

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | | |
|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization United Way, Inc. | | D Employer identification number 01-0241767 |
| | Doing business as United Way of Southern Maine, In | | E Telephone number (207) 874-1000 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 14,763,358. |
| | 550 Forest Avenue | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04101 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: Elizabeth Cotter Schlax same as C above | | If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: www.uwsme.org | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: 1929 |
| | | | M State of legal domicile: ME |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 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 | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 32 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 31 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 53 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1776 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 12,359,591. | 11,447,924. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 225,297. | 186,777. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 697,589. | 643,191. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | 0. |
| | | 13,282,477. | 12,277,892. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,789,785. | 8,779,205. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 3,594,501. | 3,845,007. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,197,619. | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,165,761. | 1,298,604. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 10,550,047. | 13,922,816. | |
| | 2,732,430. | -1,644,924. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 21,043,682. | 22,491,063. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,750,529. | 4,162,353. |
| | 19,293,153. | 18,328,710. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|------------------------|-----------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | Elizabeth Cotter Schlax, President/CEO | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Joseph R. Byrne | Joseph R. Byrne | 02/13/24 | <input type="checkbox"/> | P01289281 |
| Preparer Use Only | Firm's name | Firm's EIN | | Phone no. | |
| | Berry Dunn McNeil & Parker, LLC | 01-0523282 | | (207) 775-2387 | |
| | Firm's address | | | | |
| | 2211 Congress St | | | | |
| | Portland, ME 04102 | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: United Way of Southern Maine works with our community to quickly respond to emerging needs and tackle persistent issues, including child care, food insecurity, housing instability, and mental health. We do so by mobilizing the ideas, expertise, and resources of more

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

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

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

4a (Code:) (Expenses \$ 948,001. including grants of \$ 782,402.) (Revenue \$) Goal 1: Give kids a strong start.

Children will lead our communities tomorrow and we need them healthy, educated, and resilient. It takes all of us working to ensure that even the youngest children in Southern Maine have a strong start so they read at grade level in third grade. We know that until third grade, children are learning to read. After third grade, they are reading to learn. It is critical to their lifelong success.

Success Measurement: By 2027, reduce the reading proficiency gap to no more than 10 percentage points between all third-grade students and students from populations with historical inequities. UWSM funding that

4b (Code:) (Expenses \$ 1,914,750. including grants of \$ 1,536,916.) (Revenue \$) Goal 2: Empower neighbors to thrive - not just survive.

When people have the educational and employment opportunities to become financially stable, they can pay their rent on time and put food on the table. They are also better able to save for emergencies, buy a house, pay for college, and save for retirement. This is why we work together to ensure more individuals and families in Greater Portland are more financially secure through improved education and employment opportunities.

Success Measurement: By 2027, 70% of households pay less than 30% of their income on housing.

4c (Code:) (Expenses \$ 1,151,510. including grants of \$ 999,645.) (Revenue \$) Goal 3: Help us all live longer, better lives.

Today, too many lives are cut short due to barriers to health, such as untreated mental health issues and substance use disorder. This is why we work to ensure that everyone in Southern Maine has opportunities to live healthier lives to reduce preventable premature death.

Success Measurement: By 2027, reduce preventable premature deaths by 10%.

UWSM funding that supports Goal 3 enabled, among other things:

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,410,380. including grants of \$ 5,460,242.) (Revenue \$ 186,777.)

4e Total program service expenses 11,424,641.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 32 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 31 | | |
| 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? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
Carl Young - (207) 874-1000
550 Forest Avenue, Suite 100, Portland, ME 04101

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Elizabeth Cotter Schlax Secretary/President/CEO | 40.00 1.00 | X | | X | | | | 183,714. | 0. | 13,514. |
| (2) Danny Coyne SVP, Community Impact & Finance | 40.00 0.00 | | | X | | | | 125,795. | 0. | 24,385. |
| (3) Matthew Wolcott SVP, Resource Dev. & Governance | 40.00 0.00 | | | | | X | | 113,829. | 0. | 29,158. |
| (4) Kristin Chase Duffy SVP, Technology & Communications | 40.00 0.00 | | | | | X | | 121,039. | 0. | 11,064. |
| (5) Diane Garofalo Chair | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (6) Todd Cesca Vice Chair | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (7) Brian Ballute Treasurer | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (8) Ahmed Abdirahman Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) Xavier Botana Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) Michael Bourque Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) Nathan Cadorette Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) Glenn Cummings Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) Dudley Davis Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) Alexa Dayton Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) Dan Eagleson Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) Erich Fogg Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) Karen Garnett Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Idella Glenn Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) Caitlin Grant Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) Quincy Hentzel Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) Thomas Hussey Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) Lou Inzana Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) Leeann Leahy Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) Robert Mackenzie Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) Luc Nya Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) Hilary Rapkin Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 544,377. | 0. | 78,121. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 544,377. | 0. | 78,121. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 202,712. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 3,714,858. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 7,530,354. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 110,567. | | | | |
| | h Total. Add lines 1a-1f | | | 11,447,924. | | | |
| Program Service Revenue | 2 a Service Fees | Business Code | | | | | |
| | | 624200 | 157,994. | 157,994. | | | |
| | b Miscellaneous Revenue | 624200 | 28,783. | 28,783. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 186,777. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 633,558. | | | 633,558. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 2,495,099. | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 2,485,466. | | | | |
| c Gain or (loss) | 7c | 9,633. | | | | | |
| d Net gain or (loss) | | | 9,633. | | 9,633. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 12,277,892. | 186,777. | 0. | 643,191. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,779,205. | 8,779,205. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 347,408. | 179,610. | 89,284. | 78,514. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,823,966. | 1,459,991. | 725,759. | 638,216. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 124,801. | 64,522. | 32,074. | 28,205. |
| 9 Other employee benefits | 310,980. | 160,777. | 79,922. | 70,281. |
| 10 Payroll taxes | 237,852. | 126,099. | 52,474. | 59,279. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 3,102. | | 3,102. | |
| c Accounting | 18,617. | | 18,617. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 24,720. | | 24,720. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 212,903. | 110,071. | 54,716. | 48,116. |
| 12 Advertising and promotion | 33,931. | 16,606. | 7,190. | 10,135. |
| 13 Office expenses | 414,240. | 226,496. | 82,964. | 104,780. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 308,190. | 156,748. | 68,423. | 83,019. |
| 17 Travel | 11,676. | 6,618. | 1,517. | 3,541. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 40,621. | 27,916. | 5,295. | 7,410. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 97,424. | 46,326. | 23,087. | 28,011. |
| 22 Depreciation, depletion, and amortization | 74,912. | 35,622. | 17,752. | 21,538. |
| 23 Insurance | 43,389. | 20,632. | 10,282. | 12,475. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Other Expenses | 14,879. | 7,402. | 3,378. | 4,099. |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 13,922,816. | 11,424,641. | 1,300,556. | 1,197,619. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 133,901. | 1 | 1,893. |
| | 2 Savings and temporary cash investments | 6,657,389. | 2 | 6,138,897. |
| | 3 Pledges and grants receivable, net | 2,945,466. | 3 | 2,417,115. |
| | 4 Accounts receivable, net | 38,501. | 4 | 44,135. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 168,679. | 9 | 143,780. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 823,139. | | |
| | b Less: accumulated depreciation | 10b 411,524. | 10c | 411,615. |
| | 11 Investments - publicly traded securities | 9,172,762. | 11 | 9,936,632. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 0. | 14 | 1,770,516. |
| | 15 Other assets. See Part IV, line 11 | 1,522,493. | 15 | 1,626,480. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 21,043,682. | 16 | 22,491,063. | |
| Liabilities | 17 Accounts payable and accrued expenses | 612,911. | 17 | 1,267,226. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,137,618. | 25 | 2,895,127. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,750,529. | 26 | 4,162,353. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 7,134,301. | 27 | 6,864,025. |
| | 28 Net assets with donor restrictions | 12,158,852. | 28 | 11,464,685. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 19,293,153. | 32 | 18,328,710. |
| | 33 Total liabilities and net assets/fund balances | 21,043,682. | 33 | 22,491,063. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 12,277,892. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,922,816. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,644,924. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 19,293,153. |
| 5 | Net unrealized gains (losses) on investments | 5 | 576,494. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 103,987. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 18,328,710. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| 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 on Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|---|---|
| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
|---|---|

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 8085531. | 9175021. | 8598100. | 12359591. | 11447924. | 49666167. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 8085531. | 9175021. | 8598100. | 12359591. | 11447924. | 49666167. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 1269762. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 48396405. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 8085531. | 9175021. | 8598100. | 12359591. | 11447924. | 49666167. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 247,326. | 246,001. | 238,737. | 281,998. | 633,558. | 1647620. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 51313787. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,535,442. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 94.31 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 92.57 % |
| 16a 33 1/3% support test - 2022. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. 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 | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 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 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|---|---|
| Name of organization United Way, Inc. | Employer identification number 01-0241767 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 405,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 230,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 3,614,858. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization United Way, Inc. | Employer identification number 01-0241767 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization United Way, Inc. | Employer identification number 01-0241767 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization United Way, Inc. | Employer identification number 01-0241767 |
|---|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2022**

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** 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 (grassroots lobbying) | 8,158. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 7,504. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 15,662. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 13,907,154. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 13,922,816. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 846,141. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 211,535. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 642,069. | 632,773. | 677,502. | 846,141. | 2,798,485. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,197,728. |
| c Total lobbying expenditures | 12,091. | 9,304. | 14,668. | 15,662. | 51,725. |
| d Grassroots nontaxable amount | 160,517. | 158,193. | 169,376. | 211,535. | 699,621. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,049,432. |
| f Grassroots lobbying expenditures | 6,572. | 5,728. | 7,367. | 8,158. | 27,825. |

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 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: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| 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 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | 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 campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, 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). | |
| a 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 expenditures next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: United Way, Inc. Employer identification number: 01-0241767

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 9,555,189. | 10,922,124. | 8,528,210. | 8,378,897. | 8,069,051. |
| b Contributions | 91,947. | 236,645. | 19,041. | 134,022. | 65,662. |
| c Net investment earnings, gains, and losses | 1,029,231. | -1,169,681. | 2,776,385. | 377,241. | 510,205. |
| d Grants or scholarships | 14,870. | 13,437. | 12,433. | 12,340. | 8,572. |
| e Other expenditures for facilities and programs | 407,092. | 393,004. | 364,506. | 327,997. | 230,092. |
| f Administrative expenses | 24,720. | 27,458. | 24,573. | 21,613. | 27,357. |
| g End of year balance | 10,229,685. | 9,555,189. | 10,922,124. | 8,528,210. | 8,378,897. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.5380 %
 - b Permanent endowment 19.4410 %
 - c Term endowment 21.0210 %
- 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 | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 823,139. | 411,524. | 411,615. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 411,615. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) Beneficial Interest in Perpetual Trusts | 1,626,480. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 1,626,480. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Designations Payable | 1,044,823. |
| (3) Due to Affiliate | 60,338. |
| (4) Lease Liabilities, Operating | |
| (5) Leases | 1,789,966. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 2,895,127. |

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

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

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

| | | | | |
|---|---|----|----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 12,187,228. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | 576,494. | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 103,987. | |
| | e Add lines 2a through 2d | 2e | | 680,481. |
| 3 | Subtract line 2e from line 1 | | 3 | 11,506,747. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 24,720. | |
| | b Other (Describe in Part XIII.) | 4b | 746,425. | |
| | c Add lines 4a and 4b | 4c | | 771,145. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 12,277,892. |

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

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

| | | | | |
|---|--|----|----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 13,151,671. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | | |
| | e Add lines 2a through 2d | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 13,151,671. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 24,720. | |
| | b Other (Describe in Part XIII.) | 4b | 746,425. | |
| | c Add lines 4a and 4b | 4c | | 771,145. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 13,922,816. |

Part XIII Supplemental Information.

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

Part V, line 4:

Income from United Way of Southern Maine's endowment is used to support the mission of United Way of Southern Maine.

Part X, Line 2:

The Organization is a not-for-profit corporation as described in Section 501(c)(3) of the Code and as such is exempt from federal and state income taxes.

Management has evaluated the Organization's tax positions and concluded that the Organization has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax

Part XIII Supplemental Information (continued)

positions that require adjustment to the consolidated financial statements.

Part XI, Line 2d - Other Adjustments:

Gain on Perpetual Trusts 103,987.

Part XI, Line 4b - Other Adjustments:

Donor Designated Contributions 746,425.

Part XII, Line 4b - Other Adjustments:

Donor Designated Grants & Awards 746,425.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **United Way, Inc.** Employer identification number **01-0241767**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| 2-1-1 Maine, Inc 550 Forest Avenue Portland, ME 04101 | 30-0194364 | 501c3 | 190,800. | 0. | | | Community Investment |
| A Company of Girls PO Box 7527 Portland, ME 04112 | 05-0631726 | 501c3 | 25,533. | 0. | | | Community Investment, Donor Designations |
| American Lung Association 122 State Street Augusta, ME 04330 | 06-0646594 | 501c3 | 18,536. | 0. | | | Donor Designations |
| American Red Cross of Southern Maine - 2401 Congress Street - Portland, ME 04102 | 01-0215209 | 501c3 | 8,749. | 0. | | | Donor Designations |
| Amistad PO Box 992 Portland, ME 04104 | 01-0500860 | 501c3 | 56,833. | 0. | | | Community Investment, Donor Designations |
| Apex Youth Connection PO Box 783 Biddeford, ME 04005 | 20-3684934 | 501c3 | 26,795. | 0. | | | Community Investment, Donor Designations |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 87.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Aroostook County Action Program PO Box 1116 Presque Isle, ME 04769 | 01-0315849 | 501c3 | 25,647. | 0. | | | Emergency Heating Assistance |
| Avesta Housing 307 Cumberland Avenue Portland, ME 04101 | 01-0315296 | 501c3 | 62,040. | 0. | | | Community Investment, Donor Designations |
| Big Brothers Big Sisters of Southern Maine - 195 Lancaster Street - Portland, ME 04101 | 01-0475146 | 501c3 | 14,803. | 0. | | | Community Investment, Donor Designations |
| Boys & Girls Clubs of Southern Maine - PO Box 7830 - Portland, ME 04112 | 01-0211543 | 501c3 | 258,393. | 0. | | | Community Investment, Donor Designations |
| CA\$H Greater Portland 550 Forest Avenue Portland, ME 04101 | 01-0241767 | 501c3 | 40,200. | 0. | | | Community Investment |
| Caring Unlimited 965 Main St. Sanford, ME 04073 | 01-0358141 | 501c3 | 31,540. | 0. | | | Community Investment, Donor Designations |
| Catherine Morrill Day Nursery 96 Danforth Street Portland, ME 04101 | 01-0211542 | 501c3 | 70,889. | 0. | | | Community Investment, Donor Designations |
| Catholic Charities Maine PO Box 10660 Portland, ME 04104 | 01-0228225 | 501c3 | 1,655,366. | 0. | | | Community Investment, Donor Designations |
| Center for Grieving Children PO Box 1438 Portland, ME 04104 | 01-0431501 | 501c3 | 110,473. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| City of Portland 39 Congress Street, Suite 2 Portland, ME 04101 | 01-6000032 | Government | 376,494. | 0. | | | Community Investment |
| Community Action Partnership of Strafford County - 577 Central Avenue, Suite 10 - Dover, NH 03820 | 02-0268636 | 501c3 | 30,564. | 0. | | | Emergency Heating Assistance |
| Community Concepts PO Box 278 South Paris, ME 04281 | 01-0424969 | 501c3 | 49,346. | 0. | | | Emergency Heating Assistance |
| Community Dental 190 Park Ave. Portland, ME 04102 | 23-7129502 | 501c3 | 8,800. | 0. | | | Community Investment, Donor Designations |
| Count ME In - Educate Maine 482 Congress Street Portland, ME 04101 | 20-3559947 | 501c3 | 20,120. | 0. | | | Community Investment |
| Day One 525 Main Street South Portland, ME 04106 | 01-0322532 | 501c3 | 226,400. | 0. | | | Community Investment, Donor Designations |
| Fairtide 15 State Road Kittery, ME 03904 | 01-0525140 | 501c3 | 17,617. | 0. | | | Community Investment |
| Four Directions Development Corp. 20 Godfrey Dr. Orono, ME 04473 | 01-0544468 | 501c3 | 6,980. | 0. | | | Emergency Heating Assistance |
| Frannie Peabody Center 335 Valley Street Portland, ME 04102 | 01-0332769 | 501c3 | 38,963. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Freeport Community Services PO Box 119 Freeport, ME 04032 | 01-0332769 | 501c3 | 115,423. | 0. | | | Community Investment, Donor Designations |
| Gateway Community Services Maine 501 Forest Avenue Portland, ME 04101 | 81-3604505 | 501c3 | 15,000. | 0. | | | Community Investment |
| Girl Scouts of Maine 138 Gannett Dr. South Portland, ME 04106 | 01-0269802 | 501c3 | 7,426. | 0. | | | Community Investment, Donor Designations |
| Good Shepherd Food Bank 3121 Hotel Road Auburn, ME 04210 | 22-2986809 | 501c3 | 7,605. | 0. | | | Donor Designations |
| Goodwill Industries of Northern New England - PO Box 8600 - Portland, ME 04104 | 01-0284340 | 501c3 | 57,509. | 0. | | | Community Investment, Donor Designations |
| Greater Portland Family Promise 70 Forest Ave. Portland, ME 04101 | 81-2565353 | 501c3 | 10,000. | 0. | | | Community Investment |
| Greater Portland Workforce Initiative - 550 Forest Avenue - Portland, ME 04101 | 01-0241767 | 501c3 | 99,600. | 0. | | | Community Investment |
| Heart of Maine United Way 24 Springer Drive, Suite 201 Bangor, ME 04401 | 01-0211478 | 501c3 | 55,494. | 0. | | | Community Investment |
| Hope Acts P.O. Box 7615 Portland, ME 04112 | 45-4804770 | 501c3 | 24,006. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Immigrant Legal Advocacy Project PO Box 17917 Portland, ME 04112 | 22-3260883 | 501c3 | 42,063. | 0. | | | Community Investment, Donor Designations |
| Kennebec Valley Community Action Program - 97 Water Street - Waterville, ME 04901 | 01-0277678 | 501c3 | 58,239. | 0. | | | Emergency Heating Assistance |
| Kids First Center 51 U.S. Route 1, Suite S Scarborough, ME 04074 | 22-2993035 | 501c3 | 11,361. | 0. | | | Community Investment, Donor Designations |
| Kids Free to Grow 57 Portland Rd., Unit 4 Kennebunk, ME 04043 | 01-0370891 | 501c3 | 7,970. | 0. | | | Community Investment, Donor Designations |
| Learning Works 181 Brackett Street Portland, ME 04101 | 01-0353682 | 501c3 | 31,302. | 0. | | | Community Investment, Donor Designations |
| Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330 | 01-0359131 | 501c3 | 39,763. | 0. | | | Community Investment, Donor Designations |
| Maine Association for New Americans - P.O. Box 8002 - Portland, ME 04104 | 46-2890018 | 501c3 | 194,642. | 0. | | | Community Investment |
| Maine Immigrants Rights Coalition 24 Preble Street, Suite 306 Portland, ME 04101 | 82-3097991 | 501c3 | 384,162. | 0. | | | Community Investment |
| MaineHealth 110 Free Street Portland, ME 04101 | 01-0431680 | 501c3 | 280,584. | 0. | | | Community Investment |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530 | 01-0315732 | 501c3 | 20,534. | 0. | | | Emergency Heating Assistance |
| Milestone Recovery 65 India Street Portland, ME 04101 | 01-6024344 | 501c3 | 98,326. | 0. | | | Community Investment, Donor Designations |
| Morrison Center 331 Veranda Street Portland, ME 04103 | 01-0243254 | 501c3 | 5,911. | 0. | | | Community Investment, Donor Designations |
| My Place Teen Center 755 Main Street Westbrook, ME 04092 | 01-0509578 | 501c3 | 10,765. | 0. | | | Donor Designations |
| Northeast Hearing & Speech Center 75 West Commercial Street, Suite 20 Portland, ME 04101 | 01-0228262 | 501c3 | 86,000. | 0. | | | Community Investment, Donor Designations |
| Penquis CAP, Inc PO Box 1162 Bangor, ME 04401 | 01-6023748 | 501c3 | 53,560. | 0. | | | Emergency Heating Assistance |
| Pine Tree Legal Assistance PO Box 547 Portland, ME 04112 | 01-0279387 | 501c3 | 102,411. | 0. | | | Community Investment, Donor Designations |
| Planned Parenthood of Northern New England - 51 U.S. Route 1, Suite C - Scarborough, ME 04074 | 03-0222941 | 501c3 | 18,982. | 0. | | | Community Investment, Donor Designations |
| Portland Adult Education 14 Locust Street Portland, ME 04101 | 46-0749174 | 501c3 | 207,766. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Portland Community Health Center 180 Park Avenue Portland, ME 04102 | 45-4960453 | 501c3 | 30,000. | 0. | | | Community Investment, Donor Designations |
| Portland Community Squash 66 Noyes Street Portland, ME 04103 | 46-2787590 | 501c3 | 40,000. | 0. | | | Community Investment |
| Portland ConnectEd 550 Forest Avenue Portland, ME 04101 | 01-0241767 | 501c3 | 22,000. | 0. | | | Community Investment |
| Portland Housing Authority 14 Baxter Boulevard Portland, ME 04101 | 22-2527595 | 501c3 | 70,000. | 0. | | | Community Investment |
| Portland Seamans Friend Society PO Box 777 Windham, ME 04062 | 01-0211545 | 501c3 | 49,210. | 0. | | | Community Investment |
| Preble Street PO Box 1459 Portland, ME 04104 | 01-0418917 | 501c3 | 1,137,459. | 0. | | | Community Investment, Donor Designations |
| Quality Housing Coalition 188 State St., Suite 402 Portland, ME 04101 | 82-4353021 | 501c3 | 24,069. | 0. | | | Community Investment |
| Regional Transportation Program 127 St. John Street Portland, ME 04102 | 01-0339851 | 501c3 | 26,351. | 0. | | | Community Investment, Donor Designations |
| Salvation Army - Old Orchard Beach P.O. Box 375 Old Orchard Beach, ME 04064 | 13-5562351 | 501c3 | 5,634. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Sanford Springvale YMCA 1 Emile Levasseur Dr. Sanford, ME 04073 | 01-0211814 | 501c3 | 12,400. | 0. | | | Community Investment |
| Seeds Of Hope 35 South St. Biddeford, ME 04005 | 30-0693703 | 501c3 | 8,885. | 0. | | | Community Investment, Donor Designations |
| Sexual Assault Response Services of Southern Maine - PO Box 1371 - Portland, ME 04104 | 01-0343943 | 501c3 | 31,857. | 0. | | | Community Investment, Donor Designations |
| Southern New Hampshire Services, Inc. - 40 Pine Street - Manchester, NH 03108 | 02-0268285 | 501c3 | 30,564. | 0. | | | Emergency Heating Assistance |
| Spurwink 901 Washington Avenue Portland, ME 04103 | 01-0319802 | 501c3 | 82,503. | 0. | | | Community Investment, Donor Designations |
| Susan L. Curtis Foundation 1321 Washington Ave., Suite 104 Portland, ME 04103 | 01-0324705 | 501c3 | 5,689. | 0. | | | Donor Designations |
| Sweetser 50 Moody St. Saco, ME 04072 | 01-0211807 | 501c3 | 10,287. | 0. | | | Community Investment, Donor Designations |
| The Locker Project PO Box 3134 Portland, ME 04104 | 47-1257754 | 501c3 | 15,000. | 0. | | | Community Investment |
| The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106 | 01-0316041 | 501c3 | 620,987. | 0. | | | Community Investment, Heating Assistance, Donor Designations |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| Through These Doors PO Box 704 Portland, ME 04104 | 01-1352636 | 501c3 | 64,784. | 0. | | | Community Investment, Donor Designations |
| United Way of Androscoggin County PO Box 888 Lewiston, ME 04243 | 01-0316813 | 501c3 | 48,274. | 0. | | | Community Investment, Donor Designations |
| United Way of Aroostook County 480 Main Street, 3rd Floor Presque Isle, ME 04769 | 23-7147455 | 501c3 | 21,884. | 0. | | | Community Investment, Donor Designations |
| United Way of Kennebec Valley 331 Water Street, Suite 5 Augusta, ME 04330 | 01-6004404 | 501c3 | 35,621. | 0. | | | Community Investment, Donor Designations |
| United Way of Mid Coast Maine 34 Wing Farm Parkway, Suite 201 Bath, ME 04530 | 01-6004866 | 501c3 | 48,559. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of Northern New Jersey P.O. Box 6835 Bridgewater, NJ 08807 | 22-1487247 | 501c3 | 90,000. | 0. | | | Community Investment |
| United Way of the Tri-Valley Area PO Box 126 Farmington, ME 04938 | 01-0377559 | 501c3 | 16,875. | 0. | | | Community Investment, Donor Designations |
| Vet to Vet Maine P.O. Box 1205 Biddeford, ME 04005 | 83-1092783 | 501c3 | 13,090. | 0. | | | Community Investment, Donor Designations |
| Waldo Community Action Partners PO Box 130 Belfast, ME 04915 | 01-6020566 | 501c3 | 10,701. | 0. | | | Emergency Heating Assistance |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| Washington Hancock Community Action - PO Box 280 - Milbridge, ME 04658 | 52-0817684 | 501c3 | 21,071. | 0. | | | Emergency Heating Assistance |
| Wayside Food Programs PO Box 1278 Portland, ME 04104 | 22-2806424 | 501c3 | 6,025. | 0. | | | Donor Designations |
| Westbrook School Department 117 Stroudwater Street Westbrook, ME 04092 | 01-6000038 | 501c3 | 15,000. | 0. | | | Community Investment |
| Western Maine Community Action PO Box 200 E. Wilton, ME 04234 | 01-0275156 | 501c3 | 14,677. | 0. | | | Emergency Heating Assistance |
| Woodfords Family Services 15 Saunders Way, Suite 900 Westbrook, ME 04104 | 01-0278395 | 501c3 | 20,000. | 0. | | | Community Investment |
| YMCA of Southern Maine PO Box 1078 Portland, ME 04104 | 01-0211568 | 501c3 | 26,159. | 0. | | | Community Investment, Donor Designations |
| York County Community Action PO Box 727 Sanford, ME 04073 | 01-6020406 | 501c3 | 150,659. | 0. | | | Community Investment, Emergency Heating Assistance, Donor Designations |
| York Hospital 15 Hospital Dr. York, ME 03909 | 01-0212444 | 501c3 | 15,500. | 0. | | | Community Investment |
| Youth & Family Outreach 331 Cumberland Avenue Portland, ME 04101 | 01-0374597 | 501c3 | 54,227. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Part I, Line 2:

Community Investments:

Organizations receiving discretionary funding from United Way of Southern
 Maine undergo an intensive pre-screening process before being awarded
 funding. United Way of Southern Maine utilizes teams of community
 volunteers working in conjunction with staff to conduct this "Community
 Investment" review process. To be considered for funding, applicant
 organizations must meet basic certification standards, including

Part IV Supplemental Information

verification of current status as an IRS Code Section 501(c)(3) nonprofit organization or other eligible agency. Applicant agencies are required to:

1) Submit a funding request, which includes an explanation of the proposed use of United Way of Southern Maine funding and a demonstration of the funding's impact on the program (how much, how well, difference made) in the community.

2) Submit agency and program-level budgets and other financial information, such as an audit or review of financial statements (based on organizational budget size), to demonstrate financial stability and adherence to sound fiscal policies and management practices.

3) Sign a contract with United Way of Southern Maine agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations. Community Impact staff regularly communicate with and monitor the progress of funded organizations.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Elizabeth Cotter Schlax Secretary/President/CEO | (i) | 182,848. | 0. | 866. | 10,938. | 2,576. | 197,228. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Danny Coyne SVP, Community Impact & Finance | (i) | 125,405. | 0. | 390. | 8,036. | 16,349. | 150,180. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **United Way, Inc.** Employer identification number **01-0241767**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---------------|---|-----------------------------------|--|---|--|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 27 | 110,567. | Stock Exchange Price |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other () | | | | |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

Schedule M, Line 32b:

Local brokers are used to sell stock.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

Form 990, Item C, Doing Business As:

United Way of Southern Maine, Inc.

Form 990, Part I, Line 1, Description of Organization Mission:

stability, and health.

Form 990, Part III, Line 1, Description of Organization Mission:

than 300 businesses, foundations, government, and nonprofit partners
and thousands of individuals. Together, we close gaps in early
childhood development, create pathways to educational and employment
opportunities, and increase access to mental health care and addiction
prevention and intervention services.

Form 990, Part III, Line 4a, Program Service Accomplishments:

supports Goal 1 enabled, among other things:

1. 81 individuals in Southern Maine earned their Child Development
Associate Credential.

2. 92% of children (402) in United Way-funded programs met
developmental milestones before kindergarten.

3. \$285,270 invested in early childhood education centers and \$90,000
to train and consult with early childhood educators in managing
challenging behaviors.

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

Additionally, United Way of Southern Maine invests in or supports the following collaborative efforts toward this goal such as:

Brick & Beam Society, a Giving Circle of United Way of Southern Maine, is a collaboration of young adult professionals investing their time, skills, and finances to impact the Thrive2027 goal around early childhood education. They focus their funding on STEM and literacy programming for under-served kids in Southern Maine. Funding supports organizations like the Boys and Girls Club of Southern Maine, Portland Community Squash, and Gateway Community Services which have a combined reach of 220 students. Each of these unique, but comprehensive programs aim to increase student access to enriching, safe after school programming.

Count ME In is an innovative partnership of schools, parents, youth, and community organizations working to improve elementary school attendance. They work with 254 school staff members from 10 schools to increase their capacity to achieve and maintain high-fidelity implementation, which includes generating annual attendance data reports to inform their efforts. Coordinating with local and State agencies, they impact policies and practices that reduce chronic absenteeism.

Biddeford Ready! (BR!) is a collective impact project developed to address school readiness in children 0-5 in Biddeford. BR! has three areas of focus: 1) access to quality early learning opportunities, 2) increased awareness of the importance of school readiness, and 3) identification and mitigation of the impacts of adverse childhood

| | |
|--|--|
| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
|--|--|

experiences. UWSM serves as the backbone of this collective impact project.

Volunteer Reader is a United Way of Southern Maine run program that has expanded to 14 school sites in the 2023 2024 school year. We have had 70+ community members trained to volunteer on a weekly basis in a local school, focusing on individualized literacy support for students. Each school works with their students and volunteers to facilitate meaningful sessions where students practice important skills and build confidence and relationships alongside their reading buddies.

Form 990, Part III, Line 4b, Program Service Accomplishments:

UWSM funding that supports Goal 2 enabled, among other things:

1. UWSM investments helped more than 835 households maintain or access safe temporary or permanent housing.
2. 1,362 individuals increased their wages.
3. 526 households received free tax preparation through CA\$H Greater Portland. These individuals and families saved \$122,304 in income tax preparation fees and received \$740,043 in federal and state income tax refunds, including \$138,699 in federal Earned Income Tax Credits.

Additionally, United Way of Southern Maine invests in or supports the following collaborative efforts toward this goal such as:

| | |
|--|--|
| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
|--|--|

1. Funded by Women United, an individual giving group of UWSM, The Opportunity Alliance's Project WIN (Women in Neighborhoods) is a collaboration that works with a group of single mothers and their children living in Portland's East Bayside neighborhood. Project WIN helps parents pursue employment skills and education goals to improve their own economic security and stability, while simultaneously ensuring their children are on a path at an early age to foster a love of learning. The program served 16 single-mothers and 49 children. By focusing jointly on the development of both mother and child(ren), Project WIN engages families using a two-generation approach. Women United supports this initiative because they know children and families do better when they both have every opportunity to succeed in school, in work, and as a family.

2. United Way of Southern Maine serves as the backbone for the Greater Portland Workforce Initiative (GPWI). GPWI is a collective impact collaborative that builds on the existing work and experience of 16 community organizations and connects with the public workforce system to create a dual-customer pipeline aligning with the needs of jobseekers and employers. To achieve this, the GPWI identifies sector-specific opportunities for sustainable employment, engages employers for input into the core and occupational skills required for increased employment of jobseekers with barriers to employment, provides individuals with barriers the skills and supports necessary to enter into the identified pathways, and provides employers with access to qualified jobseekers. Among their various projects, the GPWI offers a Bridge to Childcare Development Associate program and piloted a Childcare Business Incubator in partnership with Portland Connected and

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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CEI, Inc., in Greater Portland. Participants experienced decreased barriers to training and employment, gained knowledge of career pathways, earned recognized credentials, increased income, and gained access to employment benefits and job retention supports. The Bridge has shown remarkable success, received incredible support, and is recognized as a best practice.

3. United Way of Southern Maine serves as the administrator for the Local Boards of the federal Emergency Food and Shelter National Board Program (EFSP) for Cumberland and York Counties. This program is designed to help communities respond to local emergency food and shelter needs. EFSP funds to help local existing programs, such as food pantries and shelters, expand their capacity to serve those in need. Local funding decisions are made by the Local Board, which sets priorities, advertises the availability of funds, makes funding recommendations, and provides technical support to recipient organizations throughout the grant period. In FY 23, EFSP awarded \$98,080.00 to organizations in Cumberland County and \$12,866 in York County through Phase 40. In FY 23, Special Funding Requests in Cumberland County brought in \$3,614,857.53 to support nine community organizations providing frontline services to the recent influx of new arrivals in our community.

Form 990, Part III, Line 4c, Program Service Accomplishments:

1. UWSM funded 10 programs that strengthen access and delivery of behavioral and physical healthcare. One of the greatest challenges in Southern Maine is access to services and the ability for organizations to meet the growing demand for treatment. The funding provided by UWSM

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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allows partner organizations to meet this increasing need.

2. Through a partnership with the Maine Chapter of the National Associatoin for Mental Illness (NAMI) 107 professionals in Southern Maine were trained, free of charge, on Mental Health First Aid. In this training participants learn to recognize warning signs of mental health problems, learn about depression, anxiety, trauma, psychosis, and addiction disorders. Participants then create a 5 step action plan to assist someone developing a mental health problem or who is in crisis.

3. \$10,000 per Goal Cabinet for a total of \$30,000 was invested in training for community partners on the impact of Adverse Childhood Experiences (ACEs) and toxic stress. Through the community investment process UWSM funded 8 programs that prevent, identify, mitigate, and treat ACEs. Preventing ACEs can help children and adults thrive and potentially reduce the risk for conditions like depression, asthma, cancer, and diabetes as well as reduce risky behaviors like smoking and heavy drinking in adulthood.

4. 4,656 callers were referred to mental health and addiction resources in Southern Maine by UWSM supported 211 Maine. UWSM is proud to partner with United Ways of Maine and the State of Maine to provide free and confidential connections to local services including domestic violence, addiction treatment, health care, mental health resources, and financial assistance through the 211 program.

Form 990, Part III, Line 4d, Other Program Services:

1. 211 Maine is a free, confidential program that provides information

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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and referrals to people of all ages across Maine to local services. 211 Maine is based in Maine and available 24 hours a day, seven days a week, by phone, text, and online. 211 Maine connects people to resources such as heating and utilities assistance, access to food pantries, housing and shelter, and mental health services through a toll-free telephone number (211), a text option (898-211), and a robust online directory at www.211Maine.org. 211 Maine is a partnership of the United Ways of Maine, the State of Maine Department of Health and Human Services, and The Opportunity Alliance as the contact center partner. Last year, 211 Maine Specialists fielded approximately 77,480 calls, providing information and referral services, as well as operating specialized initiatives like the Gambling Helpline and fielding general questions about browntail moth caterpillars on behalf of Maine CDC.

2. Keep ME Warm is a statewide partnership of the seven United Ways in Maine and the ten Community Action Agencies (CAPs) to raise funds to supplement fuel assistance programs in Maine. Keep ME Warm is the only statewide fuel assistance fundraising effort in the state. United Way of Southern Maine is the custodian of the Keep ME Warm Fund and is responsible for collecting, distributing, and reporting. Funds contributed to the Keep ME Warm Fund are distributed based on a formula developed by United Ways in Maine and CAPs based on federal Low Income Home Energy Assistance Program (LIHEAP) distribution percentages and population. CAPs receive 50% of the funds, United Ways receive 25%, and 211 Maine receives 25% to fund emergency overnight assistance through 211 Maine. Donations to Keep ME Warm Fund provide emergency heating assistance. CAPs use the funds to help households that might not be

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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eligible for limited federal, state or local fuel assistance programs.

United Way 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 \$740,000 was raised for heating assistance through Keep ME Warm last year. United Way of Southern Maine estimates that more than 1,660 households were helped, directly benefiting approximately 2,760 people.

3. Designations are donor-directed contributions to health and human service organizations. Donors to United Way of Southern Maine'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. Volunteers play a vital role in improving people's lives and in helping United Way of Southern Maine reach our organizational goals. We know meaningful community solutions require more than just money, programs, or policies. The kind of real and lasting change that benefits everyone is only possible when people from all walks of life are willing to roll up their sleeves and go where their time and talent is most needed. United Way of Southern Maine is helping to support Thrive2027's (our community's commitment to three 10-year, community-wide goals, www.Thrive2027.org) success by guiding its vision and strategy, aligning partners, and sharing best practices. United Way of Southern Maine puts people at the heart of transforming their

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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communities by calling on them to utilize their full range of assets - time, talent, and treasure. We believe volunteer efforts are the backbone of the community and strengthen the connections that create positive changes that benefit everyone. They help build the capacity of local non-profit agencies by enhancing and expanding the agency services to meet community needs. United Way of Southern Maine works with our corporate partners and others in the community to identify and recruit volunteers to fill identified needs in our schools and local nonprofits. These volunteer opportunities include readers, tax preparers, skills-based volunteers, and volunteers who are responsible for evaluating and decision-making recommendations for our community grants/investments. Through a collaborative effort with the United Ways in Maine, United Way of Southern Maine offers a statewide, searchable listing of volunteer opportunities at <https://uwsme.galaxydigital.com/>. This valuable tool allows organizations 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 non-profit organizations.

United Way of Southern Maine organizes a variety of community events, including an annual food drive, Day of Action, Volunteer Reader Program, literacy kit assembly projects, warming kit assembly projects, and much more. Custom volunteer opportunities focused on engaging our corporate partners have become one of our fastest growing points of volunteer engagement. In fiscal year 2023 1,138 volunteers from corporate partners participated in custom volunteer projects. For volunteers who seek to have a longer-term, strategic impact on their

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| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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community United Way of Southern Maine multiple committees and cabinets such as the Emergency Food and Shelter Program committee, Community investment committee, Resource Development cabinet, and many more. The committees and cabinets were supported by over 270 volunteers in the fiscal year 2023.

Expenses \$ 7,410,380. incl grants of \$ 5,460,242. Revenue \$ 186,777.

Form 990, Part VI, Section A, line 2:

Ben LaBelle and Michael Bourque, both Board Directors, have a business relationship.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an independent accounting firm and thoroughly reviewed by the Senior Director, Finance and Operations prior to review and approval by the President/CEO and Board of Directors prior to filing. A copy of the final Form 990 is provided to all Directors and is available to the public upon request.

Form 990, Part VI, Section B, Line 12c:

United Way of Southern Maine'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 Southern Maine 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 Southern Maine or undermine the public's trust in United Way of Southern Maine's staff and volunteers. To ensure that the best interests of United Way of Southern Maine are served, the Board of Directors and staff upon first being appointed, elected or hired,

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|--|--|
| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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disclose in writing, to the best of his or her knowledge, any potential conflicts of interest that involve the individual, his or her immediate relative, or any entity with which he or she is associated in a significant leadership or 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 Southern Maine as necessary to ensure compliance with the Code of Ethics.

Form 990, Part VI, Section B, Line 15:

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.

Form 990, Part VI, Section C, Line 19:

United Way of Southern Maine's conflict of interest policy and most recent audited financial statements are available online at www.uwsme.org and its governing documents are available upon request.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

United Way, Inc.

550 Forest Avenue, Suite 100

Portland, ME 04101

EIN: 01-0241767

| | |
|---|---|
| Name of the organization United Way, Inc. | Employer identification number 01-0241767 |
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Section 1.263(a)-3(n) Election:

United Way, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

| | |
|--------------------------|----------|
| Gain on Perpetual Trusts | 103,987. |
|--------------------------|----------|

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **United Way, Inc.** Employer identification number **01-0241767**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 211 Maine, Inc. - 30-0194364 550 Forest Avenue, Suite 100 Portland, ME 04101 | Health and human service information and referral service | Maine | 501(c)(3) | Line 7 | United Way, Inc. | <input checked="" type="checkbox"/> | |
| Joseph How Charitable Trust - 01-6010195 PO Box 1802 Providence, RI 02901 | Trust | Rhode Island | 501(c)(3) | PF | United Way, Inc. | <input checked="" type="checkbox"/> | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) 211 Maine, Inc | B | 190,800. | Cash Value |
| (2) Joseph How Charitable Trust | C | 56,013. | Cash Value |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. United Way, Inc. | Taxpayer identification number (TIN) 01-0241767 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 550 Forest Avenue, 100 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Portland, ME 04101 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

Carl Young

- The books are in the care of ▶ **550 Forest Avenue, Suite 100 - Portland, ME 04101**

Telephone No. ▶ **(207) 874-1000** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.