00	^						·	٠ ا	
Victoria A Loring	1 00							0	0	,
Dırector	0 00	×						U	0	
Regina Phillips	1 00									
Director	0 00	×						U	0	
Mıchael Rayder	1 00							_	_	
Dırector	0 00	×						0	0	(
Joe Rosenfield	1 00									

0 00 1 00

0 00 1 00

0 00

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Director

Director

Director

Dana Totman Director

Deanna Sherman

Jeffrey Sanders part-year

5,427

16,676

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	osition (do not check more than one box, less person is both an officer and a director/trustee)  Highest Institut			an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	dotted fille)	Individual trustee or director	Institutional Trustee	<u>\$</u>	employee	est compensated lovee	TEI			Organizacions
Bill Williamson Director	1 00	x						0	0	
Nicole Witherbee Director	1 00	х						0	0	C
Michael Simonds Chair	1 00	х		х				0	0	(
Shawn Gorman	1 00		$\Box$	$\square$	$\Box$	$\Box$	H			

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141,606

115,539

Vice Chair

Treasurer

Gregory McCarthy

Liz Cotter Schlax

Matthew Hoidal

Secretary/President/CEO

SVP, Resource Development & Marketing

efile GRAPHIC pr	int - DO NOI	PROCESS	As Filed Data
SCHEDULE A		Public Ch	arity Status

hospital's name, city, and state

DLN: 93493094004137 OMB No 1545-0047

**Employer identification number** 

01-0241767

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

United Way Inc

Part I

2

(Form 990 or

990EZ)

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

www.irs.gov/form990.

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

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

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

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

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

Inspection

5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)								
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ection 170(b)(:	L)(A)(v).			
7	<b>▽</b>	described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )								
9 10 11		A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check								
а	Г	the box in lines 11a th  Type I. A supporting o  supported organization  organization You must	rganization op n(s) the power	erated, supervised, or to regularly appoint o	controlled by i r elect a majori	ts supported o	rganization(s), typical	ly by giving the		
b	Г	Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle nization vested in the s	d in connection					
c		Type III functionally i supported organization	n(s) (see instr	uctions) You must co	mplete Part IV,	Sections A, D,	and E.	,		
d	Г	<b>Type III non-functiona</b> not functionally integra (see instructions) <b>You</b>	ated The orga	nızatıon generally mus	st satisfy a dist	rıbutıon requir				
e		Check this box if the o integrated, or Type III	non-function	ally integrated suppor	tıng organ <mark>ıza</mark> tıo	n	s a Type I, Type II, T	ype III functionally		
f g	Enter	r the number of supporte Provide the following ii	-				· · · · · · · · · · · · · · · · · · ·			
		(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organ Iisted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Yes No					
Tota	<u> </u>									
· oca								<u> </u>		

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

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

Г	ait III.	II ule	or yarrızatıdır	Talls U	o quaiiiy	unuei
Coction A	Dublic	Sn	t			

S	ection A. Public Support	acion fano co qu	,			,	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	fiscal year beginning in)	(-)====	(2)2012	(2)2323	(=)===	(-)2020	(1). 0.0.
1	Gifts, grants, contributions, and	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
	membership fees received (Do not include any unusual grants )	8,370,907	7,962,536	6,165,764	7,467,311	0,234,977	40,201,093
2	Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without						
	charge						
4	<b>Total.</b> Add lines 1 through 3	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
5	The portion of total contributions	, ,					
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						2,785,451
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						37,416,244
	from line 4						37,410,244
S	ection B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
•	fiscal year beginning in) ▶		` '		` '		
7	A mounts from line 4	8,370,907	7,962,536	8,165,764	7,467,511	8,234,977	40,201,695
8	Gross income from interest,						
	dividends, payments received on	190,067	164,328	162,678	258,112	235,477	1,010,662
	securities loans, rents, royalties		,	,	,	,	-,,
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI) <b>Total support.</b> Add lines 7						
11	through 10						41,212,357
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	2,437,129
			•	third fourth f-	fth tay year		<u> </u>
13	First five years. If the Form 990 is	ioi the organizatio	, אוו אוו אוו אוו אווי אווי אווי אווי	cima, iourcii, or ii	itii tax yeai d5 d	section 201(c)(3)	organization,

#### Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90 790 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	91 950 %

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

▶ ✓

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

IS Private foundation. If the organization did not check a box on line 13, 16a, 16b, 1/a, or 1/b, check this box and see instructions

Sche	dule A (Form 990 or 990-EZ) 2015						Page 3
Pa	Support Schedule						
	(Complete only if you						under Part
50	II. If the organization ction A. Public Support	Talis to quali	y under the tes	its listed below	, please comple	ete Part II.)	
36	Calendar year			1			
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and						
_	membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
5	paid to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit						
	to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						_
	Calendar year	<b>/5)</b> 3.01.1	(h)2012	(6)3013	(4)2014	(a)201E	(f)Total
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						1
b	Unrelated business taxable						
-	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include					1	1
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						1
1.4	11, and 12)	or the eras ====	onle firet access	+burd formsh	66th +22		2\ organi==t::::
14	First five years.If the Form 990 is f	or the organizati	on s first, second	, unira, rourth, or	iiith tax year as a	section 501(c)(	organization,  □
C =	check this box and stop here	lie Command P	\augant				
ъe	ction C. Computation of Pub	nc support P	ercentage				

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from  ${f 2014}$  Schedule A , Part III , line  ${f 17}$ 18 18 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))

Public support percentage from 2014 Schedule A, Part III, line 15  $\,$ 

Section D. Computation of Investment Income Percentage

15

16

17

15

16

#### Part IV Supporting Organizations

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

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

Part IV Supporting Organizations (continued)

Part IV	Supporting	Organizations	(continuea)

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

Par	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	Organizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	uston	Nov 20,1970 <b>See inst</b> i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	s A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		
•	Adjusted Net Income (Subtract lines 3, 6 and 7 from line 4)	Ū		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	A cquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ea Type III supporting o	organization (see

P	art V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
S	ection D - Distributions			Current Year
1	Amounts paid to supported organizations to accom	plish exempt purposes		
2	Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval rea	uured)		
	Other distributions (describe in Part VI) See instru			
	,	ac cions		
	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
	Excess distributions carryover, if any, to 2015			
<u>a</u>				
b				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7 \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	From 2014			
е	From 2015			
			Cahadula A	(Form 990 or 990-F7) (2015

#### DLN: 93493094004137

Employer identification number

01-0241767

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

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

United Way Inc

Part I-A

2

3

Service

## **Political Campaign and Lobbying Activities**

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

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

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

www.irs.gov/form990.

2015
Open to Public

Inspection

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

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

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

• Section 527 organizations Complete Part I-A only

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

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

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

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

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

Par	t I-B Co	mplete if the or	ganization is exempt under s	section <b>501</b> (c	)(3).					
1	Enter the	amount of any excise	e tax incurred by the organization und	er section 4955	<b>&gt;</b>	\$				
2	Enter the	amount of any excise	e tax incurred by organization manage	ers under section	4955	\$				
3	If the orga	anization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No				
4a	Wasacor	rection made?				┌ Yes				
b	If"Yes," o	describe in Part IV								
Par	t I-C Co	mplete if the or	ganization is exempt under s	section 501(c	), except section 50:	1(c)(3).				
1	Enter the	amount directly expe	ended by the filing organization for sec	tion 527 exempt	t function activities 🕨	\$				
2		amount of the filing on notion activities	organization's funds contributed to oth	ner organizations	for section 527 ▶	\$				
3	Total exe	mpt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	)-POL, line 17b ►	¢				
4	Did the fil	ing organization file <b>F</b>	orm 1120-POL for this year?			Yes No				
5	organızatı amount of	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV								
	(a	) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
2										
3										
4										
5										
6										
For P	aperwork Re	eduction Act Notice, se	 ee the instructions for Form 990 or 990-	lCa	l at No 50084S <b>Schedule C (F</b>	l Form 990 or 990-EZ) 2015				

Not over \$500,000

Over \$17,000,000

g

2a

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

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

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Lobbying ceiling amount

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

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

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

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

	expenses, and share of excess lobbying expenditures)	a group member 3 nam	c, address, ETN,
В	Check 🕨 🗔 if the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,955	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,695	
c	Total lobbying expenditures (add lines 1a and 1b)	10,650	

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

If the amount on line 1e, column (a) or (b) is:

\$1,000,000

Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is:

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

524,994

7,489,235

7,499,885

131,249

530,583

10.521

132,646

5,550

Yes

554.385

13,647

138,596

10,339

(Some organizations that made a section 501(h) election do not have to complete all of the five

524.994

10,650

131,249

1,955

Schedule C (Form 990 or 990-EZ) 2015

2,166,856

3,250,284

49.617

541,715

812,573

27,654

# columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

556.894

14,799

139,224

9,810

4-Year Averaging Period Under section 501(h)

Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014(d)2015 (e) Total beginning in)

Return Reference

Sche	edule C (Form 990 or 990-EZ) 2015				Pa	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	TO				
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	1	(b)	
activ		Yes	No		4 moun	it
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	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	<b>501</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		i
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	1				
	evide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ın lıc+\	Dart T	T_A	inec 1	
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	ip 113t)	, . a.c.1	<u>-</u> -Λ,Ι	11163 1	anu

Explanation

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

**SCHEDULE D** (Form 990)

Department of the

Treasury

## **Supplemental Financial Statements**

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

OMB No 1545-0047

DLN: 93493094004137

Open to Public

nter	nal Revenue Service		(Form 990) and its instructions is at www	.113.y0v/1	Inspectio	ш
	nme of the organi	zation		Empl	loyer identification number	
•	,				)241767	
Pa	Organi	izations Maintaining Donor	Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6	Funds	or Accounts.	
	Compic	ste if the organization unswere	(a) Donor advised funds		Funds and other accounts	
1	Total numbe	r at end of year	(a) Bollot advised fullds	(5)	r unus and other accounts	
2	Aggregate v year)	alue of contributions to (during				
3	Aggregate v	alue of grants from (during year)				
4	Aggregate v	alue at end of year				
5			dvisors in writing that the assets held in o the organization's exclusive legal control?		sed <b>Yes</b> [	_ No
6	used only for cl		and donor advisors in writing that grant fur benefit of the donor or donor advisor, or fo			_ No
Pa	rt III Conse	<b>rvation Easements.</b> Comple	te if the organization answered "Yes	" on Forn	n 990, Part IV, line 7.	
1	Purpose(s) of c	onservation easements held by th	e organızatıon (check all that apply)			
		on of land for public use (e g , recr		£		
	education)	of natural habitat	·		rically important land area	
	<u>'</u>	on of open space	Preservation o	i a certine	a historic structure	
2	•	' '	neld a qualified conservation contribution	ın the form	of a concorvation	
2		ne last day of the tax year	ield a qualified conservation contribution	in the form	i or a conservation	
					Held at the End of the Yo	ear
а	Total number o	f conservation easements		2a		
b	Total acreage r	estricted by conservation easeme	nts	2b		
c	Number of cons	servation easements on a certified	historic structure included in (a)	<b>2</b> c		
d		servation easements included in (c ire listed in the National Register	e) acquired after 8/17/06, and not on a	2d		
3	Number of cons	servation easements modified, trai	nsferred, released, extinguished, or termin	ated by th	e organization during the	
	tax year ▶					
4	Number of stat	es where property subject to cons	ervation easement is located <b>&gt;</b>			
5		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, h asements it holds?	andling of	┌ Yes ┌ No	
6	Staff and volun year	teer hours devoted to monitoring,	nspecting, handling of violations, and enfo	orcing cons	servation easements during t	:he
	<b>-</b>					
7	A mount of expe	enses incurred in monitoring, inspe 	ecting, handling of violations, and enforcing	g conserva	ation easements during the y	ear
8		servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 17	70(h)(4)	
9	balance sheet,		s conservation easements in its revenue of the footnote to the organization's finance sements			
Pa	rt IIII Organi	izations Maintaining Collec	tions of Art, Historical Treasure		ner Similar Assets.	
			ed "Yes" on Form 990, Part IV, line 8			
<b>1</b> a	works of art, his	storical treasures, or other similar	AS 116 (ASC 958), not to report in its re assets held for public exhibition, education note to its financial statements that descr	n, or resea	arch in furtherance of public	
b	works of art, his		AS 116 (ASC 958), to report in its reven assets held for public exhibition, education these items			
	(i) Revenue ınclu	ided on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
(	ii) Assets include	ed in Form 990, Part X		<b>▶</b> \$		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	t III Organizations Maintaini (continued)	ng Collections of	Art, Historical	Treasures, or (	Other Similar A	ssets					
3	Using the organization's acquisition, collection items (check all that apply		ecords, check any	of the following that	are a significant us	e of its					
а	Public exhibition	,	d _ Lo	d Loan or exchange programs							
b	<b>e</b> Cother										
c	Preservation for future generations										
4	Treservation of latere generations										
•	Part XIII	ira exempe purpose									
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maintained				s No					
Par	rt IV Escrow and Custodial A Complete if the organization Part X, line 21.		n Form 990, Par	rt IV, line 9, or re	ported an amour	nt on Form 990,					
1a	Is the organization an agent, trustee, included on Form 990, Part X?	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not									
ь	If "Yes," explain the arrangement i	n Part XIII and comple	ete the following ta	ble	Am	ount					
c	Beginning balance		9 ***	10	:						
d	Additions during the year			10	I						
е	Distributions during the year			16	:						
f	Ending balance			1f							
<b>2</b> a	Did the organization include an amoun	nt on Form 990, Part X	, line 21, for escro	w or custodial accou	ınt lıabılıty? 🔽 Ye	s No					
b	If "Yes," explain the arrangement in F	Part XIII Check here if	f the explanation h	as been provided in	Part XIII	🗹					
Pa	ert V Endowment Funds. Com	plete if the organiza	ition answered "		, Part IV, line 10						
		(a)Current year	(b)Prior year	<b>b (c)</b> Two years back	(d)Three years back	(e)Four years back					
1a	Beginning of year balance	7,532,477	7,615,873	6,621,777	6,054,910	6,053,539					
b	Contributions	41,134	12,787	44,744	108,781	326,512					
c	Net investment earnings, gains, and losses	1,633	203,124	1,245,572	743,423	-47,287					
d	Grants or scholarships	55,716	55,827	56,184	21,945	22,741					
e	Other expenditures for facilities and programs	205,136	199,688	195,772	227,554	216,970					
f	Administrative expenses	. 42,265	43,792	44,264	35,838	38,143					
g	End of year balance	7,272,127	7,532,477	7,615,873	6,621,777	6,054,910					
_				( ) )							
2	Provide the estimated percentage of	FF 3F0 0/	lance (line 1g, col	umn (a)) held as							
a	Board designated or quasi-endowmen  Permanent endowment > 27 250										
b	r crimations chaowinetic p	17 400 %									
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and		1								
The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No.											
	(i) unrelated organizations										
	(ii) related organizations				<u> </u>	(ii) No					
ь 4	If "Yes" on 3a(II), are the related orga Describe in Part XIII the intended us	•			· · · · <u>· </u>	Bb					
	rt VI Land, Buildings, and Eq		s endowment lunus								
	Complete if the organization		Form 990, Part	IV, line 11a.See	Form 990, Part X	(, line 10					
	Description of property		(a) Cost or other (investme		Accumulated (c) depreciation	(d)Book value					
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment		.	383,	785 265,6	99 118,086					

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

118,086

See Form 990, Part X, line 12.  (a) Description of security or cates (including name of security)	gory	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			Cost of end-of-year market valu
(2)Closely-held equity interests (3)Other			
(6)6 (10)			
	<b>&gt;</b> 3		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12  Part VIII Investments—Program Related	1.		
Complete if the organization answer	ered 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
		rm 990 Part IV line	11d See Form 990 Part X June 15
Part IX Other Assets. Complete if the organize (a) D	/	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV , line	
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on Fo	rm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) D (1) Beneficial Interest in Perpetual Trust	zation answered 'Yes' on Fo		(b) Book value 1,117,71
(1) Beneficial Interest in Perpetual Trust  Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Assets. Complete if the organization (a) D  (a) D  (b) D  (c) D  (d) D  (e) D  (e) D  (e) D  (e) D  (f) D  (e) D  (f) D  (e) D  (f) D  (f) D  (f) D  (g) D	zation answered 'Yes' on Forescription		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the organization of the complete in the organization (a) D  (1) Beneficial Interest in Perpetual Trust  Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, links 25.	zation answered 'Yes' on Forescription		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the organization of liability  (a) D  Other Liability	zation answered 'Yes' on Forescription  line 15 ) organization answered '		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the organization of liability  (a) D  Other Liability	zation answered 'Yes' on Forescription  line 15 ) organization answered '		(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 ) organization answered '	Yes' on Form 990,	(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value  1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value  1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value  1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value  1,117,71
(a) D (1) Beneficial Interest in Perpetual Trust  Total. (Column (b) must equal Form 990, Part X, col (B) (Part X)  Other Liabilities. Complete if the See Form 990, Part X, line 25.	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value 1,117,71
Total. (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	zation answered 'Yes' on Forescription  line 15 )  organization answered '	Yes' on Form 990,	(b) Book value 1,117,71

Add lines 4a and 4b .

Schedule D (Form 990) 2015

1 2

а

b

c

b

5

1

d

е

Part XII

7,448,184

1,231,131

9,007,101

7,499,885

Schedule D (Form 990) 2015

1

4c

1

2e

-327,786

1,187,678

d	Other (Describe in Part XIII )	l				
		2d				
e	Add lines <b>2a</b> through <b>2d</b>				2e	-327,7
3	Subtract line <b>2e</b> from line <b>1</b>		 •		3	7,775,9
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		43,453		

2a

2b

2c

4b

2d

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

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

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

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

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

Total expenses and losses per audited financial statements .

Other (Describe in Part XIII ) . . . .

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a а 2b b Prior year adjustments . . . . 2c Other losses . . .

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

3 Subtract line 2e from line 1 . 3 7,499,885 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 43,453 Other (Describe in Part XIII) . . . . . 4b 1,246,679 b c Add lines 4a and 4b . 4c 1,290,132

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

8,790,017 **Supplemental Information** 

## Part XIII

Other (Describe in Part XIII) . .

Add lines 2a through 2d . .

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

information

Return Reference Explanation United Way of Greater Portland holds an endowment for the benefit of Preble Street, a social service Part IV, Line 2b

Schedule D (Form 990) 2015

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

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

(a)Type of grant or assistan	nce	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Higgins Scholarships		1	7,000			
			·			
Part IV Supplemental I	nformati	<b>on.</b> Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanatio	on		·		
Part I, Line 2	Community	Investments Organiza	ations receiving discretion	onary funding from Unite	d Way of Greater Portland unde	ergo an intensive pre-screening

Interim reports demonstrate how funding has been utilized to date and the client outcomes achieved as a result of funding. Interim reports provide information on major programmatic or financial changes to the agency that might impact its ability to deliver agreed-upon client outcomes. Completion and submission of satisfactory interim reports are a requirement of continued funding. Designations. Organizations receiving donor designated contributions through United Way of Greater Portland undergo screening prior to distribution of funding. Such screening includes certification that the organization 1) is a non-profit under IRS code section 501(c)(3), 2) provides health and human services, 3) is not fraternal, political or religious in

# Return Reference Explanation Part I, Line 2 Community Investments Organizations receiving discretionary funding from United Way of Greater Portland undergo an intensive pre-screening process before being awarded funding. United Way of Greater Portland utilizes teams of community volunteers working in conjunction with staff to conduct this "Community Investment" review process, which includes a paper application and in-person review meeting. To be considered for funding, applicant organizations must meet basic certification standards, including verification of current status as an IRS Code Section 501(c)(3) nonprofit organization. Applicant agencies are required to 1) Explain the proposed use of United Way of Greater Portland funding and demonstrate results (client outcomes) of funding. 2) Submit agency and program-level budgets and annual audits to demonstrate financial stability and adherence to sound fiscal policies and management practices. United Way of Greater Portland requires that all funded organizations sign a funding contract agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations such as the USA Patriot Act Community Impact staff regularly communicate with and monitor funded organizations via interim reports submitted between scheduled full reviews.

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

### **Additional Data**

American Lung Association

122 State Street

Augusta, ME 04330

Software ID: **Software Version:** 

501(c)(3)

06-0646594

**EIN:** 01-0241767

Name: United Way Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	1 2 2	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
211 Maine Inc PO Box 15200 Portland, ME 041125200	30-0194364	501(c)(3)	250,000				Information & Referral, Grant, Donor Designations		
A Company of Girls PO Box 7527 Portland, ME 04112	05-0631726	501(c)(3)	45,786				Community Investment, Donor Designations		

41,881

Community

Designations

Investment, Donor

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

Assistance

Portland, ME 04102					
Amistad PO Box 992 Portland, ME 04104	01-0500860	501(c)(3)	47,371		Community Investment, Donor Designations
Aroostook County Action	01-0315849	501(c)(3)	13,579		Emergency Heating

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

Program

PO Box 1116

Presque Isle, ME 04769

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

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

Boys & Girls Clubs of 01-0211543 501(c)(3) 331,373 Community Investment, Southern Maine Donor Designations PO Box 7830

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

Portland, ME 04112

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

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

63,156

Community Investment,

Donor Designations

North Yarmouth, ME 04097

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

501(c)(3)

Catherine Morrill Day Nursery

96 Danforth Street

Portland, ME 04101

01-0211542

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

501(c)(3)

Community Concepts

South Paris, ME 04281

PO Box 278

01-0424969

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

Emergency Heating

Assistance, Donor

Designations

15.944

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

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

Community

Designations

Investment, Donor

164,276

Portland, ME 04103

501(c)(3)

01-0322532

Day One

525 Main Street

South Portland, ME 04106

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

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

Community Investment.

Community Investment,

Donor Designations

Donor Designations

90,290

42,706

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

501(c)(3)

501(c)(3)

Family Crisis Services

Portland, ME 04104
Frannie Peabody Center

Portland, ME 04102

335 Valley Street

PO Box 704

01-0352636

01-0416974

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

Freeport, ME 04032					Donor Des
Girl Scouts of Maine 138 Gannett Drive PO Box	01-0269802	501(c)(3)	27,091		Communit Donor Des

Auburn, ME 04211

Girl Scouts of Maine 138 Gannett Drive PO Box 9421 280 South Portland, ME 04106	01-0269802	501(c)(3)	27,091		Community Investment, Donor Designations
Good Shepherd Food Bank	22-2986809	501(c)(3)	7,424		Community Investment,

Good Shepherd Food Bank	22-2986809	501(c)(3)	7,424		Community Investmen
PO Box 1807					Donor Designations

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

HomeHealth V Isiting Nurses of Southern ME 15 Industrial Park Road Saco, ME 04072	23-7204938	501(c)(3)	90,101		Commu Investr Designa
Portland, ME 04104					

tment, Donor nations 37,270 Immigrant Legal Advocacy 22-3260883 501(c)(3) Community Investment, Donor Project

PO Box 17917 Designations Portland, ME 04112

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

189 Park Avenue Portland, ME 04101			20,022		Donor Designat
Kennebec Valley Community Action Program 97 Water Street	01-0277678	501(c)(3)	18,818		Emergency Hea Assistance

26,697

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

501(c)(3)

Waterville, ME 04901 Kids First Center

222 St John Street Suite 101 Portland, ME 04102

22-2993035

eatına Community Investment, Donor Designations

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Legal Services for the Elderly 01-0359131 501(c)(3) 51,741 Community 5 Wabon Street Investment, Donor Augusta, ME 043307040 Designations 56-2409903 501(c)(3) 9,000 Grant - Portland

11,957

Recovery Community

Let's Go! Partnership

Center

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

501(c)(3)

Maine Behavioral Health
Foundation
295 Water Street Suite 200
Augusta, ME 04330

Maine Medical Center

22 Bramhall Street Portland, ME 04102 01-0238552

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 04-2103594 501(c)(3) 10,001 Massachusetts Institute of Community Investment, Donor Technology 77 Massachusetts Avenue Designations

Mercy Hospital 144 State Street	01-0211534	501(c)(3)	11,130		
Portland, ME 04101					

34 Wing Farm Parkway Bath, ME 04530

Donor Designations 01-0315732 6,653 Emergency Heating Midcoast Maine Community 501(c)(3) Action Program Assistance

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

Donor Designations

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

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

Mollison Developmental Center

331 Veranda Street Portland, ME 04103

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

501(c)(3)

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

22,591

Emergency Heating

Assistance

PO Box 80 Peaks Island, ME 04108

01-6023748

Penguis CAP Inc

Bangor, ME 04401

PO Box 1162

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 01-0279387 501(c)(3) 88,923 Pine Tree Legal Community PO Box 547 88 Federal Investment, Donor Street Designations Portland, ME 04112 03-0222941 501(c)(3) 44,634 Donor Designations

42,070

One Time Housing

Grant

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

Government

Planned Parenthood of Northern New England 51 US Route 1 Suite C Scarborough, ME 04074

Portland Housing Authority

14 Baxter Blvd

Portland, ME 04101

46-0809288

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

Investment, Donor

Designations

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

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

Preble Street 18 Portland Street PO Box

Portland, ME 04104

1459

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

12,574

Community Investment

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

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

501(c)(3)

01-0426638

PO Box 401 Portland, ME 04112 Serenity House

30 Mellen Street Portland, ME 04101

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

501(c)(3)

PO Box 1371 Portland, ME 04104					Donor Designations
Shalom House Inc 106 Gilman Street PO Box	23-7119236	501(c)(3)	55,548		Community Investment, Donor Designations

13,372

Gorman Camperships

560 Portland, ME 04112

State YMCA of Maine

305 Winthrop Center Road Winthrop, ME 04364

(a) Name and address of

**(b)** EIN

01-0186800

(e) A mount of non- (f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (q) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Stepping Stones (Formerly 01-0348849 501(c)(3) 5,281 Community known as MAPS) Investment, Donor 107 India Street Designations Portland, ME 04101 01-0324705 501(c)(3) 10,305 Donor Designations

Susan L Curtis Foundation 1321 Washington Avenue Suite 104 Portland, ME 04103

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

The Opportunity Alliance 01-0316041 501(c)(3) 572,348 Community 50 Lydia Lane

Investment, Let's Go! South Portland, ME 04106 Partnership, Heating

Assistance, Donor

Designations

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Tri-County Mental Health 01-0316813 501(c)(3) 24,496 Community Services Investment, Donor P O Box 2008 1155 Lisbon Designations St Lawreton ME 04341 ncy Heating nce, Donor

Assistance, Donor

Designations

Lewiston, ME 04241					
United Way of Androscoggin County PO Box 888 Lewiston, ME 04243	01-0316813	501(c)(3)	30,814		Emergency Heating Assistance, Donor Designations
United Way of Aroostook	23-7147455	501(c)(3)	8,630		Emergency Heating

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

United Way of Aroustock County

480 Main Street 3rd Floor

Presque Isle, ME 04769

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way of Eastern Maine 01-0211478 501(c)(3) 21,115 Emergency Heating 24 Springer Drive Suite 201 Assistance, Donor nations ency Heating

Bangor, ME 04401					Designa
United Way of Kennebec Valley 331 Water Street Suite 5 Augusta, ME 04330	01-6004404	501(c)(3)	13,596		Emergei Assista Designa
United Way of Mid-Coast	01-6004866	501(c)(3)	45.671		Emerger

201

Bath, ME 04530

tance, Donor nations Emergency Heating Maine Assistance, Donor 34 Wing Farm Parkway Suite Designations

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

Assistance

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

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

Partners

PO Box 130

Belfast, ME 049150130

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

Milbridge, ME 04658					
Wayside Soup Kitchen PO Box 1278 Portland,ME 04104	22-2806424	501(c)(3)	33,293		Community Investment, Donor Designations
1					1

117 Stroudwater Street Westbrook, ME 04092

36,250 Westbrook School 01-6000038 Government Westbrook Children's Department Project

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 126,124 YMCA of Southern Maine 01-0211568 Community PO Box 1078 70 Forest Investment, Donor Avenue Designations Portland, ME 04104

Emergency Heating

Designations

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

501(c)(3)

York County Communit	y
Action	
PO Box 727	
Sanford, MF 04073	

Portland, ME 04101

01-6020406

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

8.913

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

## **Noncash Contributions**

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

► Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493094004137

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

**Employer identification number** Name of the organization United Way Inc 01-0241767 **Types of Property** Part I (b) (d) (a) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 58 261,991 Stock Exchange Price 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . . **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (\_\_ **26** Other ▶ ( \_\_\_\_\_) **27** Other ▶ ( \_\_\_\_\_\_ **28** Other ▶ ( \_\_\_\_\_)

Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . . . . b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Yes

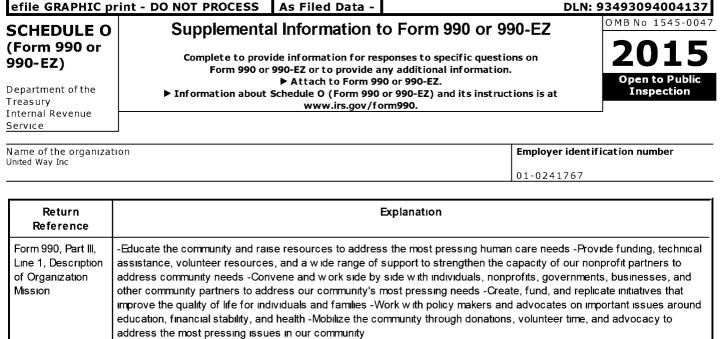
Yes

Yes

No

Νo

Schedule M (Form 990) (2015)



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

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

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

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

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

Committee of United Way of Greater Portland as necessary to ensure compliance with the Code of Ethics

Evalenation

Dotum

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

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

Return Reference	Explanation
Form 990, Part IX, Line 25	Indirect Expense Calculation A calculation of United Way of Greater Portland's operating expense ratio according to the data included in Form 990, Part VIII, Statement of Revenue and Form 990, Part IX, Statement of Functional Expenses, includes expenses associated with soliciting, collecting, and distributing over \$5.3 million in out-of-area pledges in 2016. Revenues associated with these pledges are excluded from the Statement of Revenue, as United Way Worldwide standards dictate that such pledges represent revenue to the United Way in which the donor works. Similarly, dollars raised on behalf of 211 Maine are excluded from the Statement of Revenue, as 211 Maine issues its own Form 990, but some costs incurred in soliciting those dollars are included in the Statement of Functional Expenses. The below calculation, which includes all funds processed by the United Way of Greater Portland, better represents the Organization's operational efficiency, and is included in the Organization's audited financial statements for the year ended June 30, 2016. Supporting Services. 2016 2015 Fundraising 991,325 1,138,724. Management & General 700,415 739,689. Total Supporting Services 1,691,740 1,878,413. Revenue. 2016 2015 Sources. Listed Above 8,963,648 8,401,678. Out-of-Area Pledges 5,259,177 5,599,343. 211. Maine Revenue. 948,658. 941,362. Total Sources. 15,171,483. 14,942,383. Operating Expense. Ratio. 11. 2%. 12.6%.

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

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

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DLN: 93493094004137 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. Name of the organization **Employer identification number** 

ited way inc				01-02	41767			
Part I Identification of Disregarded Entities Complete	te if the organization	answered "Yes" or	n Form 990, Par	t IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year asse	ets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	<b>ations</b> Complete ıf t e tax vear.	he organization an	swered "Yes" o	n Form 990,	Part IV,	line 34 because it	had on	ıe
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	ion   Public cha	<b>e)</b> arity status 501(c)(3))	<b>(f)</b> Direct controlling entity	Sectio (13) c	(g) n 512(b controlle ntity?
(1)211 Maine Inc PO Box 15200 Portland, ME 041125200	Health & human service informaiton and referral service	ME	501(c)(3)	Line 7		United Way Inc	Yes	No
30-0194364								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501				Schedule R (Form		

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

(a)  Name, address, and EIN of related organization	(state or foreign	activity Legal domicile (state or foreign country) legal domicile (state or foreign country) legal description of tax under sections 512	Direct Predominant Income(related, Income) unrelated, excluded from	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income (related, leading unrelated, excluded from tax under sections 512-	(f) Share of total income	Share of	(g) Share of end-of-year assets	(h Disprop alloca	) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	
				3117			Yes	No	1	Yes	No			
										<u> </u>				

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

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

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

Yes No

<b>1</b> During the	tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?				
<b>a</b> Receipt	t of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a		No
<b>b</b> Gıft, gra	ant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gıft, gra	ant, or capital contribution from related organization(s)				<b>1</b> c		No
	or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Loans o	or loan guarantees by related organization(s)				1e		No
<b>f</b> Dividen	ds from related organization(s)				1f		No
<b>g</b> Sale of	assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchas	se of assets from related organization(s)				1h		No
i Exchang	ge of assets with related organization(s)				1i		No
	f facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease o	of facilities, equipment, or other assets from related organization(s)				1k		No
	ance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Perform:	ance of services or membership or fundraising solicitations by related organization(s)				1m		No
	of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
_	of paid employees with related organization(s)				10	Yes	
_							
<b>p</b> Reimbui	rsement paid to related organization(s) for expenses				<b>1</b> p		No
-	rsement paid by related organization(s) for expenses				<b>1</b> q	Yes	
<b>r</b> Other tr	ransfer of cash or property to related organization(s)				1r		No
<b>s</b> Other tr	ransfer of cash or property from related organization(s)				1s		No
<b>2</b> If the ar	nswer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount II	nvolved	i
(1)211 Maine Inc	c .	В	250,000	cash value			

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

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

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

revenue) that was not a related organization. See instructions 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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												]	
-													

