

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

\*\*-\*\*\*4404

### UNITED WAY OF KENNEBEC VALLEY

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>2,440,063</u>
<b>Revenue</b>		
Contributions	<u>1,434,015</u>	
Program service revenue	<u>107,378</u>	
Investment income	<u>14,763</u>	
Capital gain / loss	<u>5,392</u>	
Fundraising / Gaming:		
Gross revenue	<u>40,295</u>	
Direct expenses	<u>12,069</u>	
Net income	<u>28,226</u>	
Other income	<u>1,161</u>	
<b>Total revenue</b>		<u>1,590,935</u>
<b>Expenses</b>		
Program services	<u>1,250,779</u>	
Management and general	<u>136,270</u>	
Fundraising	<u>73,377</u>	
<b>Total expenses</b>		<u>1,460,426</u>
<b>Excess / (deficit)</b>		<u>130,509</u>
Changes		<u>-129,113</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>2,441,459</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,538,766</u>
Less:	
Unrealized gains	<u>-76,726</u>
Donated services	<u>25,625</u>
Recoveries	
Other	<u>-1,068</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>1,590,935</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,484,983</u>
Less:	
Donated services	<u>25,625</u>
Prior year adjustments	
Losses	
Other	<u>-1,068</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>1,460,426</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,973,844</u>	<u>3,193,591</u>	
Liabilities	<u>533,781</u>	<u>752,132</u>	
Net assets	<u>2,440,063</u>	<u>2,441,459</u>	<u>1,396</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/23  
Failure to file penalty \_\_\_\_\_

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning ....., 2022, and ending ....., 20 .....

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2022**

Name of filer

**UNITED WAY OF KENNEBEC VALLEY**

EIN or SSN

**\*\* - \*\*\*4404**

Name and title of officer or person subject to tax  
**COURTNEY YEAGER  
PRESIDENT & CEO**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	<b>1,590,935</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **ONE RIVER, CPAS** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **10/16/23**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**\*\*\*\*\***  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ALISON A. LORENZ, CPA** Date **10/16/23**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

2022
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:
C Name of organization: UNITED WAY OF KENNEBEC VALLEY
D Employer identification number: \*\*-\*\*\*4404
E Telephone number: 207-626-3400
G Gross receipts: 1,603,004

F Name and address of principal officer:
COURTNEY YEAGER
121 COMMERCIAL STREET
AUGUSTA ME 04330
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.UWKV.ORG
H(c) Group exemption number

K Form of organization: [X] Corporation
L Year of formation: 1955
M State of legal domicile: ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNITED WAY OF KENNEBEC VALLEY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES
IN OUR COMMUNITY.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (18), 4 Number of independent voting members (18), 5 Total number of individuals employed (10), 6 Total number of volunteers (250), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (1,964,428 / 1,434,015), 9 Program service revenue (67,765 / 107,378), 10 Investment income (25,697 / 20,155), 11 Other revenue (28,424 / 29,387), 12 Total revenue (2,086,314 / 1,590,935).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (1,017,895 / 871,013), 14 Benefits paid (0), 15 Salaries (305,054 / 351,152), 16a Professional fundraising fees (73,377), 16b Total fundraising expenses (73,377), 17 Other expenses (328,759 / 238,261), 18 Total expenses (1,651,708 / 1,460,426), 19 Revenue less expenses (434,606 / 130,509).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (2,973,844 / 3,193,591), 21 Total liabilities (533,781 / 752,132), 22 Net assets or fund balances (2,440,063 / 2,441,459).

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: COURTNEY YEAGER, PRESIDENT & CEO. Date.

Paid Preparer Use Only: Print/Type preparer's name: ALISON A. LORENZ, CPA. Preparer's signature: ALISON A. LORENZ, CPA. Date: 10/25/23. Check self-employed. PTIN: \*\*\*\*\*. Firm's name: ONE RIVER, CPAS. Firm's EIN: \*\*-\*\*\*3997. Firm's address: 46 FIRSTPARK DRIVE, OAKLAND, ME 04963-5362. Phone no.: 207-873-1603.

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 KENNEBEC VALLEY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY.

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? [X] Yes [ ] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,250,779 including grants of \$ 879,783 ) (Revenue \$ 107,378 )

UNITED WAY OF KENNEBEC VALLEY SUPPORTS SERVICES VITAL TO THE BASIC NEEDS OF THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. WE ALSO MAKE LONG-TERM INVESTMENTS IN FINANCIAL STABILITY, EDUCATION AND HEALTH BECAUSE WE KNOW THAT THESE ARE THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY STRATEGICALLY INVESTS IN RESULTS-DRIVEN PROGRAMS AND INITIATIVES TO MAXIMIZE THE IMPACT WE HAVE IN THE COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,250,779

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through I).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

IRENE FAVREAU, DIR OF FINANCE & OPER 121 COMMERCIAL STREET AUGUSTA

ME 04330

207-626-3400



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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COURTNEY YEAGER ..... PRESIDENT & CEO	40.00 ..... 0.00			X				92,000	0	9,506
(2) IRENE FAVREAU ..... DIR. OF FINANCE & OP	40.00 ..... 0.00			X				64,000	0	5,310
(3) AMY TARDIFF ..... BOARD CHAIR	2.00 ..... 0.00	X		X				0	0	0
(4) KATIE DOHERTY ..... BOARD VICE-CHAIR	1.00 ..... 0.00	X		X				0	0	0
(5) JESSICA NORTON ..... TREASURER	2.00 ..... 0.00	X		X				0	0	0
(6) ALISSA BOYNTON ..... VICE CHAIR HR	1.00 ..... 0.00	X		X				0	0	0
(7) PAULA LACASSE ..... V CHAIR & RES D/C	1.00 ..... 0.00	X		X				0	0	0
(8) NATE CURTIS ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(9) CHERYL FLEWELLING ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(10) CHRIS VOYNIK ..... DIRECTOR	0.50 ..... 0.00	X						0	0	0
(11) MIKE SANTO ..... DIRECTOR	0.50 ..... 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>ERIC LIND</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(13) <b>SUE CLARY</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(14) <b>PAM ROGERS</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(15) <b>NONA BOYINK</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(16) <b>STEPHEN COOPER</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(17) <b>ELIZABETH JABAR</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(18) <b>MARIA HAYS</b>	0.50									
DIRECTOR	0.00	X						0	0	0
(19) <b>JENNIFER JACQUES</b>	0.50									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>156,000</b>		<b>14,816</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>156,000</b>		<b>14,816</b>

**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 **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,434,015</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			<b>1,434,015</b>			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b> <del>DESIG. PLEDGE RETENT.</del>			<b>561000</b>	<b>56,350</b>	<b>56,350</b>		
<b>b</b> <del>DAY OF CARING INCOME</del>			<b>561000</b>	<b>20,819</b>	<b>20,819</b>		
<b>c</b> <del>FUEL ASSISTANCE</del>			<b>561000</b>	<b>19,313</b>	<b>19,313</b>		
<b>d</b> <del>CASH PROGRAM</del>			<b>561000</b>	<b>10,896</b>	<b>10,896</b>		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				<b>107,378</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>14,763</b>			<b>14,763</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other	<b>5,392</b>			
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>	<b>5,392</b>			
	<b>d</b> Net gain or (loss)			<b>5,392</b>			<b>5,392</b>
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>40,295</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>	<b>12,069</b>				
<b>c</b> Net income or (loss) from fundraising events			<b>28,226</b>			<b>28,226</b>	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b> <del>MISCELLANEOUS</del>		<b>900099</b>	<b>1,161</b>	<b>1,161</b>		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			<b>1,161</b>				
<b>12 Total revenue.</b> See instructions			<b>1,590,935</b>	<b>108,539</b>	<b>0</b>	<b>48,381</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	871,013	871,013		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	156,000	93,600	40,560	21,840
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	149,230	89,538	38,800	20,892
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	22,487	13,492	5,847	3,148
10 Payroll taxes	23,435	14,061	6,093	3,281
11 Fees for services (nonemployees):				
a Management				
b Legal	2,423	1,454	630	339
c Accounting	28,910	17,346	7,517	4,047
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,269	13,362	5,789	3,118
12 Advertising and promotion	17,991	10,794	4,678	2,519
13 Office expenses	3,477	2,086	904	487
14 Information technology	7,377	4,426	1,918	1,033
15 Royalties				
16 Occupancy	38,826	23,295	10,095	5,436
17 Travel	6,427	3,856	1,671	900
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,204	3,122	1,353	729
23 Insurance	7,106	4,263	1,848	995
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	37,961	32,044	3,846	2,071
b <b>MSECCA EXPENSES</b>	26,040	26,040		
c <b>OTHER EXPENSES</b>	19,226	11,963	4,721	2,542
d <b>UNALLOCATED PAYMENTS</b>	15,024	15,024		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,460,426	1,250,779	136,270	73,377
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	86,281	1	165,442
	2	Savings and temporary cash investments	1,177,342	2	1,322,035
	3	Pledges and grants receivable, net	1,286,614	3	1,034,595
	4	Accounts receivable, net	53,941	4	83,966
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,544	9	2,960
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	49,501		
	10b	Less: accumulated depreciation	27,134	10c	22,367
	11	Investments—publicly traded securities	354,121	11	374,162
	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	2,000	15	188,064
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,973,844	16	3,193,591	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	337,299	17	354,146
	18	Grants payable	196,482	18	209,116
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	188,870
	26	<b>Total liabilities.</b> Add lines 17 through 25	533,781	26	752,132
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,165,808	27	1,269,027
	28	Net assets with donor restrictions	1,274,255	28	1,172,432
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	2,440,063	32	2,441,459
33	<b>Total liabilities and net assets/fund balances</b>	2,973,844	33	3,193,591	

Part XI Reconciliation of Net Assets

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue: 1,590,935; Total expenses: 1,460,426; Revenue less expenses: 130,509; Net assets at beginning: 2,440,063; Net unrealized gains: -76,726; Net assets at end: 2,441,459.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Questions include: Accounting method (Accrual checked), Financial statements compiled/reviewed (Yes checked), Financial statements audited (Yes checked), and Federal award audit (Yes checked).

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BARBARA SWEETZ	0.50									
DIRECTOR	0.00	X						0	0	0
(21) CHIOMA IBENEME	0.50									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	4	
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	5	

**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

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

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\*-\*\*\*4404**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 483,763
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 93.38%
Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 94.13%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**FUNDRAISING INCOME** **\$ 167,645**

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED WAY OF KENNEBEC VALLEY

\*\* - \*\*\* 4404

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

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

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

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

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



Name of organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\* - \*\*\*4404**

**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	<b>CHARLES SHUMAN</b> 278 MEMORIAL DRIVE WINTHROP ME 04364	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>PETER PRESCOTT</b> 60 POND ROAD MANCHESTER ME 04351	\$ 61,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>STEPHEN SHUMAN</b> 298 MEMORIAL DRIVE WINTHROP ME 04364	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>G&amp;E ROOFING COMPANY, INC</b> 669 RIVERSIDE DRIVE AUGUSTA ME 04330	\$ 47,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>KENNEBEC SAVINGS BANK</b> 150 STATE STREET P.O BOX 50 AUGUSTA ME 04330	\$ 49,967	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF KENNEBEC VALLEY

Employer identification number

\*\* - \*\*\* 4404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and questions about monitoring and reporting.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	354,121	335,465	237,340	212,862	232,499
b Contributions					
c Net investment earnings, gains, and losses	-61,971	18,656	98,125	24,478	-19,637
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	292,150	354,121	335,465	237,340	212,862

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		12,320	2,136	10,184
d Equipment		37,181	24,998	12,183
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>22,367</b>

**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)		
<b>Total.</b> (Column (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)		
<b>Total.</b> (Column (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) <b>AUGUSTA OFFICE LEASE ASSET</b>	<b>173,017</b>
(2) <b>WATERVILLE OFFICE LEASE ASSET</b>	<b>5,715</b>
(3) <b>CANON LEASE ASSET</b>	<b>5,115</b>
(4) <b>QUADIEN T LEASE ASSET</b>	<b>2,217</b>
(5) <b>SECURITY DEPOSIT</b>	<b>2,000</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>188,064</b>

**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) <b>AUGUSTA OFFICE LEASE LIABILITY</b>	<b>175,823</b>
(3) <b>WATERVILLE OFFICE LEASE LIABILITY</b>	<b>5,715</b>
(4) <b>CANON LEASE LIABILITY</b>	<b>5,115</b>
(5) <b>QUADIEN T LEASE LIABILITY</b>	<b>2,217</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>188,870</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,538,766
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-76,726	
	b Donated services and use of facilities	2b	25,625	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-1,068	
	e Add lines 2a through 2d	2e	-52,169	
3	Subtract line 2e from line 1		3	1,590,935
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,590,935

**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	1,484,983
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	25,625	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-1,068	
	e Add lines 2a through 2d	2e	24,557	
3	Subtract line 2e from line 1		3	1,460,426
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,460,426

**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 X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CALSSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). MANAGEMENT BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS WITH THE INTERNAL REVENUE SERVICE THAT REQUIRE DISCLOSURE IN ITS FINANCIAL STATEMENTS. THE ORGANZIATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR 2021 THROUGH 2019 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

**Part XIII** Supplemental Information *(continued)*

REALLOCATION OF SPECIAL EVENTS EXPENSES \$ -1,068

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

REALLOCATION OF SPECIAL EVENTS EXPENSES \$ -1,068

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\* - \*\*\*4404**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:





**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number  
**\*\* - \*\*\*4404**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LITERACY VOLUNTEERS 12 SPRUCE STREET AUGUSTA ME 04330	** - ***9748	501C3	24,904				COMMUNITY LITERACY
(2)	CHILDREN'S CENTER 1 ALDEN AVENUE AUGUSTA ME 04330	** - ***5447	501C3	58,220				EARLY INTERVENTION
(3)	WINTHROP HOT MEAL KITCHEN PO BOX 472 WINTHROP ME 04364	** - ***2532	501C3	6,414				FOOD BANK SERVICES
(4)	CATHOLIC CHARITIES - MAINE PO BOX 10660 PORTLAND ME 04104	** - ***0225	501C3	5,940				HOME & FAMILY SERV.
(5)	FAMILY VIOLENCE PROJECT 83 WESTERN AVE. AUGUSTA ME 04330	** - ***0714	501C3	56,107				ABUSE PREVENTION
(6)	2-1-1 MAINE 50 LYDIA LANE SO. PORTLAND ME 04106	** - ***4364	501C3	34,146				STATEWIDE INFORMATIO
(7)	SPECTRUM GENERATIONS ONE WESTON COURT SUITE 109 AUGUSTA ME 04330	** - ***8051	501C3	42,373				MEALS ON WHEELS
(8)	GOODWILL INDUSTRIES OF NORTHERN NE 347 LEIGHTON ROAD AUGUSTA ME 04330	** - ***4340	501C3	20,827				EMPLOYMENT SERVICES
(9)	MOTIVATIONAL SERVICES 71 HOSPITAL STREET AUGUSTA ME 04330	** - ***2515	501C3	25,200				LINC WELLNESS CENTER

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number  
**\*\* - \*\*\*4404**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CRISIS & COUNSELING CENTERS, INC. 90 BOX 558 AUGUSTA ME 04330	** - ***8363	501C3	18,538				MENTAL HEALTH
(2)	SOUTHERN KENNEBEC CHILD DEVELOPMENT 337 MAINE AVENUE FARMINGDALE ME 04344	** - ***5449	501C3	31,210				CHILD DEVELOPMENT
(3)	SEXUAL ASSAULT CRISIS & SUPPORT PO BOX 417 WINTHROP ME 04364	** - ***9419	501C3	37,086				SEXUAL ASSAULT ED.
(4)	RURAL COMMUNITY ACTION MINISTRY 81 CHURCH HILL ROAD LEEDS ME 04263	** - ***2697	501C3	24,286				HOMELESS & HUNGER PR
(5)	AMERICAN RED CROSS OF CENTRAL AND 475 PLEASANT STREET, SUITE 25 LEWISTON ME 04240	** - ***6605	501C3	19,329				DISASTER SERVICES
(6)	AUGUSTA BOYS & GIRLS CLUB 22 ARMORY STREET AUGUSTA ME 04330	** - ***5750	501C3	54,357				SUSPENSION PROGRAM
(7)	LEGAL SERVICES FOR THE ELDERLY 5 WABON STREET AUGUSTA ME 04330	** - ***9131	501C3	12,640				ELDER ABUSE LAW PROJ
(8)	AUGUSTA FOOD BANK 161 MOUNT VERNON AVENUE AUGUSTA ME 04330	** - ***5734	501C3	17,206				FOOD BANK SERVICES
(9)	KENNEBEC VALLEY DENTAL COALITION 2 EVERGREEN DR OAKLAND ME 04963	** - ***4329	501C3	28,324				SLIDING FEE PROGRAM

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\* - \*\*\*4404**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FAITH FOOD PANTRY 280 BRUNSWICK AVE GARDINER ME 04345	** - ***2839	501C3	6,858				FOOD BANK SERVICES
(2)	BIG BROTHERS BIG SISTERS 60 ELM ST, SUITE 100 CAMDEN ME 04843	** - ***4833	501C3	12,814				1 TO 1 MENTORING
(3)	EMMANUEL LUTHERAN EPISCOPAL CHURCH 209 EASTERN AVE AUGUSTA ME 04330	** - ***9292	501C3	12,464				CLOTHING & PANTRY
(4)	KENNEBEC VALLEY FAMILY DENTISTRY 6 EAST CHESTNUT STREET AUGUSTA ME 04330	** - ***2306	501C3	16,331				DENTAL CARE SERVICES
(5)	CAPITAL AREA NEW MAINERS PO BOX 5712 AUGUSTA ME 04332	** - ***9525	501C3	14,878				COMMUNITY EDUCATION
(6)	MAINE GENERAL 35 MEDICAL CENTER PARKWAY AUGUSTA ME 04330	** - ***5031	501C3	43,710				GRIEF SUPPORT GROUPS
(7)	WINTHROP AREA YMCA 29 TOWN HALL LANE WINTHROP ME 04364	** - ***6800	501C3	17,215				YOUTH PROGRAMS
(8)	KENNEBEC VALLEY YMCA 31 UNION ST. AUGUSTA ME 04330	** - ***1811	501C3	41,110				YOUTH & TEEN SERVICE
(9)	BREAD OF LIFE MINISTRIES 157 WATER ST AUGUSTA ME 04330	** - ***7615	501C3	55,915				SOUP KITCHEN+SHELTER

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\* - \*\*\*4404**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KENNEBEC VALLEY COMMUNITY ACTION PR 97 WATER STREET WATERVILLE ME 04901	** - ***7678	501C3	21,028				TRANSPORTATION
(2)	KENNEBEC BEHAVIORAL HEALTH 67 EUSTIS PARKWAY WATERVILLE ME 04901	** - ***5559	501C3	13,599				TREATMENT PROGRAM
(3)	BOYS&GIRLS CLUBS OF KENNEBEC VALLEY 14 PRAY STREET GARDINER ME 04345	** - ***4605	501C3	32,453				YOUTH & FAMILY PROG.
(4)	PENQUIS CAP 262 HARLOW ST, PO BOX 1162 BANGOR ME 04402	** - ***3748	501C3	5,250				FOSTER GRANDPARENT
(5)	SOUTH PARISH CONGREGATIONAL CHURCH 9 CHURCH ST AUGUSTA ME 04330	** - ***6412	501C3	15,000				OVERNIGHT WARMING
(6)	MID-MAINE HOMELESS SHELTER 19 COLBY ST. WATERVILLE ME 04901	** - ***5115	501C3	15,000				OVERNIGHT WARMING
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2022)

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**  
 AN INDEPENDENT ALLOCATIONS COMMITTEE IS RESPONSIBLE FOR REVIEWING ALL  
 APPLICATIONS AND RECOMMENDING AMOUNTS OF GRANT AWARDS BASED ON OBJECTIVE  
 CRITERIA. THE ORIGINAL APPLICATION REQUESTING FUNDS IS PROGRAMS-BASED AND  
 REQUIRES THE APPLICANT TO ESTIMATE THE NUMBER OF INDIVIDUALS SERVED AND THE  
 COMMUNITIES BENEFITING FROM THE FUNDS. ANY FUTURE REQUEST FOR FUNDS  
 REQUIRES A SUMMARY OF THE RESULTS OF THE PAST FUNDING AND SIMILAR  
 STATISTICS NEED TO BE PROVIDED TO HELP THE ALLOCATIONS COMMITTEE ANALYZE  
 THE BENEFITS OF THE PROGRAM.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF KENNEBEC VALLEY**

Employer identification number

**\*\* - \*\*\*4404**

**FORM 990, PART III, LINE 3**

**IN SEPTEMBER 2022, THE BOARD OF DIRECTORS APPROVED A REDESIGNED COMMUNITY INVESTMENT PROCESS, FORMERLY KNOWN AS THE ALLOCATIONS PROCESS, WITH REVISED ELIGIBILITY REQUIREMENTS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
**THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE MANAGER PRIOR TO FILING. A COPY IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
**THE ORGANIZATION REQUIRES ANNUAL CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ALL EMPLOYEES AND DIRECTORS. ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AND RESOLVED IN A TIMELY MANNER BY THE EXECUTIVE DIRECTOR OR THE BOARD OF DIRECTORS AS APPROPRIATE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
**THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
**THE ORGANIZATION HAS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR THE PUBLIC UPON REQUEST. IN ADDITION, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE PUBLISHING OF THE ANNUAL REPORT.**

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

UNITED WAY OF KENNEBEC VALLEY

\*\* - \*\*\*4404

FORM 990, PART XI - ADDITIONAL INFORMATION

A PRIOR PERIOD ADJUSTMENT WAS RECOGNIZED TO CORRECT ERRORS IN CAMPAIGN REVENUE THAT RESULTED FROM REPORTING AND INPUT ERRORS IN THE ORGANIZATION'S DONOR TRACKING SOFTWARE. IN ADDITION, IT WAS DETERMINED THAT THERE WAS ADDITIONAL AGENCY TRANSACTIONS MISCLASSIFIED IN ERROR AS CAMPAIGN CONTRIBUTIONS AND DISTRIBUTIONS. LASTLY, PROVISIONS FOR UNCOLLECTIBLE PROMISES TO GIVE, BAD DEBT EXPENSE, AND CONTRIBUTIONS WERE ADJUSTED TO ALIGN WITH RECORDING REVENUES AT THE NET ESTIMATED REALIZED AMOUNT. THIS RESULTED IN A DECREASE TO OPENING NET ASSETS FOR FISCAL YEAR 2022 IN THE AMOUNT OF \$52,387.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

REALLOCATION OF SPECIAL EVENTS EXPENSES	\$ -1,068
REALLOCATION OF SPECIAL EVENTS EXPENSES	\$ 1,068



Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment  
Sequence No. **179**

**UNITED WAY OF KENNEBEC VALLEY**

Identifying number

**\*\* - \*\*\*4404**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,700,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>5,012</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>5,012</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

FYE: 12/31/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
22	COMMERCIAL FIRE SAFE	12/18/07	1,483			1,483	7 MO S/L	1,483	0
28	OFFICE FURNITURE	7/13/11	2,823			2,823	7 MO S/L	2,823	0
29	ELECTRICAL SYSTEM IN NEW BUILDI	5/09/11	2,200			2,200	15 MO S/L	1,568	146
31	Digital Camera	2/07/12	1,142			1,142	5 MO S/L	1,142	0
32	Website Improvements	4/15/15	6,000			6,000	3 MO S/L	6,000	0
34	SERVER	4/25/17	3,099			3,099	5 MO S/L	2,893	206
35	APPLE LAPTOP - C02VF0JBHTD8	10/19/17	2,860			2,860	5 MO S/L	2,383	477
36	2 Desktop Computers	6/10/19	2,250			2,250	5 MO S/L	1,163	450
37	1 Laptop Computer	8/05/19	2,278			2,278	5 MO S/L	1,102	455
38	Equipment	2/01/21	2,390			2,390	5 MO S/L	438	478
39	UPIC Software Program	5/01/21	4,000			4,000	3 MO S/L	889	1,333
40	Laptop	11/04/21	1,407			1,407	5 MO S/L	47	281
41	e-Cimpact Software	8/29/22	5,999			5,999	3 MO S/L	0	667
42	Laptop - Res Dev Mgr	8/30/22	1,450			1,450	5 MO S/L	0	97
43	Leasehold Office Build Out	9/26/22	10,120			10,120	6 MO S/L	0	422
	<b>Total Other Depreciation</b>		<u>49,501</u>			<u>49,501</u>		<u>21,931</u>	<u>5,012</u>
	<b>Total ACRS and Other Depreciation</b>		<u>49,501</u>			<u>49,501</u>		<u>21,931</u>	<u>5,012</u>
	<b>Grand Totals</b>		49,501			49,501		21,931	5,012
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>49,501</u>			<u>49,501</u>		<u>21,931</u>	<u>5,012</u>

**ME Asset Report**

FYE: 12/31/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	ME Prior	ME Current	Federal Current	Difference Fed - ME
<b>Other Depreciation:</b>								
22	COMMERCIAL FIRE SAFE	12/18/07	0	0	0	0	0	0
28	OFFICE FURNITURE	7/13/11	0	0	0	0	0	0
29	ELECTRICAL SYSTEM IN NEW BUILDING	5/09/11	0	0	0	0	146	146
31	Digital Camera	2/07/12	0	0	0	0	0	0
32	Website Improvements	4/15/15	0	0	0	0	0	0
34	SERVER	4/25/17	0	0	0	0	206	206
35	APPLE LAPTOP - C02VF0JBHTD8	10/19/17	0	0	0	0	477	477
36	2 Desktop Computers	6/10/19	0	0	0	0	450	450
37	1 Laptop Computer	8/05/19	0	0	0	0	455	455
38	Equipment	2/01/21	2,390	2,390	438	478	478	0
39	UPIC Software Program	5/01/21	4,000	4,000	889	1,333	1,333	0
40	Laptop	11/04/21	1,407	1,407	47	281	281	0
41	e-Cimpact Software	8/29/22	5,999	5,999	0	667	667	0
42	Laptop - Res Dev Mgr	8/30/22	1,450	1,450	0	97	97	0
43	Leasehold Office Build Out	9/26/22	10,120	10,120	0	422	422	0
<b>Total Other Depreciation</b>			<u>25,366</u>	<u>25,366</u>	<u>1,374</u>	<u>3,278</u>	<u>5,012</u>	<u>1,734</u>
<b>Total ACRS and Other Depreciation</b>			<u>25,366</u>	<u>25,366</u>	<u>1,374</u>	<u>3,278</u>	<u>5,012</u>	<u>1,734</u>
<b>Grand Totals</b>			25,366	25,366	1,374	3,278	5,012	1,734
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>25,366</u>	<u>25,366</u>	<u>1,374</u>	<u>3,278</u>	<u>5,012</u>	<u>1,734</u>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
22	COMMERCIAL FIRE SAFE	12/18/07	0			0	0 HY	0	0
28	OFFICE FURNITURE	7/13/11	0			0	0 HY	0	0
29	ELECTRICAL SYSTEM IN NEW BUILDING	5/09/11	0			0	0 HY	0	0
31	Digital Camera	2/07/12	0			0	0 HY	0	0
32	Website Improvements	4/15/15	0			0	0 HY	0	0
34	SERVER	4/25/17	0			0	0 HY	0	0
35	APPLE LAPTOP - C02VF0JBHTD8	10/19/17	0			0	0 HY	0	0
36	2 Desktop Computers	6/10/19	0			0	0 HY	0	0
37	1 Laptop Computer	8/05/19	0			0	0 HY	0	0
38	Equipment	2/01/21	0			0	0 HY	0	0
39	UPIC Software Program	5/01/21	0			0	0 HY	0	0
40	Laptop	11/04/21	0			0	0 HY	0	0
41	e-Cimpact Software	8/29/22	0			0	0 HY	0	0
42	Laptop - Res Dev Mgr	8/30/22	0			0	0 HY	0	0
43	Leasehold Office Build Out	9/26/22	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

U100 UNITED WAY OF KENNEBEC VALLEY

\*\*-\*\*\*4404

FYE: 12/31/2022

# Depreciation Adjustment Report

## All Business Activities

AMT  
Adjustments/  
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
22	COMMERCIAL FIRE SAFE	12/18/07	1,483	0	0
28	OFFICE FURNITURE	7/13/11	2,823	0	0
29	ELECTRICAL SYSTEM IN NEW BUILDING	5/09/11	2,200	147	0
31	Digital Camera	2/07/12	1,142	0	0
32	Website Improvements	4/15/15	6,000	0	0
34	SERVER	4/25/17	3,099	0	0
35	APPLE LAPTOP - C02VF0JBHTD8	10/19/17	2,860	0	0
36	2 Desktop Computers	6/10/19	2,250	450	0
37	1 Laptop Computer	8/05/19	2,278	456	0
38	Equipment	2/01/21	2,390	478	0
39	UPIC Software Program	5/01/21	4,000	1,334	0
40	Laptop	11/04/21	1,407	282	0
41	e-Cimpact Software	8/29/22	5,999	1,999	0
42	Laptop - Res Dev Mgr	8/30/22	1,450	290	0
43	Leasehold Office Build Out	9/26/22	10,120	1,686	0
	<b>Total Other Depreciation</b>		<u>49,501</u>	<u>7,122</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>49,501</u>	<u>7,122</u>	<u>0</u>
	<b>Grand Totals</b>		<u>49,501</u>	<u>7,122</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>ME</u>
<b><u>Other Depreciation:</u></b>				
22	COMMERCIAL FIRE SAFE	12/18/07	0	0
28	OFFICE FURNITURE	7/13/11	0	0
29	ELECTRICAL SYSTEM IN NEW BUILDING	5/09/11	0	0
31	Digital Camera	2/07/12	0	0
32	Website Improvements	4/15/15	0	0
34	SERVER	4/25/17	0	0
35	APPLE LAPTOP - C02VF0JBHTD8	10/19/17	0	0
36	2 Desktop Computers	6/10/19	0	0
37	1 Laptop Computer	8/05/19	0	0
38	Equipment	2/01/21	2,390	478
39	UPIC Software Program	5/01/21	4,000	1,334
40	Laptop	11/04/21	1,407	282
41	e-Cimpact Software	8/29/22	5,999	1,999
42	Laptop - Res Dev Mgr	8/30/22	1,450	290
43	Leasehold Office Build Out	9/26/22	10,120	1,686
	<b>Total Other Depreciation</b>		<u>25,366</u>	<u>6,069</u>
	<b>Total ACRS and Other Depreciation</b>		<u>25,366</u>	<u>6,069</u>
	<b>Grand Totals</b>		<u>25,366</u>	<u>6,069</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**UNITED WAY OF KENNEBEC VALLEY**

**\*\* - \*\*\* 4404**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1,964,428	1,434,015	-530,413
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....	67,765	107,378	39,613
	5. Investment income .....	6,405	14,763	8,358
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	19,292	5,392	-13,900
	8. Net income or (loss) from fundraising events .....	20,722	28,226	7,504
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	7,702	1,161	-6,541
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,086,314</b>	<b>1,590,935</b>	<b>-495,379</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	1,017,895	871,013	-146,882
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	105,186	156,000	50,814
	16. Salaries, other compensation, and employee benefits .....	199,868	195,152	-4,716
	17. Professional fundraising fees .....			
	18. Other professional fees .....	48,112	53,602	5,490
	19. Occupancy, rent, utilities, and maintenance .....	38,037	38,826	789
	20. Depreciation and Depletion .....	6,858	5,204	-1,654
	21. Other expenses .....	235,752	140,629	-95,123
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,651,708</b>	<b>1,460,426</b>	<b>-191,282</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>434,606</b>	<b>130,509</b>	<b>-304,097</b>
<b>Other Information</b>	24. Total exempt revenue .....	2,086,314	1,590,935	-495,379
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	121,886	156,920	35,034
	27. Total assets .....	2,973,844	3,193,591	219,747
	28. Total liabilities .....	533,781	752,132	218,351
	29. Retained earnings .....	2,440,063	2,441,459	1,396
	30. Number of voting members of governing body .....	18	18	
31. Number of independent voting members of governing body .....	18	18		
32. Number of employees .....	10	10		
33. Number of volunteers .....	250	250		



Form **990****Tax Return History****2022**

Name

**UNITED WAY OF KENNEBEC VALLEY**

Employer Identification Number

**\*\* - \*\*\*4404**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....			1,993,038	1,964,428	1,434,015	
Membership dues .....						
Program service revenue .....			85,307	67,765	107,378	
Capital gain or loss .....				19,292	5,392	
Investment income .....			8,431	6,405	14,763	
Fundraising revenue (income/loss) .....			19,045	20,722	28,226	
Gaming revenue (income/loss) .....						
Other revenue .....			1,442	7,702	1,161	
<b>Total revenue</b> .....			<b>2,107,263</b>	<b>2,086,314</b>	<b>1,590,935</b>	
Grants and similar amounts paid .....			1,246,525	1,017,895	871,013	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			76,149	105,186	156,000	
Other compensation .....			214,031	199,868	195,152	
Professional fees .....			33,567	48,112	53,602	
Occupancy costs .....			35,120	38,037	38,826	
Depreciation and depletion .....			5,485	6,858	5,204	
Other expenses .....			208,178	235,752	140,629	
<b>Total expenses</b> .....			<b>1,819,055</b>	<b>1,651,708</b>	<b>1,460,426</b>	
<b>Excess or (Deficit)</b> .....			<b>288,208</b>	<b>434,606</b>	<b>130,509</b>	
<b>Total exempt revenue</b> .....			<b>2,107,263</b>	<b>2,086,314</b>	<b>1,590,935</b>	
Total unrelated revenue .....						
Total excludable revenue .....			95,180	121,886	156,920	
Total Assets .....			2,597,039	2,973,844	3,193,591	
Total Liabilities .....			650,516	533,781	752,132	
Net Fund Balances .....			1,946,523	2,440,063	2,441,459	

**Federal Statements**

FYE: 12/31/2022

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 10,280				1	
TOTAL	<u>\$ 10,280</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 4,483				1	
TOTAL	<u>\$ 4,483</u>					

U100 UNITED WAY OF KENNEBEC VALLEY

\*\* - \*\*\*4404

FYE: 12/31/2022

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 22,269	\$ 13,362	\$ 5,789	\$ 3,118
TOTAL	\$ 22,269	\$ 13,362	\$ 5,789	\$ 3,118

U100 UNITED WAY OF KENNEBEC VALLEY

\*\*-\*\*\*4404

FYE: 12/31/2022

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CHARLES SHUMAN	\$ 1,169,456
CASH CONTRIBUTION	70,000
PETER PRESCOTT	
CASH CONTRIBUTION	61,000
STEPHEN SHUMAN	
CASH CONTRIBUTION	36,000
G&E ROOFING COMPANY, INC	
CASH CONTRIBUTION	47,592
KENNEBEC SAVINGS BANK	
CASH CONTRIBUTION	49,967
TOTAL	<u>\$ 1,434,015</u>

**Federal Statements**

FYE: 12/31/2022

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHARLIE AND NANCY SHUMAN	\$ 363,147	\$ 187,056
PETER AND SANDRA PRESCOTT	339,500	163,409
NORMAN AND TERESA ELVIN	80,606	
ROBERT AND MOIRA FULLER	130,000	
CONRAD AND LOIS AYOTTE	122,682	
SUSAN ONION	110,000	
STEPHEN SHUMAN	36,000	
G&E ROOFING COMPANY INC	47,592	
KENNEBEC SAVINGS BANK	46,967	
TOTAL	<u>\$ 1,276,494</u>	<u>\$ 350,465</u>

U100 UNITED WAY OF KENNEBEC VALLEY

\*\*-\*\*\*4404

FYE: 12/31/2022

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

Description

Amount

DESIG. PLEDGE RETENT.	\$ 56,350
FUEL ASSISTANCE	19,313
DAY OF CARING INCOME	20,819
CASH PROGRAM	10,896
MISCELLANEOUS	1,161
TOTAL	<u>\$ 108,539</u>