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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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) | Room/suite
428 BULL STREET

City or town, state or country, and ZIP + 4
SAVANNAH, GA 31401

D Employer identification number
58-0623603

E Telephone number
(912)651-7700

G Gross receipts $ 9,414,584

F Name and address of principal officer
GREGORY SCHROEDER
428 BULL STREET
SAVANNAH,GA 31405

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWCE ORG/

K Form 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**	50
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	50
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	35
6	Total number of volunteers (estimate if necessary)	**6**	9,835
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,676,665	9,173,935
	9 Program service revenue (Part VIII, line 2g)	146,615	144,874
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,685	12,957
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,879	82,818
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,898,844	9,414,584
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,533,470	6,889,856
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,592,494	1,665,024
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶706,565		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	692,634	683,715
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,818,598	9,238,595
	19 Revenue less expenses Subtract line 18 from line 12	80,246	175,989

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	10,336,334	11,167,990
	21 Total liabilities (Part X, line 26)	6,872,736	7,537,234
	22 Net assets or fund balances Subtract line 21 from line 20	3,463,598	3,630,756

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

****** | 2012-08-09
Signature of officer | Date

GREGORY SCHROEDER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOHN F WOODWARD	Date 2012-08-17	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CANADY RICHBOURG WOODWARD LLP 5302 FREDERICK ST SUITE 200 SAVANNAH, GA 314054823			EIN ▶ Phone no ▶ (912) 354-2910

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 7,325,062 including grants of $ 6,889,856) (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 $ 915,699 including grants of $) (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** ▶ $ 8,240,761

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	28		
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**	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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 or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
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**	No
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**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	50		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	50		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								216,316		54,414

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

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				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,173,935				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,173,935			
Program Service Revenue		Business Code				
	2a	RENTAL FROM 501C(3) AGENCIES	109,215	109,215		
	b	LOANED EXEC REVENUE	19,500	19,500		
	c	SERVICE FEES	12,616	12,616		
	d	211 & OTHER	3,543	3,543		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	144,874			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	12,957			12,957
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income 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 and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 82,818				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	82,818			82,818
	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 / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	9,414,584	144,874		95,775

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,889,856	6,889,856		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	270,730	117,129	79,014	74,587
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	1,071,684	618,928	83,877	368,879
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,789	43,370	5,613	37,806
9	Other employee benefits	142,731	71,661	9,701	61,369
10	Payroll taxes	93,090	45,181	10,570	37,339
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	12,400		5,047	7,353
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	64,954	41,278	4,407	19,269
12	Advertising and promotion				
13	Office expenses	128,113	37,304	15,218	75,591
14	Information technology				
15	Royalties . .				
16	Occupancy	117,875	113,914	825	3,136
17	Travel	40,433	16,689	5,311	18,433
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,914	8,681	5,176	7,057
20	Interest				
21	Payments to affiliates	75,329	40,096	16,395	18,838
22	Depreciation, depletion, and amortization	171,637	132,813	14,692	24,132
23	Insurance	18,217	9,484	4,213	4,520
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SPECIAL EVENTS	99,335	14,432		84,903
b	EQUIPMENT MAINTENANCE	49,540	32,374	9,478	7,688
c	MISCELLANEOUS	32,715	4,384	14,891	13,440
d	MEMBERSHIP DUES-OTHER	10,997	2,805	6,582	1,610
e					
f	All other expenses	-158,744	382	259	-159,385
25	**Total functional expenses.** Add lines 1 through 24f	9,238,595	8,240,761	291,269	706,565
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		1,058,502	1	1,475,314
	2	Savings and temporary cash investments		830,188	2	830,392
	3	Pledges and grants receivable, net		6,087,890	3	6,651,772
	4	Accounts receivable, net		168,160	4	152,418
	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		16,896	9	41,467
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,926,273			
	b	Less accumulated depreciation	10b 2,174,761	1,874,307	10c	1,751,512
	11	Investments—publicly traded securities		271,783	11	228,999
	12	Investments—other securities See Part IV, line 11		28,608	12	36,116
	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)		10,336,334	16	11,167,990
Liabilities	17	Accounts payable and accrued expenses		9,373	17	48,874
	18	Grants payable		6,628,256	18	7,312,948
	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		206,499	23	139,296
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		28,608	25	36,116
	26	**Total liabilities.** Add lines 17 through 25		6,872,736	26	7,537,234
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,463,598	27	3,630,756
	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		3,463,598	33	3,630,756
	34	Total liabilities and net assets/fund balances		10,336,334	34	11,167,990

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,414,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,238,595
3	Revenue less expenses Subtract line 2 from line 1	3	175,989
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,463,598
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,831
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,630,756

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE COASTAL EMPIRE INC

Employer identification number
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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,668,224	10,194,310	8,361,204	8,676,665	9,173,935	44,074,338
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	7,668,224	10,194,310	8,361,204	8,676,665	9,173,935	44,074,338
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)						4,124,952
6 **Public Support.** Subtract line 5 from line 4						39,949,386

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,668,224	10,194,310	8,361,204	8,676,665	9,173,935	44,074,338
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,617	45,261	29,310	14,685	12,957	166,830
9 Net income from unrelated business activities, whether or not the business is regularly carried on			78,449	59,879	81,818	220,146
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						44,461,314

12 Gross receipts from related activities, etc (See instructions)	12	144,874

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	89 850 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	90 440 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 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 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 the 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 Investment earnings or 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		190,000		190,000
b Buildings		2,079,922	1,248,234	831,688
c Leasehold improvements				
d Equipment		1,656,351	926,527	729,824
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,751,512

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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) should 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) should 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	36,116
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	36,116

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,414,584
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,238,595
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	175,989
4	Net unrealized gains (losses) on investments	4	-8,831
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 - 8	9	-8,831
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	167,158

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	8,061,896
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-8,831		
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	-8,831
3	Subtract line **2e** from line **1**			3	8,070,727
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	1,343,857		
c	Add lines **4a** and **4b**			4c	1,343,857
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,414,584

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

1	Total expenses and losses per audited financial statements			1	7,894,738
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	7,894,738
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	1,343,857		
c	Add lines **4a** and **4b**			4c	1,343,857
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,238,595

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, 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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COMBINED FEDERAL COMPAIGN DESIGNATED -741,439 OTHER DESIGNATIONS -602,418 COMBINED FEDERAL COMPAIGN DESIGNATED 741,439 OTHER DESIGNATIONS 602,418
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	COMBINED FEDERAL COMPAIGN DESIGNATED 741,439 OTHER DESIGNATIONS 602,418
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	COMBINED FEDERAL COMPAIGN DESIGNATED 741,439 OTHER DESIGNATIONS 602,418

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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

2011

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.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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 5K RACE (event type)	(b) Event #2 EVENTS (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	38,514	26,679	13,285	78,478
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	38,514	26,679	13,285	78,478
Direct Expenses	4 Cash prizes				
	5 Non-cash 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 lines 3 and 10 in column (d) ▶				78,478

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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ 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? . . . . . ☐ Yes ☐ No

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

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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? . . . ☑ 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 . . . ▶ ☐

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 116

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	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 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
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	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 111 LINE 3 THE UNITED WAY SUPPORTS HOME OWNERSHIP FOR LOW INCOME FAMILIES BY OFFERING DOWN PAYMENT ASSISTANCE THROUGH INDIVIDUAL DEVELOPMENT ACCOUNTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-0623603
Name: UNITED WAY OF THE COASTAL EMPIRE INC

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

(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
5000 AND LESS VARIOUS SAVANNAH, GA 31401		3	38,125				DES OTHER UNITED WAY
5000 AND LESS VARIOUS SAVANNAH, GA 31401		3	70,952				DONOR DES PROGRAM

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

(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
5000 AND LESS VARIOUS SAVANNAH,GA 31401		3	10,000				PROGRAM COST
ABILITIES UNLIMITED7232 VARNEDOE DR SAVANNAH,GA 31406	26-1247582	3	8,000				PROGRAM COST

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

(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
ALZHEIMER'S ASSOCIATION210 TEVEVISION CIRCLE SAVANNAH,GA 31404	58-1492046	3	9,442				DONOR DES PROGRAM
ALZHEIMER'S ASSOCIATION210 TEVEVISION CIRCLE SAVANNAH,GA 31404	58-1492046	3	6,235				PROGRAM COST

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

(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 CANCER SOCIETY 6600 ABERCORN ST SUITE 206 SAVANNAH, GA 31406	58-0659875	3	23,259				DONOR DES PROGRAM
AMERICAN CANCER SOCIETY 6600 ABERCORN ST SUITE 206 SAVANNAH, GA 31406	58-0659875	3	79,608				PROGRAM COST

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

(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 CROSSPO BOX 9987 SAVANNAH,GA 31412	58-0669978	3	28,175				DONOR DES PROGRAM
AMERICAN RED CROSSPO BOX 9987 SAVANNAH,GA 31412	58-0669978	3	533,000				PROGRAM COST

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

(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
AMERICA'S SECOND HARVEST 2501 E PRESIDENTS ST SAVANNAH, GA 31404	58-1442013	3	56,770				DONOR DES PROGRAM
AMERICA'S SECOND HARVEST 2501 E PRESIDENTS ST SAVANNAH, GA 31404	58-1442013	3	106,100				PROGRAM COST

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

(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
ANDERSON CANCER INSTITUTE4700 WATERS AVE SAVANNAH,GA 31404			5,455				DONOR DES PROGRAM
ARMY COMMUNITY SERVICES191 LINQUIST RD BLDG 87 FT STEWART,GA 31314	86-1162918		5,200				PROGRAM COST

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

(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
ASH TREE ORGANIZATION 2512 HABERSHAM ST SAVANNAH, GA 31406	58-2055714	3	6,700				PROGRAM COST
ATLANTIC AREA CASAPO BOX 817 HINESVILLE, GA 31310	58-2634679	3	10,000				PROGRAM COST

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

(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
AWOL ALL WALKS OF LIFEPO BOX 15846 SAVANNAH, GA 31416	56-2467147	3	7,817				DONOR DES PROGRAM
AWOL ALL WALKS OF LIFEPO BOX 15846 SAVANNAH, GA 31416	56-2467147	3	12,500				PROGRAM COST

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

(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
BIG BROTHERS BIG SISTERS OF THE COA428 BULL ST STE 203 SAVANNAH, GA 31401	26-2477067	3	66,871				DONOR DES PROGRAM
BIG BROTHERS BIG SISTERS OF THE COA428 BULL ST STE 203 SAVANNAH, GA 31401	26-2477067	3	72,500				PROGRAM COST

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

(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
BOYSGIRLS CLUB PO BOX 8727 SAVANNAH, GA 31412	58- 0622969	3	7,184				DONOR DES PROGRAM
BOYSGIRLS CLUB PO BOX 8727 SAVANNAH, GA 31412	58- 0622969	3	167,000				PROGRAM COST

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

(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
BSA COASTAL EMPIRE COUNCIL PO BOX 60007 SAVANNAH, GA 31420	58-0566164	3	30,872				DONOR DES PROGRAM
BSA COASTAL EMPIRE COUNCIL PO BOX 60007 SAVANNAH, GA 31420	58-0566164	3	130,500				PROGRAM COST

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

(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
CHATHAM-SAVANNAH AUTHORITY FOR THE2301 BULL ST SAVANNAH,GA 31401	58-1816225	3	12,500				PROGRAM COST
CHATHAM-SAVANNAH YOUTH FUTURES PO BOX 10212 SAVANNAH,GA 31412	58-1816225	3	7,500				PROGRAM COST

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

(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 CENTER DEVELOPPO BOX 13662 SAVANNAH, GA 31406	58-1401456	3	15,000				PROGRAM COST
COASTAL CHILDREN'S ADVOCACYPO BOX 9926 SAVANNAH, GA 31412	58-1944825	3	26,000				PROGRAM COST

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

(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
COMBINED FEDERAL CAMPAIGNVARIOUS AGENCIES SAVANNAH,GA 31401		3	741,458				DESIGNATED PROGRAM
COMMUNITY CARDIOVASCULAR COUNCIL1900 ABERCORN ST SAVANNAH,GA 31401	23-7068703	3	20,000				PROGRAM COST

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

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COMMUNITY HEALTH MISSION 310 EISENHOWER DR SUITE 5 SAVANNAH, GA 31406	58-2611264	3	37,500				PROGRAM COST
CONSUMER CREDIT COUNSELING7505 WATERS AVE SAVANNAH, GA 31406	58-0958705	3	60,000				PROGRAM COST

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

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DEEP CENTER INCORPORATEDPO BOX 5582 SAVANNAH,GA 31414	26-1706426	3	12,500				PROGRAM COST
DIRECT PAYS VARIOUS SAVANNAH,GA 31401		3	52,591				DESIGNATED PROGRAMS

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

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EASTSIDE CONCERNED CITIZENS705 E ANDERSON ST SAVANNAH, GA 31401	31-1604086	3	18,000				PROGRAM COST
ECONOMIC OPPORTUNITY AUTHORITY618 W ANDERSON ST SAVANNAH, GA 31402	58-0952632	3	26,000				PROGRAM COST

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

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EFFINGHAM COUNTY FAMILY CONNECTIONPO BOX 377 SPRINGFIELD,GA 31329	86-1085001	3	11,146				DONOR DES PROGRAM
EFFINGHAM COUNTY FAMILY CONNECTIONPO BOX 377 SPRINGFIELD,GA 31329	86-1085001	3	7,500				PROGRAM COST

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

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GEORGIA LEGAL SERVICESPO BOX 8667 SAVANNAH, GA 31412	58-1111590	3	22,000				PROGRAM COST
GIRL SCOUT COUNCIL OF SAVANNAH110 PIPE MAKERS CIRCLE SUITE 116 POOLER, GA 31322	58-0566191	3	5,967				DONOR DES PROGRAM

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

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GIRL SCOUT COUNCIL OF SAVANNAH110 PIPE MAKERS CIRCLE SUITE 116 POOLER, GA 31322	58-0566191	3	180,000				PROGRAM COST
GOODWILL INDUSTIRESPO BOX 15007 SAVANNAH, GA 31416	58-6046795	3	176,000				DONOR DES PROGRAM

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

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GOODWILL INDUSTIRESPO BOX 15007 SAVANNAH,GA 31416	58-6046795	3	176,000				PROGRAM COST
GREENBRIAR CHILDREN'S CENTER3709 HOPKINS ST SAVANNAH,GA 31405	58-0619033	3	33,373				DONOR DES PROGRAM

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

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GREENBRIAR CHILDREN'S CENTER3709 HOPKINS ST SAVANNAH,GA 31405	58-0619033	3	237,000				PROGRAM COST
HODGE MEMORIAL DAY CAREPO BOX 2384 SAVANNAH,GA 31402	58-0572415	3	61,000				PROGRAM COST

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

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HORIZONS STUDENT ENRICHMENT824 STILLWOOD DRIVE SAVANNAH,GA 31419	58-0655290	3	5,500				PROGRAM COST
HOSPICEPO BOX 13190 SAVANNAH,GA 31416	58-1393820	3	76,483				DONOR DES PROGRAM

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

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INTERFAITH HOSPITALITY NETWORK126 HORIZON PARK DR SAVANNAH, GA 31405	58-2345964	3	20,000				PROGRAM COST
JC LEWIS PRIMARY HEALTHCAREPO BOX 1508 SAVANNAH, GA 31402	27-0380035	3	5,453				DONOR DES PROGRAM

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

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JC LEWIS PRIMARY HEALTHCAREPO BOX 1508 SAVANNAH,GA 31402	27-0380035	3	110,000				PROGRAM COST
JEWISH EDUCATIONAL ALLIANCEPO BOX 23527 SAVANNAH,GA 31403	58-0568690	3	46,500				PROGRAM COST

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

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KIRK HEALING CENTERPO BOX 2485 HINESVILLE,GA 31310	35-2273820	3	10,500				PROGRAM COST
LIBERTY COUNTY CHILDREN'S HOME 202 DARSEY RD HINESVILLE,GA 31313	20-0882168	3	9,500				PROGRAM COST

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

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LIBERTY COUNTY MANNA HOUSEPO BOX 1646 HINESVILLE,GA 31310	58-1904355	3	10,000				PROGRAM COST
LIFE INC17 TRAVIS ST SAVANNAH,GA 31406	58-1720393	3	8,500				PROGRAM COST

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

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LUTHERN SERVICES OF GEORGIA6555 ABERCORN ST SUITE 200 SAVANNAH, GA 31405	58-1535692	3	10,000				PROGRAM COST
MARY LOU FRASER FDFAMILIES203 MARY LOU DR HINESVILLE, GA 31313	58-1686152	3	19,500				PROGRAM COST

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

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MEDBANKPO BOX 15372 SAVANNAH,GA 31406	58-2149978	3	46,000				PROGRAM COST
NEIGHBORHOOD IMPROVEMENT1816 ABERCORN ST SAVANNAH,GA 31401	58-2294076	3	32,000				PROGRAM COST

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

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PARK PLACE OUTREACH514 E HENRY ST SAVANNAH, GA 31401	58-1623253	3	28,618				DONOR DES PROGRAM
PARK PLACE OUTREACH514 E HENRY ST SAVANNAH, GA 31401	58-1623253	3	6,000				PROGRAM COST

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

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RAPE CRISIS CENTERPO BOX 8492 SAVANNAH,GA 31412	58-1237907	3	9,726				DONOR DES PROGRAM
RAPE CRISIS CENTERPO BOX 8492 SAVANNAH,GA 31412	58-1237907	3	76,500				PROGRAM COST

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

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REBUILDING TOGETHER SAVPO BOX 9933 SAVANNAH, GA 31412	58-2285102	3	8,000				PROGRAM COST
ROYCE LEARNING CENTER4 OGLETHORPE PROFESSIONAL BLDG SAVANNAH, GA 31406	23-7079608	3	56,000				PROGRAM COST

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

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SAFE SHELTERPO BOX 77369 SAVANNAH, GA 31420	58-1392664	3	17,613				DONOR DES PROGRAM
SAFE SHELTERPO BOX 77369 SAVANNAH, GA 31420	58-1392664	3	115,000				PROGRAM COST

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

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SAVCHAT CASA 428 BULL ST RM 205 SAVANNAH, GA 31401	58- 2058358	3	9,000				PROGRAM COST
SAVANNAH ASSN FOR THE BLINDPO BOX 817 SAVANNAH, GA 31401	58- 1115656	3	28,000				PROGRAM COST

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

(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
SAVANNAH SPEECH AND HEARING1206 E 66TH ST SAVANNAH,GA 31404	58-0656409	3	7,947				DONOR DES PROGRAM
SAVANNAH SPEECH AND HEARING1206 E 66TH ST SAVANNAH,GA 31404	58-0656409	3	182,000				PROGRAM COST

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

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SENIOR CITIZENS 3025 BULL ST SAVANNAH, GA 31405	58- 0864009	3	17,552				DONOR DES PROGRAM
SENIOR CITIZENS 3025 BULL ST SAVANNAH, GA 31405	58- 0864009	3	150,300				PROGRAM COST

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

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SOCIAL APOSTOLATE502 E LIBERTY ST SAVANNAH,GA 31401	58-1645225	3	9,126				DONOR DES PROGRAM
SOCIAL APOSTOLATE502 E LIBERTY ST SAVANNAH,GA 31401	58-1645225	3	20,000				PROGRAM COST

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

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SSU SAVANNAH EDUCATION INIT PO BOX 20419 SAVANNAH, GA 31404		3	53,762				DONOR DES PROGRAM
ST JOSEPH FOUNDATION 11705 MERCY BLVD SAVANNAH, GA 31419	58-1905195	3	111,890				DONOR DES PROGRAM

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

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ST JAMES YOUTH CENTERSTRONG TOWER1140 HOLMESTOWN RD MIDWAY,GA 31320	31-1497241	3	19,025				PROGRAM COST
STEPUP SAVANNAH 428 BULL ST STE 206 SAVANNAH,GA 31401	30-0526014	3	20,000				PROGRAM COST

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

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THE BETHESDA UNION SOCIETY OF SAVAN9520 FERGUESON AVE SAVANNAH, GA 31406	58-0637013	3	15,456				DONOR DES PROGRAM
THE BETHESDA UNION SOCIETY OF SAVAN9520 FERGUESON AVE SAVANNAH, GA 31416	56-0637013	3	12,500				PROGRAM COST

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

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THE KICKLIGHTER RESOURCE CENTER PO BOX 13625 SAVANNAH, GA 31416	58-0666453	3	64,000				PROGRAM COST
THE MEDIATION CENTER5105 PAULSEN ST SUITE 143-B SAVANNAH, GA 31405	58-1683719	3	48,000				PROGRAM COST

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

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THE SALVATION ARMYPO BOX 23798 SAVANNAH,GA 31403	58-0660607	3	22,744				DONOR DES PROGRAM
THE SALVATION ARMYPO BOX 23798 SAVANNAH,GA 31403	58-0660607	3	233,000				PROGRAM COST

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

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TRI-COUNTY PROTECTIVE AGENCYPO BOX 1937 SAVANNAH,GA 31310	58-1736408	3	12,000				PROGRAM COST
TRUETLEN HOUSE 131 OLD AUGUSTA RD RINCON,GA 31326	58-2314421	3	12,961				DONOR DES PROGRAM

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

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UNION MISSION 107 FAHM ST SAVANNAH, GA 31401	58- 0827524	3	12,381				DONOR DES PROGRAM
UNION MISSION 107 FAHM ST SAVANNAH, GA 31401	58- 0827524	3	311,200				PROGRAM COST

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

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UNITED MINISTRIES18 ABERCORN ST SAVANNAH,GA 31401	58-1505317	3	12,000				PROGRAM COST
UNITED WAY OF THE COASTAL EMPIRE428 BULL STREET SAVANNAH,GA 31401	58-0623603	3	121,385				DONOR DES PROGRAM

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

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UW OF COASTAL GEORGIA1311 UNION ST BRUNSWICK,GA 31520		3	38,627				DES OTHER UNITED WAY
UW OF FOX CITIES PO BOX 928 NEENAH,WI 54957	39-0912895	3	61,921				DES OTHER UNITED WAY

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

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UW OF GREATER HOUSTONPO BOX 3247 HOUSTON,TX 77253	74-1167964	3	16,112				DES OTHER UNITED WAY
UW OF GREATER LA523 WEST 6TH ST LOS ANGELES,CA 90014	95-2274801	3	113,100				DES OTHER UNITED WAY

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

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UW OF METRO DALLAS1800 N LAMAR DALLAS,TX 75202	75-6005352	3	68,930				DES OTHER UNITED WAY
UW OF NATIONAL CAPITAL AREA8391 OLD COURTHOUSE RD VIENNA,VA 22182	53-0234290	3	6,590				DES OTHER UNITED WAY

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UW OF NORTHEAST FLORIDAPO BOX 41428 JACKSONVILLE,FL 32203	59-0637825	3	6,929				DES OTHER UNITED WAY
UW OF PALM BEACH CITYPO BOX 20809 WEST PALM BEACH, FL 33416	59-0683258	3	14,548				DES OTHER UNITED WAY

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

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UW OF PIONEER VALLEY184 MILL ST SPRINGFIELD,MA 01102	04-2152680	3	38,994				DES OTHER UNITED WAY
UW OF S E GEORGIA 515 DENMARK ST STATESBORO,GA 30458	58-1427518	3	7,704				DES OTHER UNITED WAY

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UW OF SOUTHERN NEVADAPO BOX 70720 LAS VEGAS,NV 89170	88-0071328	3	7,717				DES OTHER UNITED WAY
UW OF THE LOW COUNTRYPO BOX 202 BEAUFORT,SC 29901	57-0405847	3	6,312				DES OTHER UNITED WAY

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

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UWCE PROGRAM DESIGNATIONS428 BULL ST SAVANNAH,GA 31401	58-0623603	3	121,385				DESIGNATED PROGRAMS
WALTHOURVILLE SENIORSPO BOX K WALTHOURVILLE,GA 31333	27-0349491	3	7,025				PROGRAM COST

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

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WESLEY COMMUNITY CENTERS1601 DRAYTON ST SAVANNAH, GA 31401	58-1029611	3	156,483				DONOR DES PROGRAM
WESLEY COMMUNITY CENTERS1601 DRAYTON ST SAVANNAH, GA 31401	58-1029611	3	282,500				PROGRAM COST

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

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WEST BROAD STREET YMCAPO BOX 3165 SAVANNAH,GA 31402	58-0616558	3	15,419				DONOR DES PROGRAM
WEST BROAD STREET YMCAPO BOX 3165 SAVANNAH,GA 31402	58-0616558	3	75,500				PROGRAM COST

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

(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
YMCA OF COASTAL GEORGIAPO BOX 14142 SAVANNAH,GA 31406	58-0603160	3	11,638				DONOR DES PROGRAM
YMCA OF COASTAL GEORGIAPO BOX 14142 SAVANNAH,GA 31406	58-0603160	3	152,500				PROGRAM COST

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) GREG SCHROEDER	(i) (ii)	153,571			34,267		187,838	

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE COASTAL EMPIRE INC

Employer identification number
58-0623603

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, 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
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ALL EMPLOYEES RECEIVE A REGULAR PERFORMANCE REVIEW, AND COMPENSATION ADJUSTMENTS AS INDICATED
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ANNUAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE CORPORATE OFFICES IN SAVANNAH, GEORGIA

Additional Data

Software ID:
Software Version:
EIN: 58-0623603
Name: UNITED WAY OF THE COASTAL EMPIRE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SCOTT ALEXANDER DIRECTOR	1 00	X						0	0	0
MARY ANN BOWMAN BEIL DIRECTOR	1 00	X						0	0	0
DENIS BLACKBURNE DIRECTOR	1 00	X						0	0	0
WALTER CHASTANG DIRECTOR	1 00	X						0	0	0
MARK A DANA DIRECTOR	1 00	X						0	0	0
HELEN DOWNING DIRECTOR	1 00	X						0	0	0
DR CHERYL DOZIER DIRECTOR	1 00	X						0	0	0
LINDA EVANS DIRECTOR	1 00	X						0	0	0
KAY FORD 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
JOSEPH HARGROVEJR DIRECTOR	1 00	X						0	0	0
CATHY P HILL VICE CHAIR	1 00	X		X				0	0	0
DALE HOLLOWAY 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
ARCHIE JENKINS DIRECTOR	1 00	X						0	0	0
DALE CRITZ JR PAST BOARD C	1 00	X		X				0	0	0
JEFF KOLE SECRETARY	1 00	X		X				0	0	0
LOWELL KRONOWITZ DIRECTOR	1 00	X						0	0	0
PETE LIAKAKIS DIRECTOR	1 00	X						0	0	0
STEVE LIOTTA DIRECTOR	1 00	X						0	0	0
DR TOM LOCKAMY DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DR KATHY LOVE DIRECTOR	1 00	X						0	0	0
CHIEF WILLIE LOVETT DIRECTOR	1 00	X						0	0	0
FRANK MACGILL DIRECTOR	1 00	X						0	0	0
JOSEPH MARINELLI 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
WREN MILLS DIRECTOR	1 00	X						0	0	0
HOWARD MORRISON DIRECTOR	1 00	X						0	0	0
LEE ANN POWELL DIRECTOR	1 00	X						0	0	0
CLIFF PYRON DIRECTOR	1 00	X						0	0	0
KATHRYN MARTIN PHD DIRECTOR	1 00	X						0	0	0
CONNIE FARMER RAY DIRECTOR	1 00	X						0	0	0
CAMILLE RUSSO DIRECTOR	1 00	X						0	0	0
DAVID SLAGEL DIRECTOR	1 00	X						0	0	0
ELAINE SPENCER DIRECTOR	1 00	X						0	0	0
T PRATT SUMMERS TREASURER	1 00	X		X				0	0	0
BERT TENENBAUM CHAIRMAN	2 00	X		X				0	0	0
TONY THOMAS DIRECTOR	1 00	X						0	0	0
DEBBI THOMPSON DIRECTOR	1 00	X						0	0	0
MIKE TRAYNOR CAMPAIGN CHA	1 00	X						0	0	0
TERRY TUGGLE DIRECTOR	1 00	X						0	0	0
JASON USRY DIRECTOR	1 00	X						0	0	0
STEVE VERNON DIRECTOR	1 00	X						0	0	0
STEVE WEATHERS DIRECTOR	1 00	X						0	0	0
LINDA ZOLLER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MELANIE JORDAN VP FINANCE	45 00			X				62,745	0	20,147
GREG SCHROEDER PRESIDENT	48 00			X				153,571	0	34,267