

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization United Way, Inc. Doing business as United Way of Greater Portland Number and street (or P.O. box if mail is not delivered to street address) Room/suite One Canal Plaza 300 City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04101 | D Employer identification number 01-0241767 E Telephone number (207) 874-1000 |
| 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 | | G Gross receipts \$ 10,282,999. |
| J Website: ▶ www.unitedwaygp.org | | 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) |
| 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 |
| F Name and address of principal officer: Liz Cotter Schlax same as C above | | |
| H(c) Group exemption number ▶ | | |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Improving lives by focusing on the building blocks of a strong community: education, financial 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 48 6 Total number of volunteers (estimate if necessary) 6 1772 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--|--|---------------------------|--------------|-----------|-------------|-------------|-----------|------------|------------|-----------|-------------|-------------|-----------|----|----|-----------|------------|------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 7,467,511. 8,234,977. 9 Program service revenue (Part VIII, line 2g) 506,961. 479,363. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 427,206. 292,761. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,401,678. 9,007,101. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Prior Year</th> <th style="width:25%;">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td align="right">7,467,511.</td><td align="right">8,234,977.</td></tr> <tr><td>9</td><td align="right">506,961.</td><td align="right">479,363.</td></tr> <tr><td>10</td><td align="right">427,206.</td><td align="right">292,761.</td></tr> <tr><td>11</td><td align="right">0.</td><td align="right">0.</td></tr> <tr><td>12</td><td align="right">8,401,678.</td><td align="right">9,007,101.</td></tr> </tbody> </table> | | Prior Year | Current Year | 8 | 7,467,511. | 8,234,977. | 9 | 506,961. | 479,363. | 10 | 427,206. | 292,761. | 11 | 0. | 0. | 12 | 8,401,678. | 9,007,101. |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | |
| 8 | 7,467,511. | 8,234,977. | | | | | | | | | | | | | | | | | | |
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| 11 | 0. | 0. | | | | | | | | | | | | | | | | | | |
| 12 | 8,401,678. | 9,007,101. | | | | | | | | | | | | | | | | | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,423,594. 5,541,191. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,379,342. 2,362,040. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 991,326. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 952,992. 886,786. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,755,928. 8,790,017. 19 Revenue less expenses. Subtract line 18 from line 12 -354,250. 217,084. | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 18,647,336. 18,455,745. 21 Total liabilities (Part X, line 26) 4,560,613. 4,420,723. 22 Net assets or fund balances. Subtract line 21 from line 20 14,086,723. 14,035,022. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Beginning of Current Year</th> <th style="width:25%;">End of Year</th> </tr> </thead> <tbody> <tr><td>20</td><td align="right">18,647,336.</td><td align="right">18,455,745.</td></tr> <tr><td>21</td><td align="right">4,560,613.</td><td align="right">4,420,723.</td></tr> <tr><td>22</td><td align="right">14,086,723.</td><td align="right">14,035,022.</td></tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 | 18,647,336. | 18,455,745. | 21 | 4,560,613. | 4,420,723. | 22 | 14,086,723. | 14,035,022. | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | |
| 20 | 18,647,336. | 18,455,745. | | | | | | | | | | | | | | | | | | |
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| 22 | 14,086,723. | 14,035,022. | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

| | | |
|-------------------------------|--|---------------------------------|
| Sign Here | Signature of officer Liz Cotter Schlax, President/CEO Type or print name and title | Date _____ |
| Paid Preparer Use Only | Print/Type preparer's name Nicholas E. Porto | Preparer's signature |
| | Firm's name ▶ Baker Newman & Noyes Firm's address ▶ P.O. Box 507 Portland, ME 04112 | Date 03/30/17 |
| | Check <input type="checkbox"/> if self-employed | PTIN P01310283 |
| | Firm's EIN ▶ 01-0494526 | Phone no. (207) 879-2100 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
United Way of Greater Portland improves people's lives by mobilizing the caring power of our communities. We work to achieve community-wide change that improves the education, financial stability, and health of Greater Portland residents. To these ends, we:

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

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

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

4a (Code:) (Expenses \$ 1,801,501. including grants of \$ 1,620,707.) (Revenue \$)
EDUCATION: Education is the cornerstone of individual and community success. It is essential to getting and keeping a job with a livable wage and health benefits. It is also fundamental to a community's economic prosperity: a well-educated workforce attracts world-class jobs. United Way of Greater Portland funds 26 programs at 12 partner agencies that focus on education, helping us advance our overall education goal of improving graduation rates in Cumberland County. From addressing youth self-esteem to funding accredited child care centers, United Way of Greater Portland is helping children, youth, and families reach their potential.

Just as the strength of the foundation determines the stability of the

4b (Code:) (Expenses \$ 1,598,701. including grants of \$ 1,511,923.) (Revenue \$)
HEALTH: Improving people's physical and mental health and well-being is one of the building blocks of a thriving community; however, numerous obstacles stand in the way of good health for many residents of Cumberland County. United Way of Greater Portland funds 41 programs at 18 partner agencies that focus on health, helping to advance our health goals in the community. From addressing substance abuse to funding vision rehabilitation programs and outpatient mental health clinical services, United Way of Greater Portland works tirelessly to improve lives for thousands of residents in Cumberland County.

In collaboration with several community partners, United Way of Greater Portland developed the Let's Go! program. Let's Go! is a nationally

4c (Code:) (Expenses \$ 1,106,975. including grants of \$ 949,504.) (Revenue \$)
FINANCIAL STABILITY: There are more than 31,000 people in Greater Portland living in poverty, many of whom do not have enough stable, adequate income to support their basic needs. United Way of Greater Portland has always taken a strategic approach to addressing the root-cause of these critical issues, and intends to help every person in Greater Portland have the opportunity to achieve financial stability. In order to achieve financial stability, individuals and families need permanent housing and food security, use every income and work support they qualify for, and have a career pathway to earn enough income to manage their expenses and build savings. To support these individual needs, United Way of Greater Portland invests in 10 programs at 6 partner agencies that support work that focuses on financial

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,547,645. including grants of \$ 1,459,058.) (Revenue \$ 479,363.)

4e Total program service expenses 7,054,822.

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> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> | 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> | | 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> | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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> | | 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> | | 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> | | 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> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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> | 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> | | 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> | | 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> | 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> | 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> | 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> | | 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> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | 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> | | 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> | | 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> | | 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</i> | | 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> | | 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> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | 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 in Schedule O. | | |
| | 1a 25 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 24 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Wendy O'Rourke - (207) 874-1000**
One Canal Plaza, No. 300, Portland, ME 04101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

| (A) Name and Title | (B) 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Katie Bellerose Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (2) Greg Boulos Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (3) Martin Bruno Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (4) Anne Dalton Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (5) Sean Dugan Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) James Elkins Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) Joan Fischer Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) MaryEllen FitzGerald Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) William Fletcher, Esq. Director | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) Patricia French Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) Diane Garofalo Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) Dr. Marc Gousse Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) Sterling Kozlowski Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) Victoria A. Loring Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) Regina Phillips Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) Michael Rayder Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) Joe Rosenfield 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Jeffrey Sanders (part-year) Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) Deanna Sherman Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) Dana Totman Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) Bill Williamson Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) Nicole Witherbee Director | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) Michael Simonds Chair | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (24) Shawn Gorman Vice Chair | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (25) Gregory McCarthy Treasurer | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (26) Liz Cotter Schlax Secretary/President/CEO | 40.00 1.00 | X | | X | | | | 141,606. | 0. | 5,427. |
| 1b Sub-total | | | | | | | | 141,606. | 0. | 5,427. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 115,539. | 0. | 16,676. |
| d Total (add lines 1b and 1c) | | | | | | | | 257,145. | 0. | 22,103. |

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 **2**

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

Section B. Independent Contractors

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

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

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

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

| | | | (A) 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 128,443. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 8,106,534. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 261,991. | | | | | |
| | h Total. Add lines 1a-1f | | 8,234,977. | | | | |
| Program Service Revenue | 2 a Service fees | Business Code 624200 | 418,850. | 418,850. | | | |
| | b Miscellaneous Revenue | 624200 | 60,513. | 60,513. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 479,363. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 235,477. | | | 235,477. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 1,333,182. | | | | | |
| | | b Less: cost or other basis and sales expenses | 1,275,898. | | | | |
| | | c Gain or (loss) | 57,284. | | | | |
| | d Net gain or (loss) | | | 57,284. | | 57,284. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions. | | | 9,007,101. | 479,363. | 0. | 292,761. | |

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 X

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

Check here if following SOP 98-2 (ASC 958-720)

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 | 1,643. | 1 | 1,882. |
| | 2 Savings and temporary cash investments | 4,776,131. | 2 | 4,729,956. |
| | 3 Pledges and grants receivable, net | 4,916,191. | 3 | 5,126,760. |
| | 4 Accounts receivable, net | 34,338. | 4 | 41,173. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 66,928. | 9 | 93,513. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 383,785. | | |
| | b Less: accumulated depreciation | 10b 265,699. | | |
| | 11 Investments - publicly traded securities | 7,526,678. | 11 | 7,226,660. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,195,264. | 15 | 1,117,715. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 18,647,336. | 16 | 18,455,745. | |
| Liabilities | 17 Accounts payable and accrued expenses | 313,420. | 17 | 426,687. |
| | 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 | 462,468. | 21 | 199,875. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 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 | 3,784,725. | 25 | 3,794,161. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,560,613. | 26 | 4,420,723. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,388,673. | 27 | 5,970,279. |
| | 28 Temporarily restricted net assets | 4,562,038. | 28 | 4,965,146. |
| | 29 Permanently restricted net assets | 3,136,012. | 29 | 3,099,597. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 14,086,723. | 33 | 14,035,022. |
| | 34 Total liabilities and net assets/fund balances | 18,647,336. | 34 | 18,455,745. |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,007,101. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,790,017. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 217,084. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 14,086,723. |
| 5 | Net unrealized gains (losses) on investments | 5 | -327,786. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 59,001. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,035,022. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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 | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2015)

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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 8,370,907. | 7,962,536. | 8,165,764. | 7,467,511. | 8,234,977. | 40,201,695. |
| 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 | 8,370,907. | 7,962,536. | 8,165,764. | 7,467,511. | 8,234,977. | 40,201,695. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2,785,451. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 37,416,244. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 8,370,907. | 7,962,536. | 8,165,764. | 7,467,511. | 8,234,977. | 40,201,695. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 190,067. | 164,328. | 162,678. | 258,112. | 235,477. | 1,010,662. |
| 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 | | | | | | 41,212,357. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,437,129. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 90.79 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 91.95 % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. 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 - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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 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 in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 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. | | |

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). | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | | |
| 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. | | |

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. **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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2015

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 437,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 280,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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 or 990-EZ) 2015

LHA
532041
10-05-15

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 (grass roots lobbying) | 1,955. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 8,695. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 10,650. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 7,489,235. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 7,499,885. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 524,994. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 131,249. | | | | | | | | | | | | | |
| 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a Lobbying nontaxable amount | 556,894. | 554,385. | 530,583. | 524,994. | 2,166,856. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 3,250,284. |
| c Total lobbying expenditures | 14,799. | 13,647. | 10,521. | 10,650. | 49,617. |
| d Grassroots nontaxable amount | 139,224. | 138,596. | 132,646. | 131,249. | 541,715. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 812,573. |
| f Grassroots lobbying expenditures | 9,810. | 10,339. | 5,550. | 1,955. | 27,654. |

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| <i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i> | | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

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 (e.g., 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 in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

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11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,532,477. | 7,615,873. | 6,621,777. | 6,054,910. | 6,053,539. |
| b Contributions | 41,134. | 12,787. | 44,744. | 108,781. | 326,512. |
| c Net investment earnings, gains, and losses | 1,633. | 203,124. | 1,245,572. | 743,423. | -47,287. |
| d Grants or scholarships | 55,716. | 55,827. | 56,184. | 21,945. | 22,741. |
| e Other expenditures for facilities and programs | 205,136. | 199,688. | 195,772. | 227,554. | 216,970. |
| f Administrative expenses | 42,265. | 43,792. | 44,264. | 35,838. | 38,143. |
| g End of year balance | 7,272,127. | 7,532,477. | 7,615,873. | 6,621,777. | 6,054,910. |

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

- a Board designated or quasi-endowment 55.35 %
- b Permanent endowment 27.25 %
- c Temporarily restricted endowment 17.40 %

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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

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 | | 383,785. | 265,699. | 118,086. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 118,086. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) Beneficial Interest in Perpetual Trust | 1,117,715. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 1,117,715. |

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 | 3,794,161. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 3,794,161. |

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

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

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

| | | | | |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 7,448,184. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -327,786. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | -327,786. | |
| 3 | Subtract line 2e from line 1 | 3 | 7,775,970. | |
| 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 | 43,453. | |
| b | Other (Describe in Part XIII.) | 4b | 1,187,678. | |
| c | Add lines 4a and 4b | 4c | 1,231,131. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 9,007,101. | |

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 | 7,499,885. |
| 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 | 7,499,885. | |
| 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 | 43,453. | |
| b | Other (Describe in Part XIII.) | 4b | 1,246,679. | |
| c | Add lines 4a and 4b | 4c | 1,290,132. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 8,790,017. | |

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 IV, line 2b:

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

Additionally, \$57,150 was owed to 211 Maine, a related organization, at year end.

Part V, line 4:

Income from the United Way of Greater Portland's endowment is used to

Part XIII Supplemental Information (continued)

support the mission of the United Way of Greater Portland.

Part X, Line 2:

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

Management has evaluated the Organization's tax positions and concluded that the Organization has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the consolidated financial statements. With few exceptions, the Organization is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for years before 2012.

Part XI, Line 4b - Other Adjustments:

| | |
|--------------------------------|------------|
| Donor Designated Contributions | 1,187,678. |
|--------------------------------|------------|

Part XII, Line 4b - Other Adjustments:

| | |
|----------------------------------|------------|
| Donor Designated Grants & Awards | 1,246,679. |
|----------------------------------|------------|

**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.

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

OMB No. 1545-0047

2015

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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| 211 Maine, Inc. P.O. Box 15200 Portland, ME 04112-5200 | 30-0194364 | 501(c)(3) | 250,000. | 0. | | | Information & Referral, Grant, Donor Designations |
| A Company of Girls P.O. Box 7527 Portland, ME 04112 | 05-0631726 | 501(c)(3) | 45,786. | 0. | | | Community Investment, Donor Designations |
| American Lung Association 122 State Street Augusta, ME 04330 | 06-0646594 | 501(c)(3) | 41,881. | 0. | | | Community Investment, Donor Designations |
| American Red Cross of Southern Maine - 2401 Congress Street - Portland, ME 04102 | 01-0215209 | 501(c)(3) | 116,083. | 0. | | | Community Investment, Donor Designations |
| Amistad P.O. Box 992 Portland, ME 04104 | 01-0500860 | 501(c)(3) | 47,371. | 0. | | | Community Investment, Donor Designations |
| Aroostook County Action Program P.O. Box 1116 Presque Isle, ME 04769 | 01-0315849 | 501(c)(3) | 13,579. | 0. | | | Emergency Heating Assistance |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **72.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Big Brother & Big Sisters of Southern Maine - 195 Lancaster Street - Portland, ME 04101 | 01-0475146 | 501(c)(3) | 103,591. | 0. | | | Community Investment, Donor Designations |
| Boy Scouts of America #0218, Pine Tree Council, Inc. - 131 Johnson Road - Portland, ME 04102 | 01-0211490 | 501(c)(3) | 5,690. | 0. | | | Donor Designations |
| Boys & Girls Clubs of Southern Maine - P.O. Box 7830 - Portland, ME 04112 | 01-0211543 | 501(c)(3) | 331,373. | 0. | | | Community Investment, Donor Designations |
| Cancer Community Center 778 Main Street South Portland, ME 04106 | 01-0513301 | 501(c)(3) | 20,989. | 0. | | | Donor Designations |
| Caring Resources for Living - North Yarmouth - 1018 North Road - North Yarmouth, ME 04097 | 20-0868716 | 501(c)(3) | 14,227. | 0. | | | Donor Designations |
| Catherine Morrill Day Nursery 96 Danforth Street Portland, ME 04101 | 01-0211542 | 501(c)(3) | 63,156. | 0. | | | Community Investment, Donor Designations |
| Catholic Charities of Maine P.O. Box 10660 Portland, ME 04104 | 01-0228225 | 501(c)(3) | 247,722. | 0. | | | Community Investment, Donor Designations |
| Center for Grieving Children P.O. Box 1438 Portland, ME 04104 | 01-0431501 | 501(c)(3) | 121,159. | 0. | | | Community Investment, Donor Designations |
| Community Concepts P.O. Box 278 South Paris, ME 04281 | 01-0424969 | 501(c)(3) | 15,944. | 0. | | | Emergency Heating Assistance, Donor Designations |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Community Counseling Center 343 Forest Avenue Portland, ME 04101 | 01-0288362 | 501(c)(3) | 298,408. | 0. | | | Community Investment, Donor Designations |
| Community Dental - Portland 276 Canco Road Portland, ME 04103 | 23-7129502 | 501(c)(3) | 130,560. | 0. | | | Community Investment, Donor Designations |
| Day One 525 Main Street South Portland, ME 04106 | 01-0322532 | 501(c)(3) | 164,276. | 0. | | | Community Investment, Donor Designations |
| Educate Maine 482 Congress Street Portland, ME 04101 | 20-3559947 | 501(c)(3) | 19,168. | 0. | | | Count ME in Grant |
| Family Crisis Services P.O. Box 704 Portland, ME 04104 | 01-0352636 | 501(c)(3) | 90,290. | 0. | | | Community Investment, Donor Designations |
| Frannie Peabody Center 335 Valley Street Portland, ME 04102 | 01-0416974 | 501(c)(3) | 42,706. | 0. | | | Community Investment, Donor Designations |
| Freeport Community Services 53 Depot Road, P.O. Box 119 Freeport, ME 04032 | 01-0332769 | 501(c)(3) | 41,487. | 0. | | | Community Investment, Donor Designations |
| Girl Scouts of Maine 138 Gannett Drive, P.O. Box 9421 #2 South Portland, ME 04106 | 01-0269802 | 501(c)(3) | 27,091. | 0. | | | Community Investment, Donor Designations |
| Good Shepherd Food Bank P.O. Box 1807 Auburn, ME 04211 | 22-2986809 | 501(c)(3) | 7,424. | 0. | | | Community Investment, Donor Designations |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Goodwill Industries of Northern New England - P.O. Box 8600, 353 Cumberland Avenue - Portland, ME 04104 | 01-0284340 | 501(c)(3) | 54,629. | 0. | | | Community Investment, Donor Designations |
| HomeHealth Visiting Nurses of Southern ME - 15 Industrial Park Road - Saco, ME 04072 | 23-7204938 | 501(c)(3) | 90,101. | 0. | | | Community Investment, Donor Designations |
| Immigrant Legal Advocacy Project P.O. Box 17917 Portland, ME 04112 | 22-3260883 | 501(c)(3) | 37,270. | 0. | | | Community Investment, Donor Designations |
| Iris Network 189 Park Avenue Portland, ME 04101 | 01-0196359 | 501(c)(3) | 29,353. | 0. | | | Community Investment, Donor Designations |
| Kennebec Valley Community Action Program - 97 Water Street - Waterville, ME 04901 | 01-0277678 | 501(c)(3) | 18,818. | 0. | | | Emergency Heating Assistance |
| Kids First Center 222 St. John Street, Suite 101 Portland, ME 04102 | 22-2993035 | 501(c)(3) | 26,697. | 0. | | | Community Investment, Donor Designations |
| Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330-7040 | 01-0359131 | 501(c)(3) | 51,741. | 0. | | | Community Investment, Donor Designations |
| Maine Behavioral Health Foundation 295 Water Street, Suite 200 Augusta, ME 04330 | 56-2409903 | 501(c)(3) | 9,000. | 0. | | | Grant - Portland Recovery Community Center |
| Maine Medical Center 22 Bramhall Street Portland, ME 04102 | 01-0238552 | 501(c)(3) | 11,957. | 0. | | | Let's Go! Partnership |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Massachusetts Institute of Technology - 77 Massachusetts Avenue - Cambridge, MA 02139 | 04-2103594 | 501(c)(3) | 10,001. | 0. | | | Community Investment, Donor Designations |
| Mercy Hospital 144 State Street Portland, ME 04101 | 01-0211534 | 501(c)(3) | 11,130. | 0. | | | Donor Designations |
| Midcoast Maine Community Action Program - 34 Wing Farm Parkway - Bath, ME 04530 | 01-0315732 | 501(c)(3) | 6,653. | 0. | | | Emergency Heating Assistance |
| Milestone Foundation 65 India Street Portland, ME 04101 | 01-6024344 | 501(c)(3) | 7,000. | 0. | | | Milestone Detoxification Program |
| Mission Possible Teen Center 755 Main Street Westbrook, ME 04092 | 01-0509578 | 501(c)(3) | 60,350. | 0. | | | Donor Designations |
| Morrison Developmental Center 331 Veranda Street Portland, ME 04103 | 01-0243254 | 501(c)(3) | 67,603. | 0. | | | Community Investment, Donor Designations |
| Northeast Hearing & Speech 75 West Commercial Street, Suite 20 Portland, ME 04101 | 01-0228262 | 501(c)(3) | 89,794. | 0. | | | Community Investment, Donor Designations |
| Peaks Island Children's Workshop P.O. Box 80 Peaks Island, ME 04108 | 01-0482767 | 501(c)(3) | 23,312. | 0. | | | Community Investment |
| Penquis CAP, Inc P.O. Box 1162 Bangor, ME 04401 | 01-6023748 | 501(c)(3) | 22,591. | 0. | | | Emergency Heating Assistance |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| Pine Tree Legal P.O. Box 547, 88 Federal Street Portland, ME 04112 | 01-0279387 | 501(c)(3) | 88,923. | 0. | | | Community Investment, Donor Designations |
| Planned Parenthood of Northern New England - 51 U.S. Route 1, Suite C - Scarborough, ME 04074 | 03-0222941 | 501(c)(3) | 44,634. | 0. | | | Donor Designations |
| Portland Housing Authority 14 Baxter Blvd. Portland, ME 04101 | 46-0809288 | Government | 42,070. | 0. | | | One Time Housing Grant |
| Portland Public Schools 353 Cumberland Avenue Portland, ME 04101 | 46-0809288 | Government | 12,761. | 0. | | | Starting Strong Grant |
| Portland Seamans Friend Society Lewis Street Westbrook, ME 04092 | 01-0211545 | 501(c)(3) | 60,000. | 0. | | | How Fund Support to Indigent Seamen |
| Preble Street 18 Portland Street, P.O. Box 1459 Portland, ME 04104 | 01-0418917 | 501(c)(3) | 395,294. | 0. | | | Community Investment, Donor Designations |
| Regional Transportation Program 127 St. John Street Portland, ME 04102 | 01-0339851 | 501(c)(3) | 71,253. | 0. | | | Community Investment, Donor Designations |
| Rippleeffect P.O. Box 401 Portland, ME 04112 | 01-0521260 | 501(c)(3) | 6,837. | 0. | | | Donor Designations |
| Serenity House 30 Mellen Street Portland, ME 04101 | 01-0426638 | 501(c)(3) | 12,574. | 0. | | | Community Investment |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash 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 - P.O. Box 1371 - Portland, ME 04104 | 01-0343943 | 501(c)(3) | 38,920. | 0. | | | Community Investment, Donor Designations |
| Shalom House, Inc. 106 Gilman Street, P.O. Box 560 Portland, ME 04112 | 23-7119236 | 501(c)(3) | 55,548. | 0. | | | Community Investment, Donor Designations |
| State YMCA of Maine 305 Winthrop Center Road Winthrop, ME 04364 | 01-0186800 | 501(c)(3) | 13,372. | 0. | | | Gorman Camperships |
| Stepping Stones (Formerly known as MAPS) - 107 India Street - Portland, ME 04101 | 01-0348849 | 501(c)(3) | 5,281. | 0. | | | Community Investment, Donor Designations |
| Susan L Curtis Foundation 1321 Washington Avenue, Suite 104 Portland, ME 04103 | 01-0324705 | 501(c)(3) | 10,305. | 0. | | | Donor Designations |
| The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106 | 01-0316041 | 501(c)(3) | 572,348. | 0. | | | Community Investment, Let's Go! Partnership, Heating Assistance, Donor Designations |
| Tri-County Mental Health Services P O Box 2008, 1155 Lisbon St Lewiston, ME 04241 | 01-0316813 | 501(c)(3) | 24,496. | 0. | | | Community Investment, Donor Designations |
| United Way of Androscoggin County P.O. Box 888 Lewiston, ME 04243 | 01-0316813 | 501(c)(3) | 30,814. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of Aroostook County 480 Main Street, 3rd Floor Presque Isle, ME 04769 | 23-7147455 | 501(c)(3) | 8,630. | 0. | | | Emergency Heating Assistance, Donor Designations |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| United Way of Eastern Maine 24 Springer Drive, Suite 201 Bangor, ME 04401 | 01-0211478 | 501(c)(3) | 21,115. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of Kennebec Valley 331 Water Street, Suite #5 Augusta, ME 04330 | 01-6004404 | 501(c)(3) | 13,596. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of Mid-Coast Maine 34 Wing Farm Parkway Suite 201 Bath, ME 04530 | 01-6004866 | 501(c)(3) | 45,671. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of Mid-Maine P.O. Box 91 Waterville, ME 04901 | 01-0233280 | 501(c)(3) | 7,354. | 0. | | | Emergency Heating Assistance, Donor Designations |
| United Way of York County P.O. Box 727 Kennebunk, ME 04043 | 01-0276862 | 501(c)(3) | 80,403. | 0. | | | Emergency Heating Assistance, Donor Designations |
| Waldo Community Action Partners P.O. Box 130 Belfast, ME 04915-0130 | 01-6020566 | 501(c)(3) | 5,654. | 0. | | | Emergency Heating Assistance |
| Washington Hancock Community Action - P.O. Box 280 - Milbridge, ME 04658 | 52-0817684 | 501(c)(3) | 11,132. | 0. | | | Emergency Heating Assistance |
| Wayside Soup Kitchen P.O. Box 1278 Portland, ME 04104 | 22-2806424 | 501(c)(3) | 33,293. | 0. | | | Community Investment, Donor Designations |
| Westbrook School Department 117 Stroudwater Street Westbrook, ME 04092 | 01-6000038 | Government | 36,250. | 0. | | | Westbrook Children's Project |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| YMCA of Southern Maine P.O. Box 1078, 70 Forest Avenue Portland, ME 04104 | 01-0211568 | 501(c)(3) | 126,124. | 0. | | | Community Investment, Donor Designations |
| York County Community Action P.O. Box 727 Sanford, ME 04073 | 01-6020406 | 501(c)(3) | 8,913. | 0. | | | Emergency Heating Assistance |
| Youth and Family Outreach 331 Cumberland Avenue Portland, ME 04101 | 01-0374597 | 501(c)(3) | 35,437. | 0. | | | Community Investment, Donor Designations |
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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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| Higgins Scholarships | 1 | 7,000. | 0. | | |
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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 Greater Portland undergo an intensive pre-screening process before being awarded funding. United Way of Greater Portland utilizes teams of community volunteers working in conjunction with staff to conduct this "Community Investment" review process, which includes a paper application and in-person review meeting. To be considered for funding, applicant organizations must meet basic certification standards, including

Part IV Supplemental Information

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

- 1) Explain the proposed use of United Way of Greater Portland funding and demonstrate results (client outcomes) of funding.
- 2) Submit agency and program-level budgets and annual audits to demonstrate financial stability and adherence to sound fiscal policies and management practices.

United Way of Greater Portland requires that all funded organizations sign a funding contract agreeing to all general provisions of the funding relationship, reporting requirements and compliance with applicable state and federal regulations such as the USA Patriot Act. Community Impact staff regularly communicate with and monitor funded organizations via interim reports submitted between scheduled full reviews. Interim reports demonstrate how funding has been utilized to date and the client outcomes achieved as a result of funding. Interim reports provide information on major programmatic or financial changes to the agency that might impact its ability to deliver agreed-upon client outcomes. Completion and submission of satisfactory interim reports are a requirement of continued funding.

Designations:

Organizations receiving donor designated contributions through United Way of Greater Portland undergo screening prior to distribution of funding. Such screening includes certification that the organization 1) is a non-profit under IRS code section 501(c)(3); 2) provides health and human services; 3) is not fraternal, political or religious in nature. In addition, organizations must provide verification of compliance with the USA Patriot Act.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 58 | 261,991. | 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 IV, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

Schedule M, Line 32b:

Local brokers are used to sell stock.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

United Way, Inc.

Employer identification number

01-0241767

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

stability, and health.

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

-Educate the community and raise resources to address the most
pressing human care needs

-Provide funding, technical assistance, volunteer resources, and a
wide range of support to strengthen the capacity of our nonprofit
partners to address community needs

-Convene and work side by side with individuals, nonprofits,
governments, businesses, and other community partners to address our
community's most pressing needs

-Create, fund, and replicate initiatives that improve the quality of
life for individuals and families

-Work with policy makers and advocates on important issues around
education, financial stability, and health

-Mobilize the community through donations, volunteer time, and
advocacy to address the most pressing issues in our community

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

home, all future learning, behavior, and health is based on one's early
experiences. Our vision is that young people will grow up healthy and
ready for the future, that they are prepared for kindergarten, that
children are reading on grade level by the end of the third grade, that
middle school youth are at grade level in math and reading, and that
high school students graduate with proficiency and ready for college,

Name of the organization

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the workplace, or the military. Research and experience show that each one of these benchmarks is essential for long term success.

In addition to funding our partner agency programs, we have a number of place-based initiatives that allow us to conduct intensive, targeted work in the identified communities. Most of our partner agencies are involved in one or more of the projects outlined below, which strengthens the impact of our investments and community partnerships:

1. The Westbrook Children's Project ("Children's Project") continues to be an example of how we are working to fulfill our vision. This year, the Children's Project expanded in scope, identifying a range of goals and strategies to support the success of youth in Westbrook from cradle to career. Active and focused partnerships among the Westbrook School Department and community partners have grown.

Important Children's Project strategies, activities, and accomplishments in FY 2016 included:

- Implementation of an early warning system throughout the school district to identify at-risk students and proactively plan for school and community interventions.

- Implementation of plans with the school department and community providers to increase early kindergarten screenings, with the goal of providing early intervention if needed to support kindergarten readiness.

- Identification of children who would benefit from a summer "Jump Start" program; children attending this program showed progress in letter identification, sound identification, or both of these important indicators of future academic success.

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

- Preparation of literacy kits, books and school supplies that were distributed to parents and 200 incoming kindergarteners.

- Continued refinement of a quality improvement cycle to evaluate the initiatives of Westbrook Children's Project.

2. Portland ConnectED is a cradle-to-career initiative intended to coordinate efforts, align resources, and harness the expertise of local and national organizations and leaders to prepare citizens to meet the challenges of the future. Portland ConnectED's initial efforts and resources are focused on the goals of kindergarten readiness, grade-level reading proficiency by third grade, high school graduation, and post-secondary enrollment, persistence, and completion.

As the backbone for the 0-8 portion of the initiative, United Way of Greater Portland coordinates the efforts of Starting Strong, a subcommittee of Portland ConnectED focused on school readiness and grade-level reading proficiency. In 2016, through the activities of four work groups, Starting Strong implemented strategies, including:

- Conducting community messaging campaigns about the importance of school attendance for Attendance Awareness Month and summer learning for National Summer Learning Day.

- Coordinating a literacy program for children pre-K to third grade at four free summer meal sites.

- Joining partners to plan and implement a school readiness rally in conjunction with the Week of the Young Child.

- Implementing a program for first-grade students reading below grade level to receive one-to-one tutoring twice a week from trained volunteers.

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

- Developing strategies to promote and support school readiness focusing on families and children who will attend Reiche School.
- Developing a walking school bus pilot program for a neighborhood where multiple children were identified as chronically absent.

3. Count ME In is an innovative partnership of schools, parents, youth, and community organizations working to improve elementary school attendance, with the goal of decreasing the number of students with chronic absenteeism in Cumberland County elementary schools by 50% by 2018.

The partnership expanded to twelve school districts, who are partnering with community organizations to address elementary school absenteeism. Count ME In facilitated the district and community teams to build a data-driven process that can be implemented and sustained within each of the elementary schools involved with this effort.

4. South Portland Partners for Student Success (SPPSS) is a collaboration of the South Portland School District and community-based organizations to provide integrated support for children who are at-risk of getting off track and their families. The goal of the project is to develop an early warning system that uses data to recognize when a student is in need of additional support and to implement support in a timely fashion.

Accomplishments and analysis included:

- Review of attendance data for 2015-2016, grouped by less than 7 days, 0-8 days, 8-10 days, 11-17 days, and 18 or more days to assist in implementing programs and policies to help reduce the number of days a

Name of the organization

United Way, Inc.

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01-0241767

student is absent.

- Examined chronic absentee data for several sub-groups, including students with an Individualized Education Plans, and students who change schools during the course of the year.

- SPPSS will continue to focus on attendance and family engagement, on identification of students who are off track, and on matching them to timely and appropriate interventions.

5. United Way of Greater Portland provides fiscal management and funding to the Early Childhood Funders Group, a statewide consortium of foundations and other organizations that provide funding for early learning in the State of Maine. The group meets quarterly to discuss issues related to early childhood education and to determine how the combined resources and influence of the group can have the greatest impact.

This funder affinity group has been meeting for five years, and currently has a total of thirteen active members. Over the past year, the group has explored some shared investment opportunities. Experts in the field have presented on different issues for young children and families from systemic and direct service perspectives. One of the more significant activities of the group has been to continue to collate investment data from members, recording the total amount and type of early childhood investments in Maine.

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

recognized, community-based childhood obesity prevention program that promotes healthy lifestyles for children, youth, and their families.

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

The goal is to increase physical activity and healthy eating, thereby impacting trends regarding youth obesity. We accomplish our goals using the 5-2-1-0 message: eat at least 5 fruits and vegetables per day; limit recreational screen time (TV or computer use) to 2 hours or less; get 1 hour or more of physical activity every day; and drink 0 sugar-sweetened beverages, choosing low fat milk or water instead of soda. This message is used consistently across the multi-sector model to reinforce evidence-based environmental and policy change strategies.

Let's Go! statewide efforts are managed by the Barbara Bush Children's Hospital at Maine Medical Center. United Way of Greater Portland continues to provide key leadership in the statewide work and financially supports the work in Cumberland County by funding the equivalent of two full-time coordinators to implement the multi-sector model locally through Let's Go! Cumberland County.

In Fiscal Year 2016, Let's Go! in Cumberland County reached many youth through work in multiple sites. This entails working with 2,374 students in 55 childcare sites, 16,936 students in 43 schools, 2,849 students in 24 out-of-school sites, and 56,476 children in 33 health care practices. Let's Go! also recognizes sites in all sectors based on how many of the priority strategies are being implemented, written into policy, and enforced. In Fiscal Year 2016, Let's Go! Cumberland County worked with 155 sites and at year end, 73% (113 sites) were recognized as Sites of Distinction, including 20 schools, 45 childcare sites, 24 health care sites, and 24 afterschool centers received recognition status.

Name of the organization

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

stability. By helping to address the root causes of issues faced by our most vulnerable - homelessness and food insecurity, unemployment, and barriers to employment - United Way of Greater Portland is working collectively in the community to connect people to resources that will help them embark on, or continue down, the path to financial stability.

1. CA\$H (Creating Assets, Savings, and Hope) Greater Portland is a partnership of community leaders and industry experts empowering individuals and families to achieve long-term financial stability. CA\$H is a year-round resource for the community, offering free income tax preparation to qualified filers during tax season, and educating hard-working residents about how they can make the most of their money. In 2015, CA\$H Greater Portland IRS-certified volunteer tax preparers filed 1,106 free federal and state income tax returns, returning \$1,134,006 in federal income tax refunds to individuals and families, including \$353,076 in federal Earned Income Tax Credits. Thanks to these efforts, 616 households saved roughly \$97,944 in tax preparation and filing fees.

2. United Way of Greater Portland serves as the Cumberland County Local Board administrator for the Local Board of the federal Emergency Food and Shelter National Board Program (EFSP). This program is designed to help communities respond to local emergency food and shelter needs. EFSP funds are intended to help local existing programs, such as food pantries and shelters, expand their capacity to serve those in need. Local funding decisions are made by the Local Board, which sets priorities, advertises the availability of funds, makes

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funding recommendations, and provides technical support to recipient organizations throughout the grant period. EFSP's Phase 33 funding awarded \$100,476 to 24 programs at 21 agencies in Cumberland County.

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

1. 211 Maine is a partnership with the United Ways of Maine, The Opportunity Alliance, and the State of Maine that connects people to resources such as heating and utilities assistance, access to food pantries, housing and shelter, and mental health services through a toll-free telephone number (211) and a robust online directory at 211Maine.org. Call specialists assess callers' needs and refer them to help 24 hours a day, 365 days a year, utilizing a statewide database of more than 8,000 resources. Last year, 211 Maine call specialists answered approximately 55,222 calls, providing information and referral services.

2. Keep ME Warm is a statewide partnership of the 10 United Ways of Maine and the 10 Community Action Agencies (CAPs) to raise funds to provide emergency fuel assistance programs in Maine. Keep ME Warm is the only statewide fuel assistance fundraising effort in the state.

United Way of Greater Portland is the custodian of the Keep ME Warm Fund and is responsible for collecting, distributing, and reporting. Funds contributed to Keep ME Warm are distributed based on a formula developed by the CAPs and United Ways in Maine based on federal Low Income Home Energy Assistance Program (LIHEAP) distribution percentages as well as population. CAPs receive 65% of the funds, United Ways of Maine receive 25%, and 10% is used to fund emergency overnight

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assistance through 211 Maine.

Donations to Keep ME Warm provide emergency heating assistance. CAPs use the funds to help households that might not be eligible for limited federal, state, or local fuel assistance programs. United Way of Greater Portland funds support additional organizations and agencies in their communities that can help those in need of fuel assistance. 211 Maine aids in the distribution of funds for statewide overnight emergency fuel assistance for people who have no heat and have children or elderly family members in their household.

More than \$175,000 was raised for heating assistance through Keep ME Warm last year. United Way of Greater Portland estimates that more than 1,000 households were helped last year, directly benefiting approximately 2,500 people.

3. Designations are donor-directed contributions to health and human service organizations. Donors to United Way of Greater Portland's campaign may direct all or a portion of their contribution to specific nonprofit agencies that provide health and human services. Each agency's nonprofit 501(c)(3) status and compliance with the USA Patriot Act is verified before funds are distributed.

4. Additional expenses are incurred by United Way of Greater Portland to assess community needs and to lead and participate in community partnerships and advocacy to advance our education, financial stability, and health goals. In addition, these expenses support outcome measurement training and assistance to agencies, assist and

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promote agency collaboration and mergers, support program reviews and selection of program/agency recipients, help solicit and administer grants, and support financial and programmatic oversight.

Volunteers play a vital role in improving people's lives and in helping us reach our organizational goals. To this end, United Way of Greater Portland works with agencies and corporate partners to secure qualified volunteers and works with volunteers to identify appropriate volunteer opportunities. Through a collaborative effort, United Way of Greater Portland offers a statewide, searchable listing of volunteer opportunities at volunteer.unitedwaygp.org. This valuable tool allows agencies to post volunteer opportunities and individuals to perform a customized search. In addition to hosting and administering the site, we offer technical support to volunteers and agencies.

Additionally, United Way of Greater Portland organizes a variety of community events, including an annual food drive, National Family Volunteer Day, Dr. Seuss/Read Across America, Literacy Kit project, Kindergarten Jump Start, and dozens of tailor-made volunteer projects for corporate partners. One of the largest and most well-attended events each year is our Day of Caring, during which over 1,000 volunteers dedicate more than 5,000 hours of service to 75 projects at more than 50 different sites. Volunteers on our investment teams donate substantially more hours each year reviewing partner agencies' alignment with United Way of Greater Portland's goals and awarding funding.

Expenses \$ 2,547,645. incl grants of \$ 1,459,058. Revenue \$ 479,363.

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

Form 990, Part VI, Section A, line 6:

Membership: The membership of United Way of Greater Portland consists of contributors to the United Way of Greater Portland Campaign, United Way of Greater Portland volunteers, and representatives of providers of human services in the community that are supported financially by United Way of Greater Portland as follows:

Individual Members: All individuals who have made a financial contribution to the most recently completed United Way of Greater Portland Campaign qualify as contributor members of United Way of Greater Portland for the ensuing calendar year. Those individuals who have volunteered for United Way of Greater Portland qualify as volunteer members of United Way of Greater Portland for the ensuing calendar year.

Organizational Members: Those partner agencies that receive any funding from the Corporation qualify as an agency member of the corporation for the ensuing calendar year, and are entitled to designate a volunteer to represent them as a member of the corporation at any meeting of the members.

Form 990, Part VI, Section A, line 7a:

Powers: The membership of the Corporation shall have the following powers and authority:

- (a) To attend the annual meeting and any special meeting(s) of the membership.
- (b) To receive reports at meetings of the membership.
- (c) To elect Directors of the Corporation at the Annual Meeting.

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

See preceding explanation (line 7a)

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

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

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

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

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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 Greater Portland's conflict of interest policy and most recent audited financial statements are available on line at www.unitedwaygp.org and its governing documents are available upon request.

Form 990, Part IX, Line 25:

Indirect Expense Calculation: A calculation of United Way of Greater Portland's operating expense ratio according to the data included in Form 990, Part VIII, Statement of Revenue and Form 990, Part IX, Statement of Functional Expenses, includes expenses associated with soliciting, collecting, and distributing over \$5.3 million in out-of-area pledges in 2016. Revenues associated with these pledges are excluded from the Statement of Revenue, as United Way Worldwide standards dictate that such pledges represent revenue to the United Way in which the donor works. Similarly, dollars raised on behalf of 211 Maine are excluded from the Statement of Revenue, as 211 Maine issues its own Form 990, but some costs incurred in soliciting those dollars are included in the Statement of Functional Expenses.

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The below calculation, which includes all funds processed by the United Way of Greater Portland, better represents the Organization's operational efficiency, and is included in the Organization's audited financial statements for the year ended June 30, 2016:

| Supporting Services: | 2016 | 2015 |
|---------------------------|-----------|-----------|
| Fundraising | 991,325 | 1,138,724 |
| Management & General | 700,415 | 739,689 |
| Total Supporting Services | 1,691,740 | 1,878,413 |

| Revenue: | 2016 | 2015 |
|----------------------|------------|------------|
| Sources Listed Above | 8,963,648 | 8,401,678 |
| Out-of-Area Pledges | 5,259,177 | 5,599,343 |
| 211 Maine Revenue | 948,658 | 941,362 |
| Total Sources | 15,171,483 | 14,942,383 |

| | | |
|-------------------------|-------|-------|
| Operating Expense Ratio | 11.2% | 12.6% |
|-------------------------|-------|-------|

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

| | |
|-----------------------------------|---------|
| Donor Designation Adjustment, Net | 59,001. |
|-----------------------------------|---------|

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 211 Maine, Inc. - 30-0194364 P.O. Box 15200 Portland, ME 04112-5200 | Health & human service informaiton and referral service | Maine | 501(c)(3) | Line 7 | United Way, Inc. | X | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | 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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) 211 Maine, Inc | B | 250,000. | cash value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.