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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **P.O. BOX 2946** Room/suite

City or town, state or country, and ZIP + 4 **SAVANNAH GA 31402**

D Employer identification number **58-0623603**

E Telephone number **912-651-7700**

G Gross receipts $ **8,621,948**

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.uwce.org/**

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1950**

M State of legal domicile **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SUPPORT CHARITABLE ORGANIZATIONS BY PROVIDING AN ORGANIZATIONAL STRUCTURE TO ASSESS HUMAN NEEDS, DEVELOP RESOURCES,AND ENSURE THE EFFECTIVE USE OF THOSE RESOURCES THROUGHOUT THE COASTAL EMPIRE REGION OF GEORGIA.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	49
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	49
5	Total number of employees (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	5080
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,161,228	8,361,204
9	Program service revenue (Part VIII, line 2g)	171,562	151,985
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,261	29,310
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,082	79,449
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,411,133	8,621,948
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,368,405	6,321,592
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,345,694	1,563,092
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 476,721		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	602,784	692,698
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,316,883	8,577,382
19	Revenue less expenses Subtract line 18 from line 12	94,250	44,566

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,695,007	10,572,059
21	Total liabilities (Part X, line 26)	7,378,116	7,199,731
22	Net assets or fund balances Subtract line 21 from line 20	3,316,891	3,372,328

SCANNED DEC 21 2010

RECEIVED NOV 22 2010 IRS OSC OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/15/2010

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 10/15/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions) P00839971
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Canady, Richbourg, Woodward, LLP 5302 Frederick St. Suite 200 Savannah, GA 31405-4823			EIN ▶ Phone no ▶ 912-354-2910

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

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

DAA

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SUPPORT CHARITABLE ORGANIZATIONS BY PROVIDING AN ORGANIZATIONAL STRUCTURE TO ASSESS HUMAN NEEDS, DEVELOP RESOURCES,AND ENSURE THE EFFECTIVE USE OF THOSE RESOURCES THROUGHOUT THE COASTAL EMPIRE REGION OF GEORGIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 6,994,095 including grants of $ 6,250,386) (Revenue $)

GRANTS TO SOCIAL SERVICE AGENCIES MEETING THE HUMAN SERVICE NEEDS OF THE COASTAL EMPIRE AND BEYOND SEE SCHEDULE O FOR A LISTING OF PRIMARY SUPPORTED AGENCIES AND THEIR PROGRAMS.

4b (Code) (Expenses $ 518,945 including grants of $ 71,206) (Revenue $)

DIRECT COMMUNITY SERVICE PROGRAMS "211", BRYAN, EFFINGHAM AND LIBERTY COUNTY CENTERS, AND "HANDS ON SAVANNAH" PROVIDE SERVICE TO THE COMMUNITY BY ASSISTING PERSONS IN NEED PROVIDING VOLUNTEERS IN NEEDED AGENCIES AND PROGRAMS. OTHER PROGRAMS WORK TO DEVELOP NEW SERVICES THAT ARE NEEDED IN THE COMMUNITY. IT ALSO PROVIDED MORTGAGE ASSISTANCE TO THOSE FACING FORECLOSURE.

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses ▶** 7,513,040

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: ; No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	37		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	49		
b	Enter the number of voting members that are independent	1b	49		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ GA

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MELANIE JORDAN 428 BULL STREET SAVANNAH GA 31401 912-651-7705

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANIS BEVILL DIRECTOR	1.00	X						0	0	0
DENIS BLACKBURNE DIRECTOR	1.00	X						0	0	0
TOM BONNELL DIRECTOR	1.00	X						0	0	0
WALTER CHASTANG DIRECTOR	1.00	X						0	0	0
JUDGE TAMMY COX-STOCKES DIRECTOR	1.00	X						0	0	0
DALE CRITZ, JR VICECHAIRMAN	1.00	X		X				0	0	0
MARK A. DANA DIRECTOR	1.00	X						0	0	0
EARLINE DAVIS DIRECTOR	1.00	X						0	0	0
HELEN DOWNING DIRECTOR	1.00	X						0	0	0
STEVE EAGLE CHAIRMAN	1.00	X		X				0	0	0
LINDA EVANS SECRETARY	1.00	X		X				0	0	0
KAY FORD DIRECTOR	1.00	X						0	0	0
JUDGE PENNY HAAS FREESEMAN DIRECTOR	1.00	X						0	0	0
JENNY GENTRY DIRECTOR	1.00	X						0	0	0
JENNIFER GIFFEN DIRECTOR	1.00	X						0	0	0
FRANK GRAY DIRECTOR	1.00	X						0	0	0
STEVE GREENBERG DIRECTOR	1.00	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH HARGROVE, JR DIRECTOR	1.00	X						0	0	0
CATHY P. HILL DIRECTOR	1.00	X						0	0	0
KATHY HORNE DIRECTOR	1.00	X						0	0	0
WILLIAM HUBBARD DIRECTOR	1.00	X						0	0	0
BOB JAMES DIRECTOR	1.00	X						0	0	0
DR THOMAS JONES DIRECTOR	1.00	X						0	0	0
MIKE KEMP DIRECTOR	1.00	X						0	0	0
JEFF KOLE DIRECTOR	1.00	X						0	0	0
DR TOM LOCKAMY DIRECTOR	1.00	X						0	0	0
JOHN MARRERO DIRECTOR	1.00	X						0	0	0
KATHRYN MARTIN, PhD DIRECTOR	1.00	X						0	0	0
SAMUEL MCCACHERN DIRECTOR	1.00	X						0	0	0
KATHERINE MCCARTNEY DIRECTOR	1.00	X						0	0	0
1b Total							▶	212,395		49,549

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(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 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	991				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,360,213				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a–1f			8,361,204			
Program Service Revenue		Busn. Code					
	2a RENTAL FROM 501C(3) AGENCIES			113,127	113,127		
	b LE REVENUE AND SERVICE FEE			38,858	38,858		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			151,985			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			29,310			29,310
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	79,449				
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events			79,449			79,449
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total Revenue.** See instructions			8,621,948	151,985	0	108,759

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	6,250,386	6,250,386		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	71,206	71,206		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,944	115,639	107,013	39,292
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,029,972	544,915	149,157	335,900
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,137	39,785	11,618	29,734
9 Other employee benefits	102,165	50,625	14,194	37,346
10 Payroll taxes	87,874	42,179	17,575	28,120
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,300		12,300	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	78,451	44,971		33,480
12 Advertising and promotion	54,846	3,010	24,535	27,301
13 Office expenses	70,009	34,583	19,117	16,309
14 Information technology				
15 Royalties				
16 Occupancy	94,634	32,174	61,513	947
17 Travel	41,256	25,753	2,975	12,528
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,310	15,493	10,478	11,339
20 Interest	9,635	3,276	6,263	96
21 Payments to affiliates	77,267	35,925	26,309	15,033
22 Depreciation, depletion, and amortization	168,858	106,381	35,460	27,017
23 Insurance	22,655	8,851	8,640	5,164
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SPECIAL EVENTS	97,997	3,584	93,486	927
b EQUIPMENT MAINTENANCE	36,815	15,750	12,395	8,670
c MISCELLANEOUS	35,364	7,511	27,021	832
d MEMBERSHIP DUES-OTHER	9,967	2,803	5,521	1,643
e STAFF REPLACEMENT/RELOCAT	291		291	
f All other expenses	-154,957	58,240	-62,123	-151,074
25 Total functional expenses. Add lines 1 through 24f	8,577,382	7,513,040	583,738	480,604
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1,329,216	1	968,867
	2	Savings and temporary cash investments		1,087,841	2	1,076,106
	3	Pledges and grants receivable, net		5,641,283	3	6,039,465
	4	Accounts receivable, net		202,723	4	156,150
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		27,206	9	15,943
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,869,238			
	b	Less accumulated depreciation	10b 1,829,559	2,118,741	10c	2,039,679
	11	Investments—publicly traded securities		287,997	11	254,566
	12	Investments—other securities See Part IV, line 11			12	21,283
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,695,007	16	10,572,059
Liabilities	17	Accounts payable and accrued expenses		93,669	17	113,414
	18	Grants payable		6,747,062	18	6,491,750
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		537,385	23	573,284
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	21,283
	26	**Total liabilities.** Add lines 17 through 25		7,378,116	26	7,199,731
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,316,891	27	3,372,328
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,316,891	33	3,372,328
	34	Total liabilities and net assets/fund balances		10,695,007	34	10,572,059

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE COASTAL EMPIRE, INC.	58-0623603

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Schedule A (Form 990 or 990-EZ) 2009 **UNITED WAY OF THE COASTAL** 58-0623603

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,892,386	7,306,718	7,668,224	10,194,310	8,361,204	40,422,842
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,892,386	7,306,718	7,668,224	10,194,310	8,361,204	40,422,842
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,443,263
6 **Public support.** Subtract line 5 from line 4						36,979,579

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,892,386	7,306,718	7,668,224	10,194,310	8,361,204	40,422,842
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,169	48,189	64,617	45,261	29,310	227,546
9 Net income from unrelated business activities, whether or not the business is regularly carried on					78,449	78,449
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						40,728,837
12 Gross receipts from related activities, etc (see instructions)					12	151,985

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.79%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	94.26%

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2008.** 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—2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number
58-0623603

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _ _ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _ _ _ _%
- b Permanent endowment ▶ _ _ _ _%
- c Term endowment ▶ _ _ _ _%

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		190,000		190,000
b Buildings		2,079,922	1,079,337	1,000,585
c Leasehold improvements				
d Equipment		1,599,316	750,222	849,094
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				2,039,679

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
OTHER LONG TERM LIABILITY	21,283
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	21,283

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,621,948
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,577,382
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	44,566
4	Net unrealized gains (losses) on investments	4	10,873
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	10,873
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	55,439

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,687,717
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	10,873		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	10,873
3	Subtract line 2e from line 1			3	7,676,844
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 XIV)	4b	945,104		
c	Add lines 4a and 4b			4c	945,104
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	8,621,948

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,632,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,632,278
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 XIV)	4b	945,104		
c	Add lines 4a and 4b			4c	945,104
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	8,577,382

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XI, Line 8 - Reconciliation of Changes - Other

RENTAL EXPENSES NETTED TO RENTAL INCOME ON F/S	$ -39,136
DEPRECIATION ON RENTAL NETTED TO RENTAL INCOME ON F/S	$ -65,594
COMBINED FEDERAL COMPAIGN DESIGNATED	$ -502,599
OTHER DESIGNATIONS	$ -337,775
RENTAL EXPENSES NETTED TO RENTAL INCOME ON F/S	$ 39,136
DEPRECIATION ON RENTAL NETTED TO RENTAL INCOME ON F/S	$ 65,594

Part XIV Supplemental Information (continued)

COMBINED FEDERAL COMPAIGN DESIGNATED	$ 502,599
OTHER DESIGNATIONS	$ 337,775

Part XII, Line 4b - Revenue Amounts Included on Return - Other

RENTAL EXPENSES NETTED TO RENTAL INCOME ON F/S	$ 39,136
DEPRECIATION ON RENTAL NETTED TO RENTAL INCOME ON F/S	$ 65,594
COMBINED FEDERAL COMPAIGN DESIGNATED	$ 502,599
OTHER DESIGNATIONS	$ 337,775

Part XIII, Line 4b - Expense Amounts Included on Return - Other

RENTAL EXPENSES NETTED TO RENTAL INCOME ON F/S	$ 39,136
DEPRECIATION ON RENTAL NETTED TO RENTAL INCOME ON F/S	$ 65,594
COMBINED FEDERAL COMPAIGN DESIGNATED	$ 502,599
OTHER DESIGNATIONS	$ 337,775

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number 58-0623603

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		5K RACE (event type)	EVENTS (event type)	1 (total number)	
Revenue	1 Gross receipts	34,530	33,274	11,645	79,449
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	34,530	33,274	11,645	79,449
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	( )
	11 Net income summary Combine line 3, column (d), and line 10			▶	79,449

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address of the third party Name ▶ Address ▶				
16	Gaming manager information Name ▶ Gaming manager compensation ▶ $ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number: 58-0623603

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? [X] 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITIES UNLIMITED 7232 Varnedoe Dr. SAVANNAH GA 31406	26-1247582	3	8,532				PROGRAM COST
AMERICAN CANCER SOCIETY 6600 Abercorn St. Savannah GA 31406	58-0659875	3	89,155				PROGRAM COST
AMERICAN CANCER SOCIETY 6600 Abercorn St. Savannah GA 31406	58-0659875	3	50,673				DONOR DES PROGRAM
AWOL ALL WALKS OF LIFE P.O. Box 15846 SAVANNAH GA 31416	56-2467147	3	10,067				PROGRAM COST
AWOL ALL WALKS OF LIFE P.O. Box 15846 SAVANNAH GA 31416	56-2467147	3	5,685				DONOR DES PROGRAM
THE MEDIATION CENTER 5105 Paulsen St. Savannah GA 31405	58-1683719	3	43,405				PROGRAM COST
GIRL SCOUT COUNCIL OF SAVANNAH 110 Pipe Makers Circle Pooler GA 31322	58-0566191	3	191,961				PROGRAM COST
ARMY COMMUNITY SERVICE 191 Lindquist Rd. Fort Stewart GA 31314		3	9,956				DONOR DES PROGRAM
AMERICAN RED CROSS PO Box 9987 Savannah GA 31412	58-0669978	3	566,306				PROGRAM COST

2 Enter total number of section 501(c)(3) and government organizations ▶ 64

3 Enter total number of other organizations ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD, SHELTER, HEALTHCARE	3	1,206			
MORTGAGE ASSISTANCE	50	50,000			
INDIVIDUAL DEVELOPMENT AC	6	20,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

All programs considered for funding will be evaluated on (a) capacity to be organizationally and financially sound, (b) proven need in the area, (c) program effectiveness demonstrated through outcome data, (d) previous history of partnership with United Way. Based on scores of the written proposal and site visit, the allocation panels will make recommendations to the United Way of the Coastal Empire Board of Directors regarding financial support (funding amount) and programmatic changes (training, technical assistance, etc).

Quarterly reports will be submitted to UWCE regarding programmatic and

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

financial information. If it is noted either in the initial proposal or quarterly reports, training and technical assistance is needed/requested, UWCE staff will work with agency/program staff to ensure proper and timely information.

Part IV - Additional Information

PART 111 LINE 2

GEORGIA HAS ONE OF THE HIGHEST FORECLOSURE RATES IN THE COUNTRY. A CONTRIBUTION WAS RECEIVED TO ASSISTS FAMILIES IN KEEPING THEIR HOMES.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 111 LINE 3

THE UNITED WAY SUPPORTS HOME OWNERSHIP FOR LOW INCOME FAMILIES BY

OFFERING DOWN PAYMENT ASSISTANCE THROUGH INDIVIDUAL DEVELOPMENT ACCOUNTS.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number 58-0623603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS PO Box 9987 Savannah GA 31412	58-0669978	3	15,600				DONOR DES PROGRAM
AMERICA'S SECOND HARVEST 2501 E. Presidents St. Savannah GA 31404	58-1442013	3	75,016				PROGRAM COST
AMERICA'S SECOND HARVEST 2501 E. Presidents St. Savannah GA 31404	58-1442013	3	20,094				DONOR DES PROGRAM
ASH TREE ORGANIZATION 2512 Habersham St SAVANNAH GA 31406	58-2055714	3	7,465				PROGRAM COST
ATLANTIC AREA CASA PO Box 817 Hinesville GA 31310	58-2634679	3	7,524				PROGRAM COST
BIG BROTHERS BIG SISTERS OF THE COA 428 Bull St SAVANNAH GA 31401	26-2477067	3	28,154				PROGRAM COST
BIG BROTHERS BIG SISTERS OF THE COA 428 Bull St SAVANNAH GA 31401	26-2477067	3	158,310				DONOR DES PROGRAM
BSA COASTAL EMPIRE COUNCIL PO Box 60007 Savannah GA 31420	58-0566164	3	169,353				PROGRAM COST
BSA COASTAL EMPIRE COUNCIL PO Box 60007 Savannah GA 31420	58-0566164	3	22,725				DONOR DES PROGRAM
CHATHAM-SAVANNAH YOUTH FUTURES PO Box 10212 Savannah GA 31412	58-1816225	3	65,693				PROGRAM COST
COASTAL CHILDREN'S ADVOCACY PO Box 9926 Savannah GA 31412	58-1944825	3	19,196				PROGRAM COST

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number 58-0623603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL CHILDREN'S ADVOCACY PO Box 9926 Savannah GA 31412	58-1944825	3	5,471				DONOR DES PROGRAM
COMMUNITY CARDIOVASCULAR COUNCIL 1900 Abercorn St. Savannah GA 31401	23-7068703	3	42,658				PROGRAM COST
COMMUNITY HEALTH MISSION 310 Eisenhower Dr suite 5 SAVANNAH GA 31406	58-2611264	3	17,063				PROGRAM COST
CONSUMER CREDIT COUNSELING 7505 Waters Ave. Savannah GA 31406	58-0958705	3	25,595				PROGRAM COST
BOYS/GIRLS CLUB PO Box 8727 Savannah GA 31412	58-0622969	3	181,297				PROGRAM COST
BOYS/GIRLS CLUB PO Box 8727 Savannah GA 31412	58-0622969	3	9,039				DONOR DES PROGRAM
EASTSIDE CONCERNED CITIZENS 705 E. Anderson St SAVANNAH GA 31401	31-1604086	3	7,252				PROGRAM COST
ECONOMIC OPPORTUNITY AUTHORITY 618 W. Anderson St SAVANNAH GA 31402	58-0952632	3	5,972				PROGRAM COST
GEORGIA LEGAL SERVICES PO Box 8667 Savannah GA 31412	58-1111590	3	12,797				PROGRAM COST
GOODWILL INDUSTIRES PO Box 15007 Savannah GA 31416	58-6046795	3	193,241				PROGRAM COST
GREENBRIAR CHILDREN'S CENTER 3709 Hopkins St. Savannah GA 31405	58-0619033	3	276,723				PROGRAM COST

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number **58-0623603**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENBRIAR CHILDREN'S CENTER 3709 Hopkins St. Savannah GA 31405	58-0619033	3	51,143				DONOR DES PROGRAM
HODGE MEMORIAL DAY CARE PO Box 2384 Savannah GA 31402	58-0572415	3	61,483				PROGRAM COST
HOPE HOUSE PO Box 22552 Savannah GA 31403	58-1764818	3	9,231				PROGRAM COST
JEWISH EDUCATIONAL ALLIANCE PO Box 23527 Savannah GA 31403	58-0568690	3	30,144				PROGRAM COST
LATIN AMERICAN SERVICE ORGANIZATION 1900 Abercorn St. SAVANNAH GA 31405	42-1536309	3	12,797				PROGRAM COST
LIBERTY COUNTY MANNA HOUSE PO Box 1646 Hinesville GA 31310	58-1904355	3	6,200				PROGRAM COST
LIFE, INC 17 Travis St. SAVANNAH GA 31406	58-1720393	3	6,825				PROGRAM COST
MEDBANK PO Box 15372 Savannah GA 31406	58-2149978	3	27,301				PROGRAM COST
PARK PLACE OUTREACH 514 E. Henry St SAVANNAH GA 31401	58-1623253	3	5,119				PROGRAM COST
RAPE CRISIS CENTER PO Box 8492 Savannah GA 31412	58-1237907	3	71,964				PROGRAM COST
RAPE CRISIS CENTER PO Box 8492 Savannah GA 31412	58-1237907	3	12,061				DONOR DES PROGRAM

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number **58-0623603**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROYCE LEARNING CENTER 4 Oglethorpe Professional Bldg Savannah GA 31406	23-7079608	3	60,805				PROGRAM COST
SAFE SHELTER PO Box 77369 Savannah GA 31420	58-1392664	3	110,911				PROGRAM COST
SAFE SHELTER PO Box 77369 Savannah GA 31420	58-1392664	3	11,921				DONOR DES PROGRAM
SAVANNAH ASSN FOR THE BLIND PO Box 817 Savannah GA 31401	58-1115656	3	17,063				PROGRAM COST
SAVANNAH SPEECH AND HEARING 1206 E. 66th St. Savannah GA 31404	58-0656409	3	177,500				PROGRAM COST
SAVANNAH SPEECH AND HEARING 1206 E. 66th St. Savannah GA 31404	58-0656409	3	7,100				DONOR DES PROGRAM
SENIOR CITIZENS 3025 Bull St. Savannah GA 31405	58-0864009	3	109,545				PROGRAM COST
SENIOR CITIZENS 3025 Bull St. Savannah GA 31405	58-0864009	3	12,720				PROGRAM COST
SENIOR CITIZENS 3025 Bull St. Savannah GA 31405	58-0864009	3	16,500				DONOR DES PROGRAM
STEP UP SAVANNAH 101 E. BAY ST SAVANNAH GA 31401	30-0526014	3	10,000				PROGRAM COST
ST JAMES COMMUNITY CENTER 1140 Holmestown Rd. Midway GA 31320	31-1497241	3	17,824				PROGRAM COST

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number 58-0623603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KICKLIGHTER RESOURCE CENTER PO Box 13625 Savannah GA 31416	58-0666453	3	67,976				PROGRAM COST
TRI-COUNTY PROTECTIVE AGENCY PO Box 1937 Savannah GA 31310	58-1736408	3	8,400				PROGRAM COST
THE SALVATION ARMY PO Box 23798 Savannah GA 31403	58-0660607	3	219,262				PROGRAM COST
THE SALVATION ARMY PO Box 23798 Savannah GA 31403	58-0660607	3	17,812				DONOR DES PROGRAM
UNION MISSION 107 Fahm St. Savannah GA 31401	58-0827524	3	450,213				PROGRAM COST
UNION MISSION 107 Fahm St. Savannah GA 31401	58-0827524	3	17,502				DONOR DES PROGRAM
WESLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	58-1029611	3	299,559				PROGRAM COST
YMCA OF COASTAL GEORGIA PO Box 14142 Savannah GA 31406	58-0603160	3	142,626				PROGRAM COST
YMCA OF COASTAL GEORGIA PO Box 14142 Savannah GA 31406	58-0603160	3	9,058				DONOR DES PROGRAM
HOSPICE PO Box 13190 Savannah GA 31416	58-1393820	3	99,316				DONOR DES PROGRAM
WESLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	58-1029611	3	100,000				DONOR DES PROGRAM

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number **58-0623603**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	58-1029611	3	8,455				DONOR DES PROGRAM
FIRST STEP 7293-A ROGERS CIRCLE Fort Stewart GA 31315	58-2383725	3	9,300				PROGRAM COST
ALZHEIMER'S ASSOCIATION 210 TEVEVISION CIRCLE SAVANNAH GA 31404	58-1492046	3	6,143				PROGRAM COST
ALZHEIMER'S ASSOCIATION 210 TEVEVISION CIRCLE SAVANNAH GA 31404	58-1492046	3	11,454				DONOR DES PROGRAM
BETHESDA HOME FOR BOYS 9520 FERGUESON AVE SAVANNAH GA 31406	58-0637013	3	11,574				DONOR DES PROGRAM
EFFINGHAM COUNTY FAMILY CONNECTION PO BOX 377 SPRINGFIELD GA 31329	86-1085001	3	12,797				PROGRAM COST
EFFINGHAM COUNTY FAMILY CONNECTION PO BOX 377 SPRINGFIELD GA 31329	86-1085001	3	7,793				DONOR DES PROGRAM
RONALD MCDONALD HOUSE CHARITIES PO BOX 2946 SAVANNAH GA 31402	58-1630107	3	14,502				DONOR DES PROGRAM
SPECIAL OLYMPICS 506 N. ASHLEY ST VALDOSTA GA 31601	23-7201676	3	5,710				DONOR DES PROGRAM
TRUETLEN HOUSE 131 OLD AUGUSTA RD RINCON GA 31326	58-2314421	3	7,109				PROGRAM COST
TRUETLEN HOUSE 131 OLD AUGUSTA RD RINCON GA 31326	58-2314421	3	26,714				DONOR DES PROGRAM

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number **58-0623603**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF THE LOW COUNTRY PO BOX 202 BEAUFORT SC 29901	57-0405847	3	6,958				DES OTHER UNITED WAY
UW OF COASTAL GEORGIA 1311 UNION ST BRUNSWICK GA 31520	99-9999999	3	8,331				DES OTHER UNITED WAY
UW OF COASTAL GEORGIA 1311 UNION ST BRUNSWICK GA 31520	99-9999999	3	18,071				DES OTHER UNITED WAY
UW OF FOX CITIES PO BOX 928 NEENAH WI 54957	39-0912895	3	64,471				DES OTHER UNITED WAY
UW OF GREATER LA 523 WEST 6TH ST LOS ANGELES CA 90014	95-2274801	3	94,371				DES OTHER UNITED WAY
UW OF METRO DALLAS 1800 N. LAMAR DALLAS TX 75202	75-6005352	3	55,548				DES OTHER UNITED WAY
UW OF PALM BEACH CITY PO BOX 20809 WEST PALM BEACH FL 33416	59-0683258	3	13,240				DES OTHER UNITED WAY
UW OF PIONEER VALLEY 184 Mill St Springfield MA 01102	04-2152680	3	32,071				DES OTHER UNITED WAY
UW OF YUMA COUNTY 180 WEST 1ST ST YUMA AZ 85364	86-0211326	3	8,035				DES OTHER UNITED WAY
MARY LOU FRASER FD/FAMILIES 203 MARY LOU DR HINESVILLE GA 31313	58-1686152	3	6,399				PROGRAM COST
SAV/CHAT CASA 428 BULL ST SAVANNAH GA 31401	58-2058358	3	8,532				PROGRAM COST

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number 58-0623603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH HOSPITALITY NETWORK 126 HORIZON PARK DR SAVANNAH GA 31405	58-2345964	3	12,371				PROGRAM COST
COMBINED FEDERAL CAMPAIGN VARIOUS AGENCIES VARIOUS YT VARIOUS	99-9999999	3	502,599				DESIGNATED PROGRAM

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer identification number **58-0623603**

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREG SCHROEDER	(i)	151,348	0	0	15,636	16,909	183,893	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization **UNITED WAY OF THE COASTAL EMPIRE, INC.**

Employer Identification number **58-0623603**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULIAN MILLER DIRECTOR	1.00	X						0	0	0
TOBY MOREAU TREASURER	1.00	X		X				0	0	0
CHRIS MORRILL DIRECTOR	1.00	X						0	0	0
HOWARD MORRISON DIRECTOR	1.00	X						0	0	0
BRAD MOSES DIRECTOR	1.00	X						0	0	0
CONNIE FARMER RAY DIRECTOR	1.00	X						0	0	0
ROGER F. ROSS, JR DIRECTOR	1.00	X						0	0	0
CAMILLE RUSSO DIRECTOR	1.00	X						0	0	0
CAROLYN SANDERS DIRECTOR	1.00	X						0	0	0
ELAINE SPENCER DIRECTOR	1.00	X						0	0	0
DON STUBBS DIRECTOR	1.00	X						0	0	0
T. PRATT SUMMERS DIRECTOR	1.00	X						0	0	0
BERT TENENBAUM DIRECTOR	1.00	X						0	0	0
TONY THOMAS DIRECTOR	1.00	X						0	0	0
MIKE TRAYNOR DIRECTOR	1.00	X						0	0	0
NICK WEATE DIRECTOR	1.00	X						0	0	0
LTC DAN WHITLEY DIRECTOR	1.00	X						0	0	0
DR. EARL YARBROUGH DIRECTOR	1.00	X						0	0	0
LINDA ZOLLER DIRECTOR	1.00	X						0	0	0
GREG SCHROEDER PRESIDENT	40.00			X				151,348	0	32,545
MELANIE JORDAN VP FINANCE	40.00			X				61,047	0	17,004

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer identification number: 58-0623603

Form 990, Part I, Line 6

Volunteers are the backbone of the annual campaign, and the reason for it's continued success. Volunteers evalute the effectiveness of grantee agency programs and determine the annual funding for each agency. They also provide clerical,reception and educational services.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

FORM 990 IS EMAILED TO FINANACE COMMITTEE OF BOARD OF DIRECTORS AND DISCUSSED AND APPROVED (OR CHANGED IF NECESSARY) AT THEIR NEXT MEETING. FULL BOARD IS ADVISED OF IT'S FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Conflicts of interest are prohibited by the organizations Code of Ethics. Employees and Board Members are ask to sign an annual statement of compliance with the code of ethics.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A PERFORMANCE AND COMPENSATION REVIEW OF THE PRESIDENT IS PERFORMED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. PERFORMANCE OF THE PRESIDENT IS EVULATED BY REFERENCE TO PREVIOUSLY ESTABLISHED ANNUAL GOALS. THEN HIS SALARY IS ADJUSTED ACCORDINGLY WITH REFERENCE TO SALARY AND COMPENSATION PACKAGES PAID BY OTHER SIMILAR SIZE UNITED WAY'S IN THE SOUTHEAST, AND OTHER PUBLISHED COMPENSATION DATA.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization: UNITED WAY OF THE COASTAL

Employer identification number: 58-0623603

ALL EMPLOYEES RECEIVE A REGULAR PERFORMANCE REVIEW, AND COMPENSATION ADJUSTMENTS AS INDICATED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Annual form 990 and Audited Financial Statements are available upon request at the corporate offices in Savannah, Georgia.

Schedule O - Additional Information

Form 990 Part I Line 1 Mission and Significant Activities

and outcomes accountability to ensure that donations are making a difference.

Through partnerships, long-term planning and investments of donor contributions, United Way of the Coastal Empire supports over 100 community programs and services in Bryan, Chatham,Effingham and Liberty counties.

Due to the Herschel V. jenkins Trust Fund and other income, which help cover administrative and fundraising cost, donor contributions go to help people in need.

Form 990 Part VIII Line 2a.

The United Way of the Coastal Empire rents available office facilities to other non-profit 501c (3) agencies that support the mission of the United Way.

SCHEDULE I PART II - SERVICES PROVIDED BY GRANTEES

Core Agencies

United Way of the Coastal Empire serves Bryan, Chatham, Effingham and Liberty counties. Following are some of the agencies supported and the services they provide.

1. America's Second Harvest of Coastal Georgia (912-236-6750) Distributes

food in 31 counties to 425 agencies with on-site feeding centers and emergency pantries.

2. American Cancer Society (912-355-5196 / 1-800-ACS-2345) Develops programs for treatment and eradication of cancer through research and education.

3. American Red Cross, Savannah Chapter (912-651-5300) Provides relief to victims of disasters, disaster planning and safety education.

4. Army Community Services Fort Stewart (912-767-5058) Provides primary resource for developing, coordinating and delivering soldier and family support services.

5. Boy Scouts of America, Coastal Empire Council (912-927-7272) Offers character development, citizenship training and career education to boys ages 6 - 18.

6. Boys & Girls Clubs of Greater Savannah (912-233-2939) Provides social recreation, culturalenrichment, physical education, outdoor and environmental education, citizenship and leadership training for youth ages 6-18.

7. Chatham-Savannah Youth Futures Authority (912-651-6810) Directs a community-wide collaborative that provides a variety of child-focused activities, such as after-school and pre-school programs, school-to-work training, adolescent health and mental health services.
Operates the Family Resource Center and Neighborhood Outreach.

8. Coastal Children's Advocacy Center (912-236-1401) Provides a confidential, child-friendly site where child victims of sexual and severe physical abuse are interviewed on videotape, preventing them from having to repeatedly talk about the abuse to representatives of different agencies.

9. Coastal Georgia Area Community Action Authority - Liberty County (912-876-6173)

Provides programs to enable those in poverty to achieve self-sufficiency.

10. Community Cardiovascular Council (912-232-6624) Reduces death and disabilities caused by cardiovascular disease through a coordinated program of screening, education and treatment.

11 . Consumer Credit Counseling Service (912-691-2227) Provides confidential financial counseling, debt management, housing counseling and consumer credit education to all segments of the community, regardless of ability to pay.

12. Court Appointed Special Advocates, Atlantic Area (912-876-3816) Recruits and trains judge appointed community volunteers to speak up for the best interests of abused or neglected children in juvenile court proceedings.

13. Georgia Legal Services (912-651-2180) Provides free civil (non-criminal) legal assistance to low-income individuals.

14. Girl Scouts of Historic Georgia (912-236-1571) Provides value-based program for girls ages 5 - 17 with opportunities to build confidence, character and skills for success in the real world and encourages teamwork, goal setting and leadership development.

15. Goodwill Industries of the Coastal Empire (912-354-6611) Provides independent living skills, training and employment assistance to persons with disabilities and other vocational barriers to live independently and become employed.

16. Greenbriar Children's Center (912-234-3431) Provides housing and care for neglected, abused or abandoned youth ranging from infancy to young adulthood.

17. Hodge Memorial Daycare Center (912-233-8421) Offers quality daycare for preschool children of mothers who are working, attending school or enrolled in vocational training.

18. Hope House of Savannah (912-236-5310) Provides transitional shelter to single mothers and their children while assisting in developing independence and self-sufficiency.

19. Hospice Savannah (912-355-2289) Offers specialized care for terminally ill patients and their families. Provides supportive care to family members for 13 months following the death of a loved one to ensure healthy coping after loss.

20. Jewish Educational Alliance (912-355-8111) Furnishes informal social, educational, cultural, recreational and health-related programs open to the public. United Way provides scholarships for low-income families to participate.

21. Kicklighter Resource Center (912-355-7633) Improves the quality of life of children and adults with developmental disabilities through advocacy, family support,community education and direct programs.

22. Manna House - Liberty County (912-368-3660) Provides food, clothing and assistance to low-income households and those temporarily unemployed.

23. MedBank Foundation (912-356-2898) Makes prescription medications available to persons with chronic health conditions on fixed incomes.

24. Mediation Center of Coastal Georgia (912-354-6686) Provides conflict resolution services to parties involved in disputes through trained mediators.

25. Rape Crisis Center of the Coastal Empire (912-233-3000) Offers counseling services including a 24-hour crisis line, escort to hospital emergency room, court advocacy, counseling for rape/child sexual abuse

victims and "Good Touch/Bad Touch" prevention programs.

26. Royce Learning Center (912-354-4047) Provides diagnostic testing, counseling and tutoring for children and adults with learning disabilities. Also offers literacy programs.

27. St. James Community Center (912-884-3016) Provides tutoring, organized sports and other recreational activities, summer camp and meals in a Christian setting for school age children.

28. The Salvation Army (912-651-7420) Serves young people through educational, recreational and character-building activities. Offers families financial, emotional and spiritual assistance. Provides emergency shelter for homeless and displaced families or individuals.

29. Savannah Area Family Emergency (S.A.F.E.) Shelter (912-629-8888) Provides emergency shelter for battered women and children and a 24-hour crisis line. The agency offers individual counseling, support groups, referral services, legal advocacy as well as preventive education.

30. Savannah Association for the Blind (912-236-4473) Provides rehabilitation services to help visually impaired individuals of all ages to function independently at home and in the community.

31. Savannah Speech and Hearing Center (912-355-4601) Offers programs and services for persons with speech, language and/or hearing problems.

32. Senior Citizens, Inc. (912-236-0363) Actively advocates for the area's senior community. Promotes independence through Meals on Wheels, Senior Companions, Ruth F. Byck Adult Day Care Center, Community Centers and Transportation programs.

33. Tri-County Protective Agency (912-368-8668) Provides a safe shelter and support services for victims of domestic violence and their children.

Name of the organization: UNITED WAY OF THE COASTAL

Employer identification number: 58-0623603

34. Union Mission (912-236-7423) Provides shelter for men, women, and families, short and long term housing assistance, health and dental care, family and individual counseling,behavioral counseling, substance abuse programs, lifeskills training, job training and employment assistance.

35. Wesley Community Centers of Savannah (912-236-4226) Promotes the economic, educational and spiritual growth of women, children and youth. Provides recreational and educational programs, day care for children and support programs for women and families in crisis.

36. YMCA of Coastal Georgia (912-354-5480) Serves families by providing childcare, day camps, teen clubs, fitness courses, youth aquatics and sports leagues. Provides counseling and adult leadership programs.

The United Way of the Coastal Empire is the Principal Combined Fund Organization (PCFO) for the Combined Federal Campaign for Coastal Georgia (CFC). CFC funds were distributed as designated to agencies listed in the CFC campaign brochure and are listed in lump sum on the schedule I.

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning , and ending

2009

Name
UNITED WAY OF THE COASTAL EMPIRE, INC.

Employer Identification Number
58-0623603

Form 990, Part X, Line 23 - Additional Information

	Name of lender	Relationship to disqualified person
(1)	SAVANNAH FOUNDATION, INC.	
(2)	WACHOVIA	
(3)	WACHOVIA BANK - LINE OF CREDIT	
(4)	WACHOVIA BANK	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	100,000	05/16/94	05/16/14	240 MONTHLY PMTS @ $716	6.000
(2)	160,000	10/01/03	10/01/08	$3,076 PER MO. INCL. INT.	5.000
(3)					
(4)	300,000	05/18/08		INT MONTHLY 60m PRI ANNUAL	4.250
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	REAL ESTATE	PURCHASE FACILITIES
(2)	UNSECURED	BUILDING IMPROVEMENTS
(3)		
(4)	ALL PERSONAL PROPERTY	RENOVATE EFFINGHAM LOCATION
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		39,675	33,284
(2)		4	
(3)		197,706	300,000
(4)		300,000	240,000
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		537,385	573,284