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Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public

Α	For	the 2009 ca	<u>lendar</u>		ear beginning	Apr 1	, 2009	<u>, and er</u>	nding Mar 31		,	2010
B_	=								lentification number			
	Address change Please United Way of Southeast Georgia								58-1427518			
	Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E								E Telephone number			
<u> </u>	Initial return type.								(121	489-8475	
-		ination	See Specific		n, state or country, an					,		
\vdash		nded return	Instruc- tions.	1			_					emption
	Appli	cation pending	L	Statesb	oro		(3A 30	458		mber	
_		• Section :	501(c)(3 nust atta	3) organization ach a comple	ons and 4947(a)(1 eted Schedule A	1) nonexempt o (Form 990 or 9	haritable trusts 90-EZ).		G Accounting Other (spec	ıfy) ►		Cash X Accrual
	14/- L								H Check ► L			anızatıon ıs not ule B (Form 990,
١.		· ·			sega.org		1 1,0,7, ,4,5	T 503	990-EZ, or	ลและท 990-PF	Scried)	ule D (FOITH 330,
"		exempt status				✓ (insert no.)	4947(a)(1) or L	527	<u> </u>		<u> </u>	A was so than
K	\$25	,000. A For	m 990-Ĕ	EZ or Form 9		equired, but if t	he organization	chooses	to file a return,			e a complete return.
L	ınste	ead of Form	1 990-EZ	Z .	o determine gros						► \$	458,642.
Pa	art I				, and Change		sets or Fund	<u>Balan</u>	ces (See the	<u>instru</u>	<u>iction</u>	
	1	Contribut	ions, gif	fts, grants, a	nd similar amoun	its received				. [1	450,754.
	2	Program	service	revenue incl	udıng governmer	nt fees and con	tracts			[2	
	3	Members	hip dues	s and assess	ments		• •			. [3	***
	4	Investme	nt incon	ne		•			• •	Į	4	7,888.
	5	a Gross am	nount fro	om sale of as	sets other than i	nventory		5 a				
	•	b Less: cos	st or othe	er basis and	sales expenses	Valence of the	•	5 b				
R	. بد	c Gain or (los	s) from sa	ale of assets of th	e Line fidental Au	btract line 5b from	line 5a)				5с	
REVENUE	6	Special ever	nts and ac	ctivities (comple	te applicable parts of	Schedude G). If any	y amount is from g <mark>ar</mark>	ming, che	ck here . 🟲	\sqcup		
Ñ,	,	a Gross rev	venue (r	not including	\$ 0 0 0 201	of co	ontributions			Ì		
Ē		reported	on line	1) 6	FR & & YOU	<u>'</u>		6a				
		b Less: dire	ect expe	enses other tl	<u>nan</u> fundraising e	xpenses		. 6b				
		c Net income	or (loss)	from special ev	ente andrectwities (Sc	ptract line 6b from	line 6a)				6с	
	7.	a Gross sal	les of in	ventory, less	returns and allo	wances		7a				
		b Less. cos	t of goo	ods sold		•	•	. <u>7b</u>				
	-	c Gross pro	ofit or (le	oss) from sal	les of inventory (Subtract line 7t	o from line 7a).				7 c	
	8	Other reven	ue (descr	ribe ►						_)	8	
	9	Total rev	enue. A	dd lines 1, 2	, 3, 4, 5c, 6c, 7c,	and 8				>	9	458,642.
	10				aid (attach sche						10	411,100.
_	11			or for member	•						11	· · · · · · · · · · · · · · · · · · ·
E X P	12	•			, and employee t	penefits .	•				12	71,153.
P	13				ayments to indep		ctors				13	7,990.
E N S E	14			•	d maintenance					Ì	14	8,442.
Ě	15		-		e, and shipping		•				15	589.
3	16	_			ther Expenses S	Statement).	16	24,756.
	17			Add lines 10		•				•	17	524,030.
	18				r (Subtract line 1	7 from line 9)					18	-65,388.
A	19	Net asset	e or fun	nd halances a	at beginning of ye	ear (from line 2	7 column (A)) (i	must an	ree with end-of-v	/ear		_
N S E S T E	'	figure rep	orted or	n prior year's	return)	sar (nom me 2	, colaini (iy) (must ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, oui	19	791,512.
Ţ	20	Other cha	anges in	net assets o	or fund balances	(attach explana	ation)				20	
S	21	Net asset	ts or fun	nd balances a	at end of year. Co	ombine lines 18	3 through 20			►	21	726,124.
Pa	art II				tal assets on line			0 or mo	re, file Form 990	ınstea	d of F	orm_990-EZ
		,			e instructions for				(A) Beginning			(B) End of year
22	. Ca	ash, savings	s, and ir	nvestments					459	,551	. 22	485,759.
23	L a	and buil	ldıngs							0	. 23	682.
24 Other assets (describe ► See L-24 Stmt) 344,324. 24							248,672.					
25	To	tal assets								,875		735,113.
26	To	otal liabilitie	es (desc	cribe ► <u>S</u> e	e L-26 Stm	t)		12	,363	. 26	8,989.
27	' Ne	et assets or	r fund b	alances (line	27 of column (E	3) must agree v	with line 21)		791	,512	. 27	726,124.

	990-EZ(2009) United Way of S				<u>-142</u>	27518 Page 2
Par	t III Statement of Program Se	rvice Accomplishments	S (See the instruction	ons.)		Expenses
What is	s the organization's primary exempt purpose? To	improve lives by mobilizi	ng the caring power o	of communities.	(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
Desci	ribe what was achieved in carrying out th	e organization's exempt purpo	ses In a clear and cond	cise manner.	organ	nizations and section
descr	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, or other re	levant information for ea	ach	4947	(a)(1) trusts, optional
	am title				for of	thers)
28	Financial Support is given	n to 37 agencies in	five surroundin	g counties.		
					}	
						
	(Grants \$ 411,100.) If the	nis amount includes foreign gr	ants, check here		28 a	412,817.
29						
	- -					
						
	(Grants \$) If ti	nis amount includes foreign gr	ants, check here	>	29 a	
30					l	
					i	
						
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,			
		nis amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule	?)		_		
	(Grants \$) If the	nis amount includes foreign gr	ants, check here	. ►	31 a	
32	Total program service expenses (add II	nes 28a through 31a)		>	32	412,817.
Parl			nlovees List each on	o oven if not com	nonca	
ran	TIV LIST OF OTHICE'S, DIFECTORS					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla		(e) Expense account and other allowances
	(a) Name and address	to position	not paid, enter -0	deferred compens		and other allowances
Dab		to position		deletted compense		
	ert_COlliff	- _				
<u> 101</u>	Lakeshore Ct.	Executive Director				
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Day	id Beaubien					
		-				1
	Denmark St_Suite 1100	Board Member				
<u>Sta</u>	tesboro GA 30459	0.00	0.		0.	0.
Jam	ie Brannen					
515	Denmark St Suite 1100	Board Member				
				•	^	
	tesboro GA 30459	0.00	0.		0.	0.
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	Denmark St Suite 1100	Board Member				
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Spe	ncer Thomas					
	Denmark St Suite 1100	Board Member				
		-	_		^	_
	tesboro GA 30459	0.00_	0.		0.	0.
See Lis	t of Officers, Directors, Trustees, & Key Employees Stm	<u>t</u>				
		1		1		

Part V Other Information (Note the statement requirements in the instris for Part V)	Form 990-EZ (2009) United Way of Southeast Georgia	58-1427518		Page 3
33 Dd the organization engage in any activity not previously reported to the IRS7 If Yes, 'attach a detailed description of such activity. 34 Were any changes made to the organizang or governing documents? If Yes, 'attach a conformed copy of the changes 35 If the organization had insone strates, such as those reported in line 2, 6t, and 2 (pinning others), but not regarded an Emmission. 35 a Dd the organization had insone strates, such as those reported in line 2, 6t, and 2 (pinning others), but not regarded in Emmission. 36 a Dd the organization had now enveloted business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy lax recuments? 35 b If Yes, 'this it fided a tax return on Form 990-11 for this year? 36 Dd the organization that is a liquidation, discolation, ferrimation, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N. 36 Dd the organization that is a liquidation, discolation, ferrimation, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N. 37 Emerimanum of political expenditures, direct or indirect, as described in the instructions. 38 Dd the organization bord in the Form 1128-PDL for this year? 39 Dd the organization that is a liquidation, discolation of the period occurred by this return? 39 Dd the organization of the Form 1128-PDL for this year? 39 Dd the organization of the organization of the period occurred by the return? 30 Dd the organization of the Port of the organization of the period occurred by the return? 30 Dd the organization of the organization of the period occurred by the organization of the organization of the period occurred by the organization of the organization of the period occurred of the organization of the o	Part V Other Information (Note the statement requirements in the instrist for Part	t V.)	- 1,2	T
as an activity 34. Were any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes 35. If the organization that income from bisness activities, such as those recorded as lend 2, 6s, and 8s (arring others), but not reported on Form 590.T, also is statement eighnany with be organization have unrelated his units of the organization have an interest or form 590.T and 350 for the organization have an interest or a significant disposition of net assets during the year? If Yes, complete Sphedule L, Part II and enter the total amount interest organization have an other organization and interest organization have an interest or organization of section 1911 in Yes, complete form 500 country (such as section 4912 450 country (such as vegative organization and interest organization organizations. At any time during the year organization have an interest in or a signature or other authority over a financial organization. But any time during the pears or displacitive displacements of the organization have an interest in or a signature or other authority over a financial accountry. If Yes, enter the name of the foreign country. 42. The organization of the calendar year, did the organization have an interest in or a signature or other authority over a financial accountry. If Yes, enter the name of the foreign country. If Yes, ente			Yes	S NO
34 Were any changes mode to the organization or powering documents? If Yes, attach a conformed copy of the changes 35 If the organization had many the control of the Changes 36 If the organization had been supported and the company of the change of the change of the changes 37 If Yes, Insist If all a size that the change of the change o		illed description of 33	3	x
she is the explanation had recome from business advises, such as these reported on lines 25, and 46 (irreng others), but not explanation of the explanation have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? bit "Yes; has it filed a tax return on Form 990-T for this year? bit "Yes; complete applicable parts of Schedule N. The second of the explanation of the explanation of the period covered by the return of the year? bit Tyes; complete perioditives, farcet or indirect, as described in the instructions. 37a 0, 0, 37a Enter amount of pothical expenditures, farcet or indirect, as described in the instructions 37a 0, 0, 37a Enter amount of pothical expenditures, farcet or indirect, as described in the instructions 37a 0, 0, 37a Enter amount of pothical expenditures, farcet or indirect, as described in the instructions 37a 0, 0, 37a Enter amount or involved or indirect, as a prior year and still outstanding at the end of the period covered by this return? bit Yes; complete Schedule L, Part II and enter the total amount involved granizations. Enter amount of tax imposed on the organization during the year under section 4911 + 33a	•			
reporting, and proxy lax requirements? bit Yes, has tifled at air return on Form 990-T for this year? 35 Dit the organization undergo a locadation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete agriculate parts of Storedula N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions bid the organization bid Form 1120-POL for this year? 38b Did the organization for Form 1120-POL for this year? 38b Did the organization for Form 1120-POL for this year? 38b Did the organization for Form 1120-POL for this year? 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed or were any such loans made in a prior year and still fourtaining at the end of the period covered by this return? bif Yes, complete Schedule L., Part II and enter the total amount involved 38c Section 50 (C)(7) organizations. Enters and still fourtaining at the end of the period covered by this return? bif Yes, complete Schedule L., Part II and enter the total amount involved 39 Section 50 (C)(7) organizations. Enters amount of tax imposed on the organization during the year under section 4912 ** bif Cover is the state of the section 4912 ** bif Cover is the state of the section 4912 ** bif Section 50 (C)(3) and 50 (C)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied period in a great return the regard under sections 4912, 4955, and 4955. bif Section 50 (C)(3) and 50 (C)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied period in a great return the year under sections 4912, 4955, and 4955. contained School (C)(3) and 50 (C)(4) organizations. Enter amount of tax on line 80 creates the sections 4912, 4955, and 4955. contained School (C)(3) and 50 (C)(4) organizations. Enter amount of tax on line 80 creates the section 4912 and 4912	35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not attach a statement explaining why the organization did not report the income on Form 990-T.	renorted on Form 9911.1 (~~ ;	#K YS##: 34	
bit Yes, 'has it filed a tax return on Form 990-T for this year?' 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?' 17/54; complete parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.0, 37b 0.0 37b Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.0, 37b 0.0 38a Did the organization borrow from, or make any loans to, any officer, director, flusice, or key employee or were any such loans made in a prior year and still obstanding at the end of the period covered by this instrum? 38b 38	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to se	ection 6033(e) notice,	_	١,,
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373 Eather amount of political expenditures, direct or indirect, as described in the instructions bid the organization file Form 1120-POL for this year? 383 Did the organization forrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 385 Diff Yes, complete Schedule I, Part III and enter the total amount involved 386 Diff Yes, complete Schedule I, Part III and enter the total amount involved 387 Section 501(c)(7) organizations Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 400 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ** b Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in an excess Senient transaction with a dissolutified person in a prior year, and that the transaction this not been reported on any of the organizations with a dissolutified person in a prior year, and that the transaction the soft been reported on any of the organizations with a dissolutified person in a prior year, and that the transaction the soft been reported on any of the organizations with a dissolutified person or disqualified persons during the year under sections 4912, 4955, and 4955 ** 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 ** 41 List the states with which a copy of this return is filed ** 42 The organizations At any time during the Lay year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8895-T b 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. F 14 Section 501(c) and 501(c)(4) organizations in the	36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net a	assets during the		x
38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 b If Yes, Complete Schedule L., Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 \(\times \); section 4912 \(\times \); section 4912 \(\times \); section 4915 \(\times \); section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 \(\times \) section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 spore Forms 990 or 990-E-Z ² If Yes, complete Ports of the amount of tax on line 40c reimbursed by the organization. 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 41 List the states with which a copy of this return is filed \(\times \) 42 Telephone to \(\times \) Robert oll liff Located at \(\times \) 515 perimark Street. 54 Demark Street 54 Section 4947(a)(1) many sections and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 54 A any time during the calendar year, did the organization maintain an office outside of the U.S.? 16 Yes, enter the name of the foreign country: 55 Extension 10 nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any d				
any such floans made in a prior year and still outstanding at the end of the period covered by this return? B if Yes, 'complete Schedule L, Part II and enter the total amount involved 33	b Did the organization file Form 1120-POL for this year?		7b	X
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39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^+\) is section 4911 \(^+\) is section 4910 \(^+\) is section 4910 \(^+\) is section 501(c)(3) organizations. Did the organization engage in any section 4955 \(^+\) b Section 051(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 managers or disqualified persons during the year under sections 4912, 4955, and 4958 39b				
a initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(\times \) ; section 4912 \(\times \) ; section 4912 \(\times \) section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person unit a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if yes, complete Schedule I, Part I c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T. 42a The organizations books are in care of \(\times \) Robert 0111ff \(\times \) Section 50 (so that 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 accountly? If Yes, enter the name of the foreign country: \(\times \) See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S ? If Yes, enter the name of the foreign country: \(\times \) See the instructions for exceptions and filing requirements for Form 709-E2 In lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Section 512(
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unider section 4911 * ; section 4912 * , section 4915 * , section 4915 * , section 4916 * , section 4916 * , section 4916 * , section 4910 * , section 4911 * ,				
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 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-E27 if Yes, complete Schedule I., Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the sax year, was the organization a party to a prohibited tax. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person in a section of tax organization. Enter amount of tax persons a section 51(c)(4) organization and the section of		·		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.E27 if Yes, 'complete Schedule I., Part I. 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8866.T. 12 Telephone no Fig. 12 A 86 - 8475. 13 List the states with which a copy of this return is filed Fig. 15 Demark Street Statesboro GA ZIP+4 30458. 14 Definition of 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)? 15 Yes,' enter the name of the foreign country: Fig. 16 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 16 Yes,' enter the name of the foreign country: Fig. 17 Yes,' enter the name of the foreign country: Fig. 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 17 Yes No 44 Did the organization maintain any donor advised funds? If Yes,' Form 990 must be completed instead of Form 990-EZ.		nder		
transaction during the year or is it aware that it engaged in an excess benefit transactions with a disqualified person in a prory 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 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8885-T 42a The organization's books are in care of Pommark Street Statesboro GA 2IP+4 > 30458 b 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: P See the instructions for exceptions and filling requirements for Form TD F 90-22 I, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If Yes, 'enter the name of the foreign country: P 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If Yes, 'Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	section 4911 ►	3 ***	***	
managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8886-T. 42 a The organization's books are in care of ➤ Robert Olliff Stocks are of ➤ Robert Olliff Stocks are in care of ➤ Robert Olliff Stock	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disc prior year, and that the transaction has not been reported on any of the organization's prior Forms 9	qualified person in a 1990 or 990-EZ? If	0 ь	x
by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 41 List the states with which a copy of this return is filed 42 a The organization's books are in care of 42 a The organization's books are in care of 43 Elephone no 44 Elephone no 45 Elephone no 46 Elephone no 47 Elephone no 48 Elephone no 49 Elephone no 49 Elephone no 49 Elephone no 40 Elephone no	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		À.	
42 a The organization's books are in care of Propert Olliff Telephone no Propert Ollif	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶			
42 a The organization's books are in care of Pobert Olliff Located at > 515 Denmark Street Statesboro GA ZIP+4 > 30458 b 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country: P 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'		4	0 e	X
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At any time during the calendar year, did the organization have an interest in or a signature or other autionly over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country: 42b		<u> </u>		
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Yes No 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check he	1 1	► [
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44			Ye	s No
of Form 990-EZ	44 Did the organization maintain any donor advised funds? If 'Yes' Form 990 must be completed inste	ead		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . 45	of Form 990-EZ		14	X
	45 Is any related organization a controlled entity of the organization within the meaning of section 512 Form 990 must be completed instead of Form 990-EZ	(b)(13)? If 'Yes,'	15	x

Part VI	 Section 501(c)(3) organization 501(c)(3) organizations and set 46-49b and complete the table 	ection 4947(a)(1) noi	nexempt charitable	charitable trusts only e trusts must answer (. All se questio	ction ns	
46 Did th	ne organization engage in direct or indire	ot political campaign acti	ution on behalf of or in	onnosition to candidates		Yes	No
for pu	ublic office? If 'Yes,' complete Schedule (ct political campaign acti C, Part I	villes of behalf of or in	opposition to candidates	46		х
47 Did th	ne organization engage in lobbying activil	ties? If 'Yes,' complete Se	chedule C, Part II .		47		Х
48 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)? If	'Yes,' complete Sched	ule E .	48		Х
49 a Did th	ne organization make any transfers to an	exempt non-charitable re	elated organization?		49 a		Х
b If 'Ye	s,' was the related organization a section	527 organization?			49 b		
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated em	ployees (other than off	ficers, directors, trustees an f there is none, enter 'None.	d key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense int and lowance:	5
None							
		_					
		ļ					
	~========	_					
	number of other employees paid over \$1						
51 Comp	olete this table for the organization's five pensation from the organization. If there i	highest compensated inc s none, enter 'None.'	lependent contractors v	who each received more that	n \$100,0	000 of	
	(a) Name and address of each independent con	tractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
None_							
. – – – -							
			 _				
	-						
			·				
		- 					
d Total	number of other independent contractors	s each receiving over \$10	00.000	·····			
u rotar	Trainber of other macpenders contractors	cacifficationing over with	.0,000				
	Under penalties of perjury, I declare that I have exa	mined this return, including acco	mpanying schedules and state	ements, and to the best of my knowledge	edge and b	elief, it i	s
	true, correct, and complete Declaration of preparer	(other than officer) is based on a	all information of which prepai	rer nas any knowledge			
Sign	Keb t C W	UT X		1 Feb. 15,	2011		
dere	Signature of efficer	- (A) -	1. 0	Date			
	L. Kobert C. OII	iff Exe	cutive Direct	to/			
	Type or print name and title.						
	Proporties 1	20	Date	Check if Prepared (See	arer's Ident	ifying Nu	ımber
Paid	Preparer's signature	4	2/11/11	self- employed • P	1272	835	
Pre- parer's	Firm's name (or Thigpen, Lanie	er, Westerfield	& Deal				
Jaiei S Jse	yours if self- employed), P.O. Box 505	_		EIN ► 58	- 182	098	3
Only	address, and ZIP + 4 Statesboro		GA 30459	Phone no ► (912)	486-	875	5
May the IR	S discuss this return with the preparer sh	nown above? See instruc	tions		X Ye		No
2 A A					Form 90	10-F7	(2009

Form 990-EZ (2009) United Way of Southeast Georgia

58-1427518 Page 4

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public .

Employer identification number

	ted Way of Sout								27518			_
			ıs (All organizations	must c	omple	te this	part.)	See in	structi	ons		
The o	rganization is not a priv	ate foundation because	se it is. (For lines 1 throug	gh 11, ch	eck only	one bo	x)					
1	A church, convention	on of churches or asso	ociation of churches descr	ibed in s	ection 1	70(b)(1)	(A)(i).					
2	A school described	ın section 170(b)(1)(A	A)(ii). (Attach Schedule E.	.)								
3	A hospital or coope	rative hospital service	e organization described in	n sectio i	170(b)	(1)(A)(iii)).					
4			d in conjunction with a ho					χ1χΑχί	ii) Ente	r the hospi	al's	
	name, city, and sta									- 		_
5	170(b)(1)(A)(iv). (C	Complete Part II.)	of a college or university of					nental ur	nt descri	ibed in sec	tion	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described										
7	in section 170(b)(1)	(A)(vi). (Complete Pa	art II)	•	_	ernmenta	ai unit o	r trom tr	ne gener	ai public de	scribed	
8			70(b)(1)(A)(vi). (Complete								,	
9	from activities relat	ed to its exempt funct	more than 33-1/3 % of nons — subject to certain ss taxable income (less s omplete Part III)	exceptio	ns. and	(2) no m	nore tha	n 33-1/3	% of its	s support m	om aross	
10		, ,	exclusively to test for pub	-	•							
11	An organization org more publicly suppo describes the type	ganized and operated orted organizations d of supporting organiz	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or se 11e thro	ection 50 ugh 11h	09(a)(2)	See se	or carry ection 50	out the page 19(a)(3).	Check the	box that	
	a Type I	b Type II	c 🗶 Type III		_	-			d 📋	Type III-		
е	By checking this bothan foundation ma 509(a)(2)	x, I certify that the organizers and other than	ganization is not controlle none or more publicly suj	d directly	y or indi organiza	rectly by tions de	one or scribed	more di in sectio	squalifie on 509(a	d persons)(1) or sec	other tion	
f		received a written dete	ermination from the IRS the	hat is a ⁻	Гуре І, Т	ype II o	r Type I	II suppo	rting org	anızatıon,	[
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
											Yes N	0_
	(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether v	vith pers	sons des	cribed i	n (II) an	d (III)	11 g (i)		
	• •	ber of a person desc			•••					11 g (ii)		_
	• • • • • • • • • • • • • • • • • • • •	•	described in (i) or (ii) ab	ove?						11 g (iii)		_
h		= -	he supported organization									_
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) lorganizat	(iv) Is the organization in col (i) listed in your governing document?		ızatıon in (i) of	in organization in col		(vii) Amour	t of Support	
				Yes	No No	Yes	No	Yes	No			
												_
A	CTS	58-2540324	9		x	X		_ x			11,07	<u> </u>
												-
R	ed Cross	58-1823146	9		х	х		х			32,03	<u>3.</u>
B	oys & Girls Club	58-2606951	9	 	х	Х		X			45,00	<u>).</u>
Bulloch Alcohol & Drug 58-1202754 9 X					х_		х			11,96	<u>5 .</u>	
S	ee Schedule A (Form 9	90 or Form 990-EZ), F	age 1, Part I, Line 11h (i	continue	#)			-4	⊽ ومهوری	3	06,08	<u>э.</u>
Total					ند کرنگ از دولی				新 華	4	06,16	7.

4	rubile Support percentage for 2009 (fille 6, column (f) divided by fille 11, column (f)	17	- /0
5	Public support percentage from 2008 Schedule A, Part II, line 14	15	%
6 a	33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more and stop here. The organization qualifies as a publicly supported organization	e, check this box	· ► []
t	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 mo and stop here. The organization qualifies as a publicly supported organization.	re, check this bo	×

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, a	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 organi	zation.

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.)

Sac	tion A. Public Support						
	·	(5) 0005	(h) 0000	(6) 2007	(4) 2000	(0) 2000	(f) Total
Cale 1	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) i otai
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	Total. Add lines 1 through 5. Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b]			
8	Public support (Subtract line	STANCE OF THE			10年2年11月2日	Transa N	
	7c from line 6)	NAC PROM	A	TO THE STATE OF TH	5.85种疾患病	WHAT THE	
Sec	tion B. Total Support	•			*		
	lion D. Total Support					•	
$\overline{}$		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 1	(f) Total
Cale		(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 1	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 1	(f) Total
Calei 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 1	(f) Total
Calei 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is					(e) 2009	(f) Total
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Part IV	(Form 990 o	r 990-EZ) 2	rmation (complete	this part to	neast Ge	eorgia he evolanatio	ns required by	Part II line 1	Page 4
raitiv	Part II, lin	e 17a or	17b; and I	Part III, Iir	ne 12. Pro	vide any o	ther addition	ns required by al information.	See instruction	ons.
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Schedule A (Form 990 or Form 990-EZ), Page 1, Part I, Line 11h Schedule A (Form 990 or Form 990-EZ), Page 1, Part I, Line 11h (continued)

Continued

(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 column (i) listed In your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S ?		(vii) Amount of Support
			Yes No		Yes	No	Yes	No	
Jenkins Family Enric Candler Child Abuse Jenkins Cty Super Ea Jenkins Cty Rec Dept Jenkins Cty Industri Bulloch Med Connecti Sexual Asslt Center America's 2nd Harves	58-2509085	9 9 9 9 9 9 9		X X X X X X X	X X X X X X X X X X		X X X X X X X		2,900. 2,800. 500. 900. 500. 9,884. 540. 5,000.

Total

306,089.

Name as Shown on Return

United Way of Southeast Georgia

Employer Identification No 58-1427518

Line 24 - Other Assets:	Beginning of Year	End of Year
Unconditional promises to give	340,956.	247,596
Accrued interest receivable	2,743.	451
Prepaid expenses	625.	625
Totals to Form 990-EZ, Part II, line 24	. 344,324.	248,672
Line 26 - Total Liabilities:	Beginning of Year	. End of Year
Accounts payable	9,446.	6,000
Accrued liabilities	2,917.	2,989
Totals to Form 990-EZ, Part II, line 26	12,363.	8,989

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Advertising	180.
Payroll Taxes	5,084.
Computer Expense	1,256.
Conferences & Training	986.
Dues & Subscriptions	5,605.
Equipment Rental	2,430.
Insurance	1,065.
Meetings	300.
Miscellaneous	410.
Office Supplies	571.
Travel	3,238.
Campaign Expenses	3,478.
Depreciation	153.
Total	24,756.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu- tions to employee benefit plans and deferred compensation	(e) Expense account and other allowances		
Business Person						
Phillip Tremble	Title	'				
515 Denmark St Suite 1100	Board Member					
Statesboro GA 30459	<u> </u>					
Foreign city	Hours/Week					
Foreign country	0.00	0.	0.	0.		
Business Person						
Barry Turner	Title					
515 Denmark St Suite 1100	Board Member					
Statesboro GA 30459			1			
Foreign city	Hours/Week					
Foreign country	0.00	0.	0.	0.		
Business Person						
Barry Westbrooks	Title			İ		
515 Denmark St Suite 1100	Board Member					
Statesboro GA 30459]					
Foreign city	Hours/Week		_	_		
Foreign country	0.00	0.	<u>0.</u>	<u> </u>		
Business Person						
Cliff Wildes	Title					
515 Denmark St Suite 1100	Board Member					
Statesboro GA 30459						
Foreign city	Hours/Week					
Foreign country .	0.00	0.	0.	0.		

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu- tions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business Person .				
Gay Dailey	Title			
515 Denmark St Suite 1100	Board Member			
Statesboro GA 30459				
Foreign city	Hours/Week			
Foreign country	0.00	0.	0.	0.

Schedule A (Form 990 or Form 990-EZ), Page 1, Part I, Line 11h Schedule A (Form 990 or Form 990-EZ), Page 1, Part I, Line 11h (continued)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 — 9 above or IRC section (see instructions))	Is to organization continuous (i) ling (ii) ling (iii) ling (iii) ling (iii) ling (iii)	an- ion lumn sted vour ern-	Did notify orga zatio colu (i) yo supp	you y the ani- on in umn of ur	(v) Is t orga zati colu (i) orgar the (he ni- on n imn i) nized	(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Homebound Svcs, Inc CASA Concerted Services Council for Except. Exchange Club Food Bank Girl Scouts GSU Senior Companion Library Lit. Services Parent to Parent Prevent Child Abuse Safe Haven Boy Scouts Whitesville. Comm C Candler Co. 4-H Candler Family Conn. Comm. & Schools Candler Girl Scouts School Hith Outreach The Bridge Emanuel Co. 4-H Sunshine House	58-1449852 20-0543228 58-1032805 75-2994658 58-2594385 58-1857740 58-0566191 58-2354256 58-6002328 58-1545706 58-1810745 58-1831540	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		X	X		X		19,200. 9,000. 35,003. 31,500. 9,964. 18,000. 4,590. 8,820. 30,219. 8,000. 26,604. 43,800. 4,590. 5,600. 800. 2,400. 2,800. 400. 400. 3,200. 3,600. 4,375.
Special Olympics Emanual Food Pantry Jenkins Co. 4-H	58-2643309	9 9		X X X	X		X X		4,000. 5,000. 1,200.

Form **8868** (Rev Apri**P** 2009)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545 1709

	filing for an Automatic 3-Month Extension, complete only Part I and check this box			► X	
	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed	i Form 88	58		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A corporation	required to file Form 990-T and requesting an automatic 6-month extension — check this box and com-	iplete Par	t I only	▶ [_]	
All other corp	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request ar turns	n extensio	n of time to	file	
returns noted the additional Form 990-T	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 e (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a constead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detail the www.irs.gov/efile.and.click.on.e-file.for.Charities.&.Nonprofits	lectronical Imposite c	lly if (1) you or consolidat	want ed	
	Name of Exempt Organization	Employer id	entification nur	nber	
Type or					
print	United Way of Southeast Georgia	58-1427518			
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions				
filing your return See	515 Denmark Street #1100				
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	Statesboro	GA	30458		
Check type o	f return to be filed (file a separate application for each return)				
Form 990		0			
Form 990	-BL Form 990-T (section 401(a) or 408(a) trust) Form 522	7			
X Form 990	-EZ Form 990-T (trust other than above) Form 6069	9			
Form 990		0			
Telephone If the orga If this is for check this	FAX No (912) 486-8475 FAX No Fanization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is box Fig. 1 and attach a list with the names an arrange of the group, check this box Fig. 1 and attach a list with the names and the control of the group of the group.				
	sion will cover. t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	ov 15, 20 10 _, to file the exempt organization return for the organization named above.				
► □	calendar year 20 or				
► X	tax year beginning Apr 1, 20 09 _, and ending Mar 31, 20 10				
2 If this ta	x year is for less than 12 months, check reason	nange in a	iccounting p	eriod	
3a If this a nonrefu	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nable credits. See instructions	3a \$		0.	
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b \$		0.	
deposit	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). ructions	3c \$		0.	
Caution. If yo payment instr	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form uctions	8879-EO 1	or		
BAA For Priv	acy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev	4-2009)	

Form 8868	(Rev 4-2009) United Way of Southeast Georgia	58-1427518 Page 2				
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box						
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	nsion on a previously filed Form 8868.				
• If you	re filing for an Automatic 3-Month Extension, complete only Part I (on page	1)				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only					
	Name of Exempt Organization	Employer identification number				
Type or print	United Way of Southeast Georgia	58-1427518				
File by the extended	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only				
due date for filing the	515 Denmark Street #1100					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	Statesboro GA 30458					
Check typ	of return to be filed (File a separate application for each return):					
Form 9	90 Form 990-PF	Form 1041-A Form 6069				
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870				
X Form 9		Form 5227				
	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previously filed Form 8868.				
	one No. ► FAX No. ►					
• If the c	rganization does not have an office or place of business in the United States,	check this box				
	s for a Group Return, enter the organization's four digit Group Exemption Nun					
whole grou	p, check this box > If it is for part of the group, check this box >	and attach a list with the names and EINs of all				
_	the extension is for.					
4 I req	uest an additional 3-month extension of time until Feb 15 , 20	11.				
5 For a	alendar year , or other tax year beginning Apr 1 , 2	0 09 , and ending Mar 31 , 20 10				
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
7 State in detail why you need the extension. Officers need additional time to compile information						
to_file_a_complete_and_accurate_return.						
a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868						
c Bala	nce Due. Subtract line 8b from line 8a Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, deposit				
Signature and Verification						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						
Signature	My Title ► CA	Date ► /////,0				
BAA	FIFZ0502 03/11/09	Form 8868 (Rev 4-2009)				