

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

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 <div style="border: 1px solid black; padding: 2px;">United Way, Inc.</div> <div style="border: 1px solid black; padding: 2px;">Doing business as United Way of Southern Maine, In</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 Forest Avenue 100</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04101</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">01-0241767</div>
	E Telephone number <div style="border: 1px solid black; padding: 2px;">(207) 874-1000</div>	
	G Gross receipts \$ 11,468,907. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
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

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	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	2498
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	11,447,924.
9	Program service revenue (Part VIII, line 2g)	9	8,876,231.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	186,777.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	216,917.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	643,191.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	3,845,007.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	4,002,644.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,213,578.
19	Revenue less expenses. Subtract line 18 from line 12	19	1,298,604.
20	Total assets (Part X, line 16)	20	13,922,816.
21	Total liabilities (Part X, line 26)	21	-1,644,924.
22	Net assets or fund balances. Subtract line 21 from line 20	22	-3,402,544.

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 Dan Coyne, President/CEO	Date	
Paid Preparer Use Only	Print/Type preparer's name Joseph R. Byrne	Preparer's signature Joseph R. Byrne	Date 05/06/25
	Firm's name Berry Dunn McNeil & Parker, LLC	Firm's EIN 01-0523282	Check if self-employed <input type="checkbox"/> PTIN P01289281
	Firm's address 2211 Congress St Portland, ME 04102	Phone no. (207) 775-2387	

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

☒**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 ☒ 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 ☒ 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 \$ 919,592. including grants of \$ 619,088.) (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 who have not fared as well. UWSM funding that supports Goal 1

4b (Code:) (Expenses \$ 1,271,314. including grants of \$ 876,325.) (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 Southern Maine 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 \$ 1,061,965. including grants of \$ 788,421.) (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 \$ 7,100,926. including grants of \$ 5,287,238.) (Revenue \$ 216,917.)

4e Total program service expenses 10,353,797.

Form 990 (2023)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
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>	3	X
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>	4 X	
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>	5	X
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>	6	X
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>	7	X
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>	8	X
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>	9	X
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>	10 X	
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>	11a X	
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>	11b	X
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>	11c	X
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>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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>	11f X	
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>	12a	X
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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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>	15	X
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>	16	X
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. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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**

	1a	1b	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.	28			
b Enter the number of voting members included on line 1a, above, who are independent		27		
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?			<input checked="" type="checkbox"/>	
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?				<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?				<input checked="" type="checkbox"/>
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?				<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?			<input checked="" type="checkbox"/>	
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				<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 ContractorsCheck 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				192,862.	0.	13,273.
(2) Dan Coyne SVP, Community Impact & Governance	40.00 0.00			X				150,460.	0.	24,619.
(3) Kristin Chase Duffy SVP, Technology & Communication	40.00 0.00					X		132,687.	0.	11,681.
(4) Cameron Peden SVP, Resource Development and People	40.00 0.00					X		105,153.	0.	28,877.
(5) Todd Cesca Chair	1.00 0.00	X		X				0.	0.	0.
(6) Michael Bourque Vice Chair	1.00 0.00	X		X				0.	0.	0.
(7) Kierston Van Soest Treasurer	1.00 0.00	X		X				0.	0.	0.
(8) Ahmed Abdirahman Director	1.00 0.00	X						0.	0.	0.
(9) Brian Ballute Director	1.00 0.00	X						0.	0.	0.
(10) Abusana "Micky" Bondo Director	1.00 0.00	X						0.	0.	0.
(11) Xavier Botana Director	1.00 0.00	X						0.	0.	0.
(12) Nathan Cadorette Director	1.00 0.00	X						0.	0.	0.
(13) Dora Clements Director	1.00 0.00	X						0.	0.	0.
(14) Dudley Davis, Ph.D. Director	1.00 0.00	X						0.	0.	0.
(15) Dan Eagleson Director	1.00 0.00	X						0.	0.	0.
(16) Karen Garnett Director	1.00 0.00	X						0.	0.	0.
(17) Diane Garofalo 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, Ph.D. 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) Robin LaBonte Director	1.00 0.00	X						0.	0.	0.
(23) Nicole Devoe Lewis Director	1.00 0.00	X						0.	0.	0.
(24) Jennifer McCarthy 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								581,162.	0.	78,450.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								581,162.	0.	78,450.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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

Form 990 (2023)

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

111277 1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	98,296.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,624,178.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,153,757.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 85,435.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a Service Fees	Business Code 624200		175,752.	175,752.		
	b Miscellaneous Revenue	624200		41,165.	41,165.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			216,917.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			350,648.		
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				
b Less: cost or other basis and sales expenses		7b	2,025,111. 1,930,400.				
c Gain or (loss)		7c	94,711.				
d Net gain or (loss)			94,711.				
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			9,538,507.	216,917.	0.	445,359.

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	7,571,072.	7,571,072.		
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	381,214.	197,088.	97,972.	86,154.
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	2,923,304.	1,511,348.	751,289.	660,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,445.	63,821.	31,725.	27,899.
9 Other employee benefits	325,493.	168,280.	83,652.	73,561.
10 Payroll taxes	249,188.	141,932.	55,014.	52,242.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,607.		3,607.	
c Accounting	29,735.		29,735.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,721.		24,721.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	175,669.	90,821.	45,147.	39,701.
12 Advertising and promotion	28,752.	14,459.	6,694.	7,599.
13 Office expenses	458,122.	259,996.	95,630.	102,496.
14 Information technology				
15 Royalties				
16 Occupancy	347,567.	172,442.	84,773.	90,352.
17 Travel	20,158.	12,295.	2,509.	5,354.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,999.	37,561.	5,945.	8,493.
20 Interest				
21 Payments to affiliates	110,262.	54,690.	26,904.	28,668.
22 Depreciation, depletion, and amortization	68,868.	34,158.	16,804.	17,906.
23 Insurance	24,911.	12,356.	6,078.	6,477.
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	22,964.	11,478.	5,477.	6,009.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,941,051.	10,353,797.	1,373,676.	1,213,578.
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	500.	1	500.
	2 Savings and temporary cash investments	5,847,237.	2	2,410,223.
	3 Pledges and grants receivable, net	2,417,115.	3	2,278,236.
	4 Accounts receivable, net	44,135.	4	314,241.
	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	143,780.	9	129,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 853,082.		
	b Less: accumulated depreciation	10b 448,055.		
	11 Investments - publicly traded securities	411,615.	10c	405,027.
	12 Investments - other securities. See Part IV, line 11	10,229,685.	11	11,284,542.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	1,770,516.	14	1,611,272.
	15 Other assets. See Part IV, line 11	1,626,480.	15	1,778,202.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,491,063.	16	20,211,678.	
Liabilities	17 Accounts payable and accrued expenses	1,267,226.	17	698,303.
	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	2,895,127.	25	3,278,582.
	26 Total liabilities. Add lines 17 through 25	4,162,353.	26	3,976,885.
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	6,864,025.	27	7,602,929.
	28 Net assets with donor restrictions	11,464,685.	28	8,631,864.
	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	18,328,710.	32	16,234,793.
	33 Total liabilities and net assets/fund balances	22,491,063.	33	20,211,678.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	9,538,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,941,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,402,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,328,710.
5	Net unrealized gains (losses) on investments	5	1,217,997.
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	90,630.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,234,793.

Part XII Financial Statements and ReportingCheck 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? _____ 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		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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? _____	<input checked="" type="checkbox"/>	
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 _____	<input checked="" type="checkbox"/>	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**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.
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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).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9175021.	8598100.	12359591.	11447924.	8876231.	50456867.
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	9175021.	8598100.	12359591.	11447924.	8876231.	50456867.
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)						843,509.
6 Public support. Subtract line 5 from line 4.						49613358.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9175021.	8598100.	12359591.	11447924.	8876231.	50456867.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	246,001.	238,737.	281,998.	633,558.	350,648.	1750942.
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						52207809.
12 Gross receipts from related activities, etc. (see instructions)					12	1,296,597.
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.03	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	94.31	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
United Way, Inc.	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
<u>1</u>		\$ <u>405,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,412,310.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,039,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

United Way, Inc.**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

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)		9,167.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		7,732.													
c Total lobbying expenditures (add lines 1a and 1b)		16,899.													
d Other exempt purpose expenditures		12,924,152.													
e Total exempt purpose expenditures (add lines 1c and 1d)		12,941,051.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		797,053.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		199,263.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	632,773.	677,502.	846,141.	797,053.	2,953,469.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,430,204.
c Total lobbying expenditures	9,304.	14,668.	15,662.	16,899.	56,533.
d Grassroots nontaxable amount	158,193.	169,376.	211,535.	199,263.	738,367.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,107,551.
f Grassroots lobbying expenditures	5,728.	7,367.	8,158.	9,167.	30,420.

Schedule C (Form 990) 2023

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

2023

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,229,685.	9,555,189.	10,922,124.	8,528,210.	8,378,897.
b Contributions		91,947.	236,645.	19,041.	134,022.
c Net investment earnings, gains, and losses	1,516,701.	1,029,231.	-1,169,681.	2,776,385.	377,241.
d Grants or scholarships	7,146.	14,870.	13,437.	12,433.	12,340.
e Other expenditures for facilities and programs	427,961.	407,092.	393,004.	364,506.	327,997.
f Administrative expenses	26,737.	24,720.	27,458.	24,573.	21,613.
g End of year balance	11,284,542.	10,229,685.	9,555,189.	10,922,124.	8,528,210.

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

- a Board designated or quasi-endowment 58.9470 %
 b Permanent endowment 17.6240 %
 c Term endowment 23.4290 %

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

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

- (i) Unrelated organizations? _____
 (ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		853,082.	448,055.	405,027.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				405,027.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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	1,778,202.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,778,202.

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	1,616,670.
(3) Due to Affiliate	14,709.
(4) Lease Liabilities, Operating	
(5) Leases	1,647,203.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,278,582.

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 ... ☒

Schedule D (Form 990) 2023

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	10,049,683.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,217,997.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	151,722.
e	Add lines 2a through 2d	2e	1,369,719.
3	Subtract line 2e from line 1	3	8,679,964.
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	24,721.
b	Other (Describe in Part XIII.)	4b	833,822.
c	Add lines 4a and 4b	4c	858,543.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,538,507.

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	12,143,600.
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	12,143,600.
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	24,721.
b	Other (Describe in Part XIII.)	4b	772,730.
c	Add lines 4a and 4b	4c	797,451.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,941,051.

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:

United Way and 211 Maine are not-for-profit corporations as described in Section 501(c)(3) of the Code and as such are exempt from federal and state income taxes.

Management has evaluated the United Way and 211 Maine's tax positions and concluded that they have maintained their tax-exempt status, do not have any significant unrelated business income, and have 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 151,722.

Part XI, Line 4b - Other Adjustments:

Donor Designated Contributions 833,822.

Part XII, Line 4b - Other Adjustments:

Donor Designated Grants & Awards 772,730.

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

2023

**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	207,925.	0.			Community Investment
A Company of Girls PO Box 7527 Portland, ME 04112	05-0631726	501c3	15,043.	0.			Community Investment, Donor Designations
American Lung Association 122 State Street Augusta, ME 04330	06-0646594	501c3	12,276.	0.			Donor Designations
American Red Cross of Southern Maine - 2401 Congress Street - Portland, ME 04102	01-0215209	501c3	6,379.	0.			Donor Designations
Apex Youth Connection PO Box 783 Biddeford, ME 04005	20-3684934	501c3	20,005.	0.			Community Investment, Donor Designations
Aroostook County Action Program PO Box 1116 Presque Isle, ME 04769	01-0315849	501c3	7,566.	0.			Emergency Heating Assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **90.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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
Avesta Housing 307 Cumberland Avenue Portland, ME 04101	01-0315296	501c3	19,260.	0.			Community Investment, Donor Designations
Boston Children's Hospital 1295 Boylston Street, Suite 320 Boston, MA 02115	04-2774441	501c3	18,000.	0.			Community Investment
Boys & Girls Clubs of Southern Maine - PO Box 7830 - Portland, ME 04112	01-0211543	501c3	203,455.	0.			Community Investment, Donor Designations
CA\$H Greater Portland 550 Forest Avenue Portland, ME 04101	01-0241767	501c3	80,700.	0.			Community Investment
Caring Unlimited 965 Main St. Sanford, ME 04073	01-0358141	501c3	22,078.	0.			Community Investment, Donor Designations
Catherine Morrill Day Nursery 96 Danford Street Portland, ME 04101	01-0211542	501c3	153,947.	0.			Community Investment, Donor Designations
Catholic Charities Maine PO Box 10660 Portland, ME 04104	01-0228225	501c3	780,275.	0.			Community Investment, Donor Designations
Center for Grieving Children PO Box 1438 Portland, ME 04104	01-0431501	501c3	79,475.	0.			Community Investment, Donor Designations
Children's Odyssey P.O. Box 6038 Falmouth, ME 04105	01-0475374	501c3	185,477.	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
City of Portland 39 Congress Street, Suite 2 Portland, ME 04101	01-6000032	501c3	1,375,228.	0.			Community Investment
Coastal Enterprises, Inc. 30 Federal Street Suite 100. Brunswick, ME 04011	01-0347504	501c3	99,545.	0.			Community Investment
Community Action Partnership of Strafford County - 577 Central Avenue, Suite 10 - Dover, NH 03820	02-0268636	501c3	23,965.	0.			Emergency Heating Assistance
Community Concepts PO Box 278 South Paris, ME 04281	01-0424969	501c3	28,588.	0.			Emergency Heating Assistance
Community Dental 190 Park Ave. Portland, ME 04102	23-7129502	501c3	12,320.	0.			Community Investment, Donor Designations
Continuum Arts Collective 76 Lower Main St, North Berwick, ME 03906	81-1474197	501c3	15,000.	0.			Community Investment
Council For A Strong America 4 Jersey Circle Topsham, ME 04086	13-3840271	501c3	10,000.	0.			Community Investment
Count ME In - Educate Maine 482 Congress Street Portland, ME 04101	20-3559947	501c3	10,000.	0.			Community Investment
Day One 525 Main Street South Portland, ME 04106	01-0322532	501c3	194,303.	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
Fairtide 15 State Road Kittery, ME 03904	01-0525140	501c3	6,250.	0.			Community Investment
Four Directions Development Corp. 20 Godfrey Dr. Orono, ME 04473	01-0544468	501c3	6,227.	0.			Emergency Heating Assistance
Frannie Peabody Center 335 Valley Street Portland, ME 04102	01-0332769	501c3	36,014.	0.			Community Investment, Donor Designations
Freeport Community Services PO Box 119 Freeport, ME 04032	01-0332769	501c3	25,543.	0.			Community Investment, Donor Designations
Furniture Friends P.O. Box 631 Westbrook, ME 04098	01-0513662	501c3	9,933.	0.			Community Investment, Donor Designations
Gateway Community Services Maine 501 Forest Avenue Portland, ME 04101	81-3604505	501c3	10,000.	0.			Community Investment
Girl Scouts of Maine 138 Gannett Dr. South Portland, ME 04106	01-0269802	501c3	19,625.	0.			Community Investment, Donor Designations
Good Shepherd Food Bank 3121 Hotel Road Auburn, ME 04210	22-2986809	501c3	8,050.	0.			Donor Designations
Goodwill Industries of Northern New England - PO Box 8600 - Portland, ME 04104	01-0284340	501c3	29,361.	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
Greater Portland Immigrant Welcome Center - 4 Preble Street 4th Floor - Portland, ME 04101	82-2844735	501c3	10,214.	0.			Community Investment, Donor Designations
Heart of Maine United Way 24 Springer Drive, Suite 201 Bangor, ME 04401	01-0211478	501c3	17,592.	0.			Community Investment
Immigrant Legal Advocacy Project PO Box 17917 Portland, ME 04112	22-3260883	501c3	26,671.	0.			Community Investment, Donor Designations
In Her Presence 4 Milk Street, Suite 201 Portland, ME 04101	47-5518548	501c3	49,504.	0.			Community Investment
Intercultural Community Center 36 Patrick Drive Westbrook, ME 04092	47-1737212	501c3	38,000.	0.			Community Investment
Kennebec Valley Community Action Program - 97 Water Street - Waterville, ME 04901	01-0277678	501c3	27,953.	0.			Emergency Heating Assistance
Kids First Center 51 U.S. Route 1, Suite S Scarborough, ME 04074	22-2993035	501c3	8,550.	0.			Community Investment, Donor Designations
Kids Free to Grow 57 Portland Rd., Unit 4 Kennebunk, ME 04043	01-0370891	501c3	5,556.	0.			Community Investment, Donor Designations
Learning Works 181 Brackett Street Portland, ME 04101	01-0353682	501c3	17,820.	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
Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330	01-0359131	501c3	16,958.	0.			Community Investment, Donor Designations
The Locker Project PO Box 3134 Portland, ME 04104	47-1257754	501c3	16,854.	0.			Community Investment
Maine Association for New Americans - P.O. Box 8002 - Portland, ME 04104	46-2890018	501c3	73,031.	0.			Community Investment
Maine Association for the Education of Young Children - 295 Water Street, Suite 10 - Augusta, ME 04330	06-1713614	501c3	30,833.	0.			Community Investment
Maine Foodscapes 22 Montgomery Road North Windham, ME 04062	83-4414589	501c3	7,637.	0.			Community Investment, Donor Designations
Maine Immigrants Rights Coalition 24 Preble Street, Suite 306 Portland, ME 04101	82-3097991	501c3	199,793.	0.			Community Investment
MaineHealth 110 Free Street Portland, ME 04101	01-0431680	501c3	123,396.	0.			Community Investment
Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530	01-0315732	501c3	9,114.	0.			Emergency Heating Assistance
Milestone Recovery 65 India Street Portland, ME 04101	01-6024344	501c3	88,650.	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
My Place Teen Center 755 Main Street Westbrook, ME 04092	01-0509578	501c3	5,231.	0.			Donor Designations
New Ventures Maine 46 University Drive Augusta, ME 04330	01-6000769	501c3	32,500.	0.			Community Investment
Northeast Hearing & Speech Center 75 West Commercial Street, Suite 20 Portland, ME 04101	01-0228262	501c3	52,300.	0.			Community Investment, Donor Designations
Our Place Portland 8 Thurston Lane Scarborough, ME 04074	88-3309336	501c3	67,400.	0.			Community Investment
Palaver Strings 380 Cumberland Avenue, Floor 2 Portland, ME 04101	47-4914834	501c3	10,000.	0.			Community Investment
Penquis CAP, Inc PO Box 1162 Bangor, ME 04401	01-6023748	501c3	23,936.	0.			Emergency Heating Assistance
Pine Tree Legal Assistance PO Box 547 Portland, ME 04112	01-0279387	501c3	72,162.	0.			Community Investment, Donor Designations
Planned Parenthood of Northern New England - 51 U.S. Route 1, Suite C - Scarborough, ME 04074	03-0222941	501c3	11,385.	0.			Community Investment, Donor Designations
Portland Community Health Center 180 Park Avenue Portland, ME 04102	45-4960453	501c3	26,000.	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 Squash 66 Noyes Street Portland, ME 04103	46-2787590	501c3	25,000.	0.			Community Investment
Portland ConnectEd 550 Forest Avenue Portland, ME 04101	01-0241767	501c3	11,000.	0.			Community Investment
Portland Housing Authority 14 Baxter Boulevard Portland, ME 04101	22-2527595	501c3	35,000.	0.			Community Investment
Portland Public Schools/ Portland Adult Education - 14 Locust Street - Portland, ME 04101	46-0749174	501c3	132,007.	0.			Community Investment
Portland Seamans Friend Society PO Box 777 Windham, ME 04062	01-0211545	501c3	22,659.	0.			Community Investment
Preble Street PO Box 1459 Portland, ME 04104	01-0418917	501c3	604,464.	0.			Community Investment, Donor Designations
Quality Housing Coalition 188 State St., Suite 402 Portland, ME 04101	82-4353021	501c3	37,133.	0.			Community Investment
Salvation Army - Old Orchard Beach P.O. Box 375 Old Orchard Beach, ME 04064	13-5562351	501c3	6,313.	0.			Community Investment, Donor Designations
YMCA - Sanford/Springvale 1 Emile Levasseur Dr. Sanford, ME 04073	01-0211814	501c3	8,837.	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
Sexual Assault Response Services of Southern Maine - PO Box 1371 - Portland, ME 04104	01-0343943	501c3	21,527.	0.			Community Investment, Donor Designations
Southern New Hampshire Services, Inc. - 40 Pine Street - Manchester, NH 03108	02-0268285	501c3	23,965.	0.			Emergency Heating Assistance
Spurwink 901 Washington Avenue Portland, ME 04103	01-0319802	501c3	60,192.	0.			Community Investment, Donor Designations
The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106	01-0316041	501c3	386,458.	0.			Community Investment, Heating Assistance, Donor Designations
Through These Doors PO Box 704 Portland, ME 04104	01-1352636	501c3	41,799.	0.			Community Investment, Donor Designations
United Way of Androscoggin County PO Box 888 Lewiston, ME 04243	01-0316813	501c3	24,783.	0.			Community Investment, Donor Designations
United Way of Aroostook County 480 Main Street, 3rd Floor Presque Isle, ME 04769	23-7147455	501c3	18,297.	0.			Community Investment, Donor Designations
United Way of Kennebec Valley 331 Water Street, Suite 5 Augusta, ME 04330	01-6004404	501c3	25,181.	0.			Community Investment, Donor Designations
United Way of Mid Coast Maine 34 Wing Farm Parkway, Suite 201 Bath, ME 04530	01-6004866	501c3	140,448.	0.			Emergency 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
United Way of the Tri-Valley Area PO Box 126 Farmington, ME 04938	01-0377559	501c3	15,360.	0.			Community Investment, Donor Designations
University of Southern Maine 188 Payson Smith Hall, 96 Falmouth Portland, ME 04104	01-6000769	501c3	19,765.	0.			Community Investment
Vet to Vet Maine P.O. Box 1205 Biddeford, ME 04005	83-1092783	501c3	9,100.	0.			Community Investment, Donor Designations
Washington Hancock Community Action - PO Box 280 - Milbridge, ME 04658	52-0817684	501c3	6,216.	0.			Emergency Heating Assistance
Wayside Food Programs PO Box 1278 Portland, ME 04104	22-2806424	501c3	49,262.	0.			Donor Designations
Woodfords Family Services 15 Saunders Way, Suite 900 Westbrook, ME 04104	01-0278395	501c3	10,855.	0.			Community Investment
YMCA of Southern Maine PO Box 1078 Portland, ME 04104	01-0211568	501c3	10,950.	0.			Donor Designations
York County Community Action PO Box 727 Sanford, ME 04073	01-6020406	501c3	128,775.	0.			Community Investment, Emergency Heating Assistance, Donor Designations
York Hospital 15 Hospital Dr. York, ME 03909	01-0212444	501c3	10,000.	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
Youth & Family Outreach 331 Cumberland Avenue Portland, ME 04101	01-0374597	501c3	158,619.	0.			Community Investment, Donor Designations
Youth Full Maine P.O. Box 745 Biddeford, ME 04005	82-2032867	501c3	9,731.	0.			Community Investment
Southern Maine Workforce Initiative - 550 Forest Avenue - Portland, ME 04101	01-0241767	501c3	60,250.	0.			Community Investment, Donor Designations

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 through 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

2023

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

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

[illegible]

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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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	22	85,435.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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 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.

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Inspection

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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:

enabled, among other things:

- \$330,400 invested in community schools with wraparound services, and
high quality before/after school programming

- \$179,000 invested in preschool and early childhood education
programs.

- 8 new child care entrepreneurs graduated from the Child Care
Incubator Program.

- Supported two First4ME pilot sites to ensure child care providers
have the resources they need to provide high-quality programming.

- 700+ hours spent reading with children through UWSM's Volunteer
Reader Program.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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Additionally, United Way of Southern Maine leads the following collaborative efforts toward this goal such as:

- Emerging Leaders United of Southern Maine is a community of driven professionals from diverse backgrounds and careers who are committed to equipping young people with skills, solutions and resources for the future. Through volunteerism and financial support, members invest in programs that build a better tomorrow for students in Southern Maine while strengthening their network and creating lasting community connections. Emerging Leaders United currently invests in three unique Southern Maine programs: Our Place Portland, Boys and Girls Club of Southern Maine, and Portland Community Squash. Together, these programs address critical child care and learning opportunity gaps by focusing on providing enriching after school experiences that center on individualized tutoring, STEM exposure, and wellness activities to Southern Maine students and families who need them most.

- The Child Care Incubator is an innovative partnership between United Way of Southern Maine, Coastal Enterprises Inc., Southern Maine Workforce Initiative, and Portland ConnectED-Starting Strong. The goal of the program is to support program participants in launching their child care businesses through partnerships with local corporations, housing authorities, and community partners. Program participants receive individualized case management and wrap around support, as well as structured learning opportunities through CEI's ongoing coursework to become licensed child care providers. The goal of the program is to increase access to affordable, high-quality early learning

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opportunities for Southern Maine residents by investing in entrepreneurs passionate about working with children.

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

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

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

- 698 households moved from homelessness to safe housing.

- 1,425 households accessed or maintained resources to stay sheltered and safe.

- Advocated for Housing First Programs, affordable housing, free community college, student loan repayment assistance, emergency heating assistance, and free tax assistance.

- In 2024, CA\$H Greater Portland served over 700 households returning over \$1.3 million to taxpayers in State and Federal returns and saved filing fees. This included 137 households receiving the Earned Income Tax Credit. The average adjusted gross income of CA\$H clients was

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\$23,607.

Additionally, United Way of Southern Maine leads the following collaborative efforts toward this goal such as:

- Women United, an individual giving group of UWSM, invests donor contributions into local programs that advance single mothers and their families through comprehensive support designed to move them toward financial stability. Investments include (1) Anchoring Youth to Succeed Boys & Girls Clubs of Southern Maine and A Company of Girls. Afterschool program with wraparound services for Project WIN children and neighborhood youth. (2) MomCore York County Community Action Corporation. Targeted coaching program focused on improving financial knowledge and household stability. (3) Mothers Thriving New Ventures Maine. Flexible, six-session class series, group support, and coaching to build confidence and skills. (4) Project HOME Trust Quality Housing Coalition. Direct cash assistance, individualized skill building, and peer-to-peer support. (5) Project WIN (Women in Neighborhoods) The Opportunity Alliance. Gathers single mothers in a cohort and provides an evidence-based coaching model to help them identify and pursue goals for their families.

- United Way of Southern Maine serves as the backbone for the Southern Maine Workforce Initiative (SMWI). SMWI is a collective impact collaborative that builds on the existing work and experience of 26 community organizations and connects with the public workforce system to address workforce development issues from both sides of the spectrum, creating a dual pipeline that aligns with the needs of

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jobseekers and employers. Serving Cumberland and York Counties, SMWI is a vital resource ensuring access to educational and employment opportunities for those who face the greatest barriers to entering or remaining in employment. Alongside our partners, SMWI has developed innovative solutions including The Bridge Program, a customized training program that combines industry-specific programming with comprehensive support services to remove barriers for individuals entering high-demand career fields such as healthcare and child care. 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.

- 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 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 24, EFSP Phase 40 was released and provided \$84,164 for Cumberland County and \$62,385 for York County.

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

- The opioid epidemic continues to ravage Southern Maine. In 2024 there

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were 490 overdose deaths across the state and 147 overdose deaths in Southern Maine. This represents a 19% decrease in overdose deaths from the previous year. This is the largest reduction in overdose deaths the state has seen in years. This reduction can be attributed to the prevalence of harm reduction supplies like naloxone and test strips, as well as greater access to and awareness of recovery resources. UWSM has contributed to this effort by establishing itself as a naloxone distribution site and targeting rural communities for naloxone training. UWSM staff have trained 100 people in overdose recognition and naloxone administration and distributed over 300 doses of naloxone to libraries, food pantries, businesses, and recreation departments in Southern Maine.

- 364 youth received support and services to heal from trauma and abuse.

- Based on UWSM's ALICE (Asset Limited, Income Constrained, Employed) data, we know that 38% of households in Southern Maine are struggling to make ends meet. This means making tough financial choices about bills to pay each month. These decisions can be tough to handle mentally and emotionally, and in addition we know that 46% of adults in Maine who needed mental health care did not access it because of the cost. Through our community grant process, UWSM invested over \$300,000 in nine programs to increase access and reduce barriers to behavioral health services in southern Maine.

- 6,400 referrals to mental health and addiction resources in Southern Maine by UWSM supported 211 Maine. UWSM is proud to partner with United

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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:

- 211 Maine is a free, confidential program that provides information and referrals to people of all ages across Maine to local services that help them meet their basic needs. 211 Maine is based in Maine and available 24 hours a day, seven days a week, by phone, text, and online. 211 Maine helps people find information for resources across health and human services, including 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 75,053 calls, texts, and emails, providing information and referral services, as well as operating specialized initiatives like the Opiate Helpline, Gambling Helpline, and fielding general questions about Maine's COVID-19 situation. 211 Maine provides emergency operations support during times of natural and other disasters, including assisting Maine Emergency Management Agency to field calls from those impacted by windstorms and floods and collect data to inform severity and locations of need, and direct people looking for local heating shelters or cooling centers.

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- 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 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 \$510,000 was raised for heating assistance through Keep ME Warm last year. United Way of Southern Maine estimates that more than 1,200 households were helped.

- 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

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Act is verified before funds are distributed.

- 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 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

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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, literacy and meal kit assembly projects, and custom volunteer projects for corporate partners. In fiscal year 2024, 2,498 volunteers participated in custom volunteer projects or sat on United Way of Southern Maine committees and cabinets such the community investment committees, Resource Development cabinet, and many more.

Expenses \$ 7,100,926. incl grants of \$ 5,287,238. Revenue \$ 216,917.

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

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

Hilary Rapkin 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 and Chief Operating and Communications Officer 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 on our website.

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

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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, 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

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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

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	151,722.
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Donor Designation Adjustment, Net	-61,092.
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Total to Form 990, Part XI, Line 9	90,630.
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**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

2023

**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

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.	X	
Joseph How Charitable Trust - 01-6010195 PO Box 1802 Providence, RI 02901	Trust	Rhode Island	501(c)(3)	PF	United Way, Inc.	X	

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

Schedule R (Form 990) 2023

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	207,925.	Cash Value
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. United Way, Inc.	Taxpayer identification number (TIN) 01-0241767
	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) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Carl Young**
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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)