

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code
SAVANNAH GA 31401

D Employer identification number
58-0623603

E Telephone number
912-651-7700

G Gross receipts \$ **9,678,296**

F Name and address of principal officer:
STEVE POUND
5353 Reynolds Street
SAVANNAH GA 31405

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

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

J Website: **www.uwce.org/**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1950** **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE UNITED WAY OF THE COASTAL EMPIRE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	45	
	4	45	
	5	47	
	6	729	
	7a	0	
Revenue	8	Prior Year	Current Year
	9	8,991,940	9,466,456
	10	138,193	127,703
	11	9,043	8,489
	12	62,221	75,648
Expenses	13	9,201,397	9,678,296
	14	6,233,930	6,294,444
	15		0
	16a	2,015,038	2,098,042
	16b		0
	17	1,093,860	
	18	1,108,367	1,260,472
	19	9,357,335	9,652,958
	20	-155,938	25,338
	Net Assets or Fund Balances	21	Beginning of Current Year
22		9,772,763	9,597,416
23		6,281,133	6,100,244
24		3,491,630	3,497,172

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	TOBY MOREAU Type or print name and title	VICE CHAIR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	MICHAEL A. CANADY	<i>Michael A. Canady</i>	09/01/19	self-employed P00913262
	Firm's name	Firm's EIN		
	Canady, Hodges, Caines & Richbourg, LLC	83-2586441		
	Firm's address	Phone no.		
	5302 Frederick St Ste 200 Savannah, GA 31405	912-354-2910		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**THE MISSION OF THE UNITED WAY OF THE COASTAL EMPIRE IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES.****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 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 \$ **7,779,377** including grants of \$ **6,294,444**) (Revenue \$ **21,082**)**GRANTS TO HUMAN SERVICE AGENCIES MEETING THE NEEDS OF THE COASTAL EMPIRE AND BEYOND. SEE SCHEDULE O FOR A LISTING OF PRIMARY SUPPORTED AGENCIES AND THEIR PROGRAMS.****4b** (Code:) (Expenses \$ **358,678** including grants of \$) (Revenue \$ **106,620**)**UNITED WAY'S DIRECT COMMUNITY SERVICE PROGRAMS, "211" CLIENT REFERRAL, BRYAN, EFFINGHAM AND LIBERTY COUNTY CENTERS, AND "HANDS ON SAVANNAH" PROVIDE SERVICES TO THE COMMUNITY BY ASSISTING PERSONS IN NEED, PROVIDING VOLUNTEERS FOR VARIOUS AGENCIES AND PROGRAMS. OTHER PROGRAMS PERFORM COMMUNITY NEEDS ASSESSMENTS AND DEVELOPE NEW SERVICES THAT ARE NEEDED IN THE COMMUNITY. UNITED WAY ALSO PROVIDES EMERGENCY ASSISTANCE TO THOSE FACING FINANCIAL DIFFICULTIES.****4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**N/A****4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses **8,138,055**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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 and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	45		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	45		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

STACEY JOHNSON
SAVANNAH

428 BULL STREET

GA 31401

912-651-7705

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BYRON ATKINSON	1.00									
DIRECTOR	0.00	X						0	0	0
(2) CAROLYN BELL	1.00									
DIRECTOR	0.00	X						0	0	0
(3) MARK BENNETT	1.00									
DIRECTOR	0.00	X						0	0	0
(4) JASON BUELTERMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(5) DAVE CASTRO	1.00									
DIRECTOR	0.00	X						0	0	0
(6) CHRIS COREY	1.00									
DIRECTOR	0.00	X						0	0	0
(7) DR CHERYL DOZIER	1.00									
DIRECTOR	0.00	X						0	0	0
(8) TERRY ENOCH	1.00									
DIRECTOR	0.00	X						0	0	0
(9) GAIL EUBANKS	1.00									
DIRECTOR	0.00	X						0	0	0
(10) DAVID FLOYD	1.00									
DIRECTOR	0.00	X						0	0	0
(11) JENNY GENTRY	1.00									
IMMEDIATE PAST CHAIR	0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) TREY GLENDYE	1.00									
DIRECTOR	0.00	X						0	0	0
(13) STEVE GREEN	1.00									
DIRECTOR	0.00	X						0	0	0
(14) CRAIG HARNEY	1.00									
MARKETING CHAIR	0.00	X		X				0	0	0
(15) DISTRICT ATTORNEY MEG HEAP	1.00									
DIRECTOR	0.00	X						0	0	0
(16) MARC HEFNER	1.00									
VOLUNTEERS CHAIR	0.00	X		X				0	0	0
(17) JD HUNT	1.00									
DIRECTOR	0.00	X						0	0	0
(18) ROBYN IANNONE	1.00									
DIRECTOR	0.00	X						0	0	0
(19) STACY JENNINGS	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								365,453		109,414
d Total (add lines 1b and 1c)								365,453		109,414

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 **2**

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

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	45,920			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,420,536			
	g Noncash contributions included in lines 1a-1f: \$		334,221			
	h Total. Add lines 1a-1f		9,466,456			
Program Service Revenue	2a RENTAL FROM 501C(3) AGENCIES	Busn. Code	102,871	102,871		
	b SERVICE FEES		21,082	21,082		
	c 211 & OTHER		3,356	3,356		
	d ADMIN INCOME		394	394		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		127,703			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,339		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)			150			
d Net gain or (loss)			150	150		
8a Gross income from fundraising events (not including \$ 45,920 of contributions reported on line 1c). See Part IV, line 18		a	75,648			
b Less: direct expenses		b				
c Net income or (loss) from fundraising events			75,648			75,648
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		9,678,296	127,853	0	83,987	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,294,444	6,294,444		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	342,003	154,580	90,296	97,127
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	1,337,727	805,765	86,632	445,330
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,608	39,210	14,959	18,439
9 Other employee benefits	230,158	143,530	19,399	67,229
10 Payroll taxes	115,546	67,474	12,610	35,462
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,116		24,116	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	21,135	14,017		7,118
12 Advertising and promotion	334,221	220,586		113,635
13 Office expenses	111,250	35,642	25,004	50,604
14 Information technology				
15 Royalties				
16 Occupancy	140,679	105,219	18,814	16,646
17 Travel	29,113	15,519	4,001	9,593
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,848	10,403	12,653	11,792
20 Interest				
21 Payments to affiliates	90,520	46,083	23,041	21,396
22 Depreciation, depletion, and amortization	141,703	102,026	21,256	18,421
23 Insurance	27,613	16,180	7,158	4,275
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	179,158	22,345	9,804	147,009
b EQUIPMENT MAINTENANCE	53,798	32,831	13,545	7,422
c MISCELLANEOUS	29,859	7,019	9,443	13,397
d BANK/CREDIT CARD FEES	15,133		15,105	28
e All other expenses	27,326	5,182	13,207	8,937
25 Total functional expenses. Add lines 1 through 24e	9,652,958	8,138,055	421,043	1,093,860
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,695,265	1	1,494,935
	2 Savings and temporary cash investments	709,172	2	822,311
	3 Pledges and grants receivable, net	5,420,177	3	5,588,611
	4 Accounts receivable, net	142,039	4	8,363
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	28,040	9	75,832
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,810,731		
	b Less: accumulated depreciation	10b 2,609,051		
	11 Investments—publicly traded securities	1,288,357	10c	1,201,680
	12 Investments—other securities. See Part IV, line 11	337,310	11	325,431
	13 Investments—program-related. See Part IV, line 11	80,132	12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	72,271	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,772,763	15	80,253	
Liabilities	17 Accounts payable and accrued expenses	80,544	16	9,597,416
	18 Grants payable	6,120,458	17	33,671
	19 Deferred revenue		18	6,066,573
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	80,131	24	
	26 Total liabilities. Add lines 17 through 25	6,281,133	25	6,100,244
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	
	27 Unrestricted net assets	3,491,630	27	3,497,172
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,491,630	33	3,497,172	
34 Total liabilities and net assets/fund balances	9,772,763	34	9,597,416	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,678,296
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,652,958
3	Revenue less expenses. Subtract line 2 from line 1	3	25,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,491,630
5	Net unrealized gains (losses) on investments	5	-19,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,497,172

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(20) BEN JONES	1.00									
DIRECTOR	0.00	X						0	0	0
(21) JEFF JOYNER	1.00									
TREASURER & FINANCE	0.00	X		X				0	0	0
(22) MICHAEL KAIGLER	1.00									
SECRETARY	0.00	X		X				0	0	0
(23) DR ANNE LEVETT	1.00									
DIRECTOR	0.00	X						0	0	0
(24) JAMIE MCCURRY	1.00									
DIRECTOR	0.00	X						0	0	0
(25) PAT MONAHAN	1.00									
DIRECTOR	0.00	X						0	0	0
(26) TOBY MOREAU	1.00									
VICE CHAIR	0.00	X		X				0	0	0
(27) TIM MORRISSEY	1.00									
INVESTMENTS CHAIR	0.00	X		X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
- 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
- 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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(28) DR SANDRA NETHELS	1.00									
DIRECTOR	0.00	X						0	0	0
(29) THOM PEEBLES	1.00									
DIRECTOR	0.00	X						0	0	0
(30) STEVE POUND	1.00									
CHAIR	0.00	X		X				0	0	0
(31) GEORGE POWERS	1.00									
DIRECTOR	0.00	X						0	0	0
(32) KEN RABITSCH	1.00									
DIRECTOR	0.00	X						0	0	0
(33) PASTOR SAMUEL RODRIGUEZ	1.00									
DIRECTOR	0.00	X						0	0	0
(34) JUDGE GREGORY SAPP	1.00									
DIRECTOR	0.00	X						0	0	0
(35) RYAN SEWELL	1.00									
DIRECTOR	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
- 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
- 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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(36) MARK SHAW										
DIRECTOR	1.00 0.00	X						0	0	0
(37) LARRY SILBERMANN										
CAMPAIGN CHAIR	1.00 0.00	X		X				0	0	0
(38) MARK SMITH										
DIRECTOR	1.00 0.00	X						0	0	0
(39) JUDGE TAMMY STOKES										
DIRECTOR	1.00 0.00	X						0	0	0
(40) JOEY STRENGTH										
DIRECTOR	1.00 0.00	X						0	0	0
(41) AUSTIN SULLIVAN										
DIRECTOR	1.00 0.00	X						0	0	0
(42) CECILIA RUSSO TURNER										
DIRECTOR	1.00 0.00	X						0	0	0
(43) JAY WILCOX										
DIRECTOR	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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
- 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
- 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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(44) JENNIFER WRIGHT										
DIRECTOR	1.00 0.00	X						0	0	0
(45) TAFFANYE YOUNG										
DIRECTOR	1.00 0.00	X						0	0	0
(46) MELANIE JORDAN										
VP FINANCE	40.00 0.00			X				81,103	0	28,372
(47) GREG SCHROEDER										
FORMER PRESIDENT	40.00 0.00			X				123,428	0	36,747
(48) DEBRA THOMPSON										
PRESIDENT	40.00 0.00			X				59,484	0	12,869
(49) JULIE CYR										
VP FUNDRAISING	40.00 0.00					X		101,438	0	31,426
1b Sub-total								365,453		109,414
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,116,454	10,257,132	9,380,928	8,991,940	9,466,455	48,212,909
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	10,116,454	10,257,132	9,380,928	8,991,940	9,466,455	48,212,909
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)						9,081,370
6 Public support. Subtract line 5 from line 4						39,131,539

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10,116,454	10,257,132	9,380,928	8,991,940	9,466,455	48,212,909
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,072	11,120	8,532	9,043	8,339	47,106
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	90,806	85,498	86,947	62,220	75,649	401,120
11 Total support. Add lines 7 through 10						48,661,135
12 Gross receipts from related activities, etc. (see instructions)					12	265,895
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.42 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	79.50 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Part II, Line 10 - Other Income Detail

FUNDRAISING EVENTS \$ 401,120

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

UNITED WAY OF THE COASTAL

Employer identification number

-*3603

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGIA PORTS AUTHORITY 100 MAIN STREET GARDEN CITY GA 31408	\$ 353,246	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GULFSTREAM AEROSPACE CORP. 500 GULFSTREAM ROAD SAVANNAH GA 31407	\$ 943,665	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GULFSTREAM AEROSPACE CORP. 500 GULFSTREAM ROAD SAVANNAH GA 31407	\$ 1,022,606	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PUBLIX SUPER MARKETS 3300 PUBLIC CORPORATE PARKWAY LAKELAND FL 33811	\$ 206,224	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TUW III(5) HERSCHEL JENKINS TRUST OPERATIONS P.O. BOX 830269 DALLAS TX 75283	\$ 813,782	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		190,000		190,000
b Buildings		3,117,816	2,259,403	858,413
c Leasehold improvements				
d Equipment		502,915	349,648	153,267
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				1,201,680

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,001,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-19,796
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-19,796
3	Subtract line 2e from line 1	3	7,021,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,656,863
c	Add lines 4a and 4b	4c	2,656,863
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,678,296

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	6,996,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,996,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,656,863
c	Add lines 4a and 4b	4c	2,656,863
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,652,958

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

DESIGNATIONS \$ 2,656,863

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

DESIGNATIONS \$ 2,656,863

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

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

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

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

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

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

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

Total ▶

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

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

		(a) Event #1 TURKEY TROT (event type)	(b) Event #2 CITY SPIN (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	54,685	11,785	40,308	106,778
	2 Less: Contributions	13,070		23,850	36,920
	3 Gross income (line 1 minus line 2)	41,615	11,785	16,458	69,858
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				69,858

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization conduct 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 conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter 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 of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
****-***3603**

OMB No. 1545-0047
2018
Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ABILITIES UNLIMITED							
	7232 Varndoe Dr. SAVANNAH GA 31406	**--***7582	3	15,000				PROGRAM COST
(2)	AMERICA'S SECOND HARVEST 2501 E. Presidents St. SAVANNAH GA 31404	**--***2013	3	113,000				PROGRAM COST
(3)	ATLANTIC AREA CASA PO Box 817 Hinesville GA 31310	**--***4679	3	13,000				PROGRAM COST
(4)	BSA COASTAL EMPIRE COUNCIL PO Box 60007 SAVANNAH GA 31420	**--***6164	3	55,125				PROGRAM COST
(5)	CONSUMER CREDIT COUNSELING 7505 Waters Ave. SAVANNAH GA 31406	**--***8705	3	102,000				PROGRAM COST
(6)	DEEP CENTER INCORPORATED PO Box 5582 SAVANNAH GA 31414	**--***6426	3	57,000				PROGRAM COST
(7)	EASTSIDE CONCERNED CITIZENS 705 E. Anderson St SAVANNAH GA 31401	**--***4086	3	23,610				PROGRAM COST
(8)	FAITH EQUESTRIAN THERAPEUTIC CENTER 243 Appaloosa Way Guyton GA 31312	**--***0917	3	21,000				PROGRAM COST
(9)	FAMILY PROMISE OF BRYAN COUNTY 10695 Ford Avenue Richmond Hill GA 31324	**--***8177		18,000				PROGRAM COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 118**

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

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

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number
****-***3603**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Family Promise of Effingham County PO Box 964 Rincon GA 31326	**--***6593		11,000				PROGRAM COST
(2)	FAMILY PROMISE OF GREATER SAVANNAH 126 HORIZON PARK DR SAVANNAH GA 31405	**--***5964	3	50,000				PROGRAM COST
(3)	GEORGIA LEGAL SERVICES PO Box 8667 Savannah GA 31412	**--***1590	3	70,000				PROGRAM COST
(4)	GIRL SCOUT COUNCIL OF SAVANNAH 110 Pipe Makers Circle Pooler GA 31322	**--***6191	3	85,000				PROGRAM COST
(5)	GOODWILL INDUSTRIES PO Box 15007 Savannah GA 31416	**--***6795	3	40,000				PROGRAM COST
(6)	GREENBRIAR CHILDREN'S CENTER 3709 Hopkins St. Savannah GA 31405	**--***9033	3	89,000				PROGRAM COST
(7)	HODGE MEMORIAL DAY CARE PO Box 2384 Savannah GA 31402	**--***2415	3	40,000				PROGRAM COST
(8)	HOSPICE PO Box 13190 Savannah GA 31416	**--***3820	3	10,000				PROGRAM COST
(9)	JC LEWIS PRIMARY HEALTHCARE PO Box 1508 SAVANNAH GA 31402	**--***0035	3	150,000				PROGRAM COST

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

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

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
****-***3603**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	LIBERTY COUNTY MANNA HOUSE PO Box 1646 Hinesville GA 31310	**--***4355	3	30,000				PROGRAM COST
(2)	LUTHERN SERVICES OF GEORGIA 6555 ABERCORN ST SAVANNAH GA 31405	**--***5692	3	80,000				PROGRAM COST
(3)	MARY LOU FRASER FD/FAMILIES 203 MARY LOU DR HINESVILLE GA 31313	**--***6152	3	35,000				PROGRAM COST
(4)	MATTHEW REARDON CENTER FOR AUTISM 6602 Abercorn Street Savannah GA 31405	**--***0318		19,000				PROGRAM COST
(5)	MEDBANK PO Box 15372 Savannah GA 31406	**--***9978	3	70,000				PROGRAM COST
(6)	NEIGHBORHOOD IMPROVEMENT 1816 ABERCORN ST SAVANNAH GA 31401	**--***4076	3	25,000				PROGRAM COST
(7)	PARK PLACE OUTREACH 514 E. Henry St SAVANNAH GA 31401	**--***3253	3	45,000				PROGRAM COST
(8)	PERFORMANCE INITIATIVES PO Box 5036 SAVANNAH GA 31404	**--***4292		30,000				PROGRAM COST
(9)	RAPE CRISIS CENTER PO Box 8492 Savannah GA 31412	**--***7907	3	136,500				PROGRAM COST

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

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Department of the Treasury
Internal Revenue Service

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number
****-***3603**

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. ☐ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	RECOVERY PLACE COMMUNITY SERVICES 835 East 65th Street SAVANNAH GA 31405	**-***0840		10,000				PROGRAM COST
(2)	ROYCE LEARNING CENTER 4 Oglethorpe Professional Bldg SAVANNAH GA 31406	**-***9608	3	77,000				PROGRAM COST
(3)	SAFE SHELTER PO Box 77369 SAVANNAH GA 31420	**-***2664	3	160,000				PROGRAM COST
(4)	SAV/CHAT CASA 428 BULL ST SAVANNAH GA 31401	**-***8358	3	28,500				PROGRAM COST
(5)	SAVANNAH ASSOCIATION FOR THE BLIND PO Box 817 SAVANNAH GA 31401	**-***5656	3	45,000				PROGRAM COST
(6)	SAVANNAH SPEECH AND HEARING 1206 E. 66th St. SAVANNAH GA 31404	**-***6409	3	186,000				PROGRAM COST
(7)	SENIOR CITIZENS 3025 Bull St. SAVANNAH GA 31405	**-***4009	3	254,000				PROGRAM COST
(8)	SOCIAL APOSTOLATE 502 E LIBERTY ST SAVANNAH GA 31401	**-***5225	3	45,000				PROGRAM COST
(9)	STEPUP SAVANNAH 428 Bull St. Ste. 206 SAVANNAH GA 31401	**-***6014	3	50,000				PROGRAM COST

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶**
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SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Department of the Treasury
Internal Revenue Service

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**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number
****-***3603**

Part I General Information on Grants and Assistance

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

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	THE KICKLIGHTER RESOURCE CENTER PO Box 13625 Savannah GA 31416	**-***6453	3	40,000				PROGRAM COST
	(2) THE MEDIATION CENTER 5105 Paulsen St. Savannah GA 31405	**-***3719	3	95,000				PROGRAM COST
	(3) THE SALVATION ARMY PO Box 23798 Savannah GA 31403	**-***0607	3	207,500				PROGRAM COST
	(4) UNION MISSION 107 Fahm St. Savannah GA 31401	**-***7524	3	201,500				PROGRAM COST
	(5) UNITED MINISTRIES 18 Abercorn St. SAVANNAH GA 31401	**-***5317		34,000				PROGRAM COST
	(6) UMCE COUNTY PROGRAMS PO BOX 2946 Savannah GA 31402	**-***3603		54,846				PROGRAM COST
	(7) WESTLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	**-***9611	3	250,000				PROGRAM COST
	(8) YMCA OF COASTAL GEORGIA PO Box 14142 Savannah GA 31406	**-***3160	3	77,500				PROGRAM COST
	(9) BOYS/GIRLS CLUB PO Box 8727 Savannah GA 31412	**-***2969	3	193,000				PROGRAM COST

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

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

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

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SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

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

Employer identification number
****-***3603**

OMB No. 1545-0047
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Part I General Information on Grants and Assistance

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	COASTAL CENTER DEVELOP PO BOX 13662 SAVANNAH GA 31406	**--***1456	3	36,000				PROGRAM COST
	(2) COASTAL CHILDREN'S ADVOCACY PO Box 9926 Savannah GA 31412	**--***4825	3	60,000				PROGRAM COST
	(3) LIFE, INC 17 Travis St. SAVANNAH GA 31406	**--***0393	3	8,000				PROGRAM COST
	(4) READY2CONNECT 711 Zitterour Road Rincon GA 31326	**--***6155		16,000				PROGRAM COST
	(5) THE BETHESDA UNION SOCIETY OF SAVANNAH 9520 FERGUESON AVE SAVANNAH GA 31416	**--***7013	3	38,500				PROGRAM COST
	(6) GREENBRIAR CHILDREN'S CENTER 3709 Hopkins St. SAVANNAH GA 31405	**--***9033	3	39,777				DONOR DES PROGRAM
	(7) AMERICAN CANCER SOCIETY 6600 Abercorn St. Savannah GA 31406	**--***9875	3	53,267				DONOR DES PROGRAM
	(8) AMERICAN RED CROSS PO Box 9987 Savannah GA 31412	**--***9978	3	48,182				DONOR DES PROGRAM
	(9) AMERICA'S SECOND HARVEST 2501 E. Presidents St. Savannah GA 31404	**--***2013	3	82,039				DONOR DES PROGRAM

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

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

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SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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	BOYS/GIRLS CLUB							
	PO Box 8727 Savannah GA 31412	**--***2969	3	18,919				DONOR DES PROGRAM
	(2) BSA COASTAL EMPIRE COUNCIL							
	PO Box 60007 Savannah GA 31420	**--***6164	3	30,894				DONOR DES PROGRAM
	(3) COASTAL CHILDREN'S ADVOCACY							
	PO Box 9926 Savannah GA 31412	**--***4825	3	9,471				DONOR DES PROGRAM
	(4) EFFINGHAM VICTIM WITNESS							
	PO Box 893 Springfield GA 31329	**--***0633	3	13,842				PROGRAM COST
	(5) FAITH EQUESTRIAN THERAPEUTIC CENTER							
	243 Appaloosa Way Guyton GA 31312	**--***0917	3	41,266				DONOR DES PROGRAM
	(6) Family Promise of Effingham County							
	PO Box 964 Lincon GA 31326	**--***6593	3	20,632				DONOR DES PROGRAM
	(7) FAMILY PROMISE OF GREATER SAVANNAH							
	126 HORIZON PARK DR SAVANNAH GA 31405	**--***5964	3	8,310				DONOR DES PROGRAM
	(8) GEORGIA HISTORICAL SOCIETY							
	501 Whitaker Street SAVANNAH GA 31401	**--***3403	3	78,000				DONOR DES PROGRAM
	(9) GEORGIA RESEARCH ALLIANCE							
	191 Peachtree NE, Suite 849 Atlanta GA 30303	**--***1815	3	10,000				DONOR DES PROGRAM

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number
****-***3603**

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

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	GOODWILL INDUSTRIES							
	PO Box 15007 Savannah GA 31416	**--***6795	3	13,896	.			DONOR DES PROGRAM
	(2) HISTORICAL SAVANNAH FOUNDATION							
	PO Box 1733 SAVANNAH GA 31402	**--***8253	3	40,000	.			DONOR DES PROGRAM
	(3) HOSPICE							
	PO Box 13190 Savannah GA 31416	**--***3820	3	63,791	.			DONOR DES PROGRAM
	(4) JC LEWIS PRIMARY HEALTHCARE							
	PO Box 1508 SAVANNAH GA 31402	**--***0035	3	8,225	.			DONOR DES PROGRAM
	(5) JUNIOR ACHIEVEMENT OF GEORGIA							
	6001 Chatham Center Dr. Savannah GA 31405	**--***8050	3	20,000	.			DONOR DES PROGRAM
	(6) PARK PLACE OUTREACH							
	514 E. HENRY ST SAVANNAH GA 31401	**--***3253	3	5,963	.			DONOR DES PROGRAM
	(7) RAPE CRISIS CENTER							
	PO Box 8492 Savannah GA 31412	**--***7907	3	31,131	.			DONOR DES PROGRAM
	(8) ROYCE LEARNING CENTER							
	4 Oglethorpe Professional Bldg Savannah GA 31406	**--***9608	3	10,191	.			DONOR DES PROGRAM
	(9) SAFE SHELTER							
	PO Box 77369 Savannah GA 31420	**--***2664	3	35,956	.			DONOR DES PROGRAM

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

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
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**UNITED WAY OF THE COASTAL
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Employer identification number
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	SAVANNAH ASSOCIATION FOR THE BLIND PO Box 817 Savannah GA 31401	**--***5656	3	24,304	.			DONOR DES PROGRAM
	(2) SAVANNAH CHILDRENS CHOIR PO BOX 23355 SAVANNAH GA 31403	**--***4428	3	10,000	.			DONOR DES PROGRAM
	(3) SAVANNAH COUNTRY DAY 824 STILLWOOD DRIVE SAVANNAH GA 31419	**--***5290	3	32,000	.			PROGRAM COSTS
	(4) SAVANNAH MUSIC FESTIVAL 204 W. St. Julian St. SAVANNAH GA 31401	**--***5290	3	60,150	.			DONOR DES PROGRAM
	(5) SAVANNAH PHILHARMONIC SOCIETY 30 W. BROUGHTON ST. SAVANNAH GA 31402	**--***6312	3	35,000	.			DONOR DES PROGRAM
	(6) SAVANNAH SPEECH AND HEARING 1206 E. 66th St. Savannah GA 31404	**--***6409	3	19,551	.			DONOR DES PROGRAM
	(7) SAVANNAH STATE UNIVERSITY 3219 College Street SAVANNAH GA 31404	**--***2069	3	105,000	.			DONOR DES PROGRAM
	(8) SENIOR CITIZENS 3025 Bull St. Savannah GA 31405	**--***4009	3	102,268	.			DONOR DES PROGRAM
	(9) SOCIAL APOSTOLATE 502 E LIBERTY ST SAVANNAH GA 31401	**--***5225	3	20,141	.			DONOR DES PROGRAM

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

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**Grants and Other Assistance to Organizations,
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**UNITED WAY OF THE COASTAL
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	TELEFAIR MUSEUM OF ART PO Box 10081 SAVANNAH GA 31412	**--***0074	3	191,000	.			DONOR DES PROGRAM
	(2) THE BETHESDA UNION SOCIETY OF SAVANNAH 9520 FERGUESON AVE SAVANNAH GA 31406	**--***7013	3	39,186	.			DONOR DES PROGRAM
	(3) THE SALVATION ARMY PO Box 23798 Savannah GA 31403	**--***0607	3	154,412	.			DONOR DES PROGRAM
	(4) UNION MISSION 107 Falm St. Savannah GA 31401	**--***7524	3	45,769	.			DONOR DES PROGRAM
	(5) UW OF COASTAL GEORGIA 1311 UNION ST BRUNSWICK GA 31520	**--***1327	3	26,392	.			DES OTHER UNITED WAY
	(6) UW OF FOX CITIES PO BOX 928 MILWAUKEE WI 54957	**--***2895	3	46,894	.			DES OTHER UNITED WAY
	(7) UW OF GREATER LA 523 WEST 6TH ST LOS ANGELES CA 90014	**--***4801	3	72,860	.			DES OTHER UNITED WAY
	(8) UW OF METRO DALLAS 1800 N. LAMAR DALLAS TX 75202	**--***5352	3	61,663	.			DES OTHER UNITED WAY
	(9) UW OF PALM BEACH CITY PO BOX 20809 WEST PALM BEACH FL 33416	**--***3258	3	10,749	.			DES OTHER UNITED WAY

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Name of the organization

UNITED WAY OF THE COASTAL

EMPIRE, INC.

Employer identification number
****-***3603**

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	UM OF PIONEER VALLEY 184 Mill St Springfield MA 01102	**-***2680	3	29,661				DES OTHER UNITED WAY
	UM OF SOUTHERN NEVADA PO Box 70720 Las Vegas NV 89170	**-***1328		8,810				DES OTHER UNITED WAY
	UMCE PROGRAM DESIGNATIONS 428 Bull St. SAVANNAH GA 31401	**-***3603	3	95,645				DESIGNATED PROGRAMS
	VICTOR B JENKINS BOYS CLUB 6408 Waters Avenue Savannah GA 31406	**-***2671	3	15,243				DONOR DES PROGRAM
	WESLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	**-***9611	3	6,994				DONOR DES PROGRAM
	WEST BROAD STREET YMCA PO BOX 3165 SAVANNAH GA 31402	**-***6558	3	5,565				DONOR DES PROGRAM
	YMCA OF COASTAL GEORGIA PO Box 14142 Savannah GA 31406	**-***3160	3	41,400				DONOR DES PROGRAM
	LUTHERN SERVICES OF GEORGIA 6555 ABERCORN ST SAVANNAH GA 31405	**-***5692	3	6,031				DONOR DES PROGRAM
(9)								

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

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SCHEDULE I
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Department of the Treasury
Internal Revenue Service

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number
****-***3603**



Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	UW OF PIONEER VALLEY 184 Mill St Springfield MA 01102	**--***2680	3	29,661				DES OTHER UNITED WAY
	(2) UW OF SOUTHERN NEVADA PO Box 70720 Las Vegas NV 89170	**--***1328		8,810				DES OTHER UNITED WAY
	(3) UWCE PROGRAM DESIGNATIONS 428 Bull St. SAVANNAH GA 31401	**--***3603	3	95,645				DESIGNATED PROGRAMS
	(4) VICTOR B JENKINS BOYS CLUB 6408 Waters Avenue Savannah GA 31406	**--***2671	3	15,243				DONOR DES PROGRAM
	(5) WESLEY COMMUNITY CENTERS 1601 Drayton St. Savannah GA 31401	**--***9611	3	6,994				DONOR DES PROGRAM
	(6) WEST BROAD STREET YMCA PO Box 3165 SAVANNAH GA 31402	**--***6558	3	5,565				DONOR DES PROGRAM
	(7) YMCA OF COASTAL GEORGIA PO Box 14142 Savannah GA 31406	**--***3160	3	41,400				DONOR DES PROGRAM
	(8) LUTHERN SERVICES OF GEORGIA 6555 ABERCORN ST SAVANNAH GA 31405	**--***5692	3	6,031				DONOR DES PROGRAM
	(9) EMPLOYABILITY P.O. Box 13607 SAVANNAH GA 31416	**--***1456	3	12,809				

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public
Inspection

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

Employer identification number
****-***3603**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	SAVANNAH TECH. COLLEGE FOUNDATION 5717 White Bluff Rd. SAVANNAH GA 31405	**--***9038	3	50,000				
(2)	WESLEY COMM-LADY B. DAY CARE 1410 Richard St. SAVANNAH GA 31415	**--***9611	3	101,015				
(3)	LIBERTY COUNTY MILITARY RELIEF FUND 428 Bull St. SAVANNAH GA 31401	**--***3603	3	170,000				
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

**SCHEDULE I
(Form 990)**

Supplemental Information

2018

For calendar year 2018, or tax year beginning

, and ending

Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

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

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

Quarterly reports will be submitted to UWCE regarding programmatic and 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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

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2018

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**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed on 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GREG SCHROEDER 1 FORMER PRESIDENT	(i) 123,428 (ii) 0	0	0	36,747	0	160,175	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

****-***3603**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ADVERTISING)	X	1	334,221	
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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Name of the organization

**UNITED WAY OF THE COASTAL
EMPIRE, INC.**

Employer identification number

**** - ***3603**

Form 990, Part I, Line 6

Volunteers are the backbone of the annual campaign, and the reason for its continued success. Volunteers evaluate the effectiveness of grantee agency programs and determine the annual funding for each agency.

United Way Hands on Savannah connects individuals, families, corporate and community groups to results-driven service opportunities; mobilizes community volunteers around national and international days of service and recognition; and promotes professionalism in volunteer administration by providing free training, consultation, and development opportunities for non-profit professionals responsible for managing volunteers.

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

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

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

Conflicts of interest are prohibited by the organizations Code of Ethics. Employees and Board Members are ask to sign an annual statement of compliance with the code of ethics. Board members with conflicts involving a certain matter must abstain from voting on that matter.

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

A PERFORMANCE AND COMPENSATION REVIEW OF THE PRESIDENT IS PERFORMED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

Name of the organization

UNITED WAY OF THE COASTAL

Employer identification number

-*3603

PERFORMANCE OF THE PRESIDENT IS EVALUATED BY REFERENCE TO PREVIOUSLY
ESTABLISHED ANNUAL GOALS. THEN HIS SALARY IS ADJUSTED ACCORDINGLY WITH
REFERENCE TO SALARY AND COMPENSATION PACKAGES PAID BY OTHER SIMILAR SIZE
UNITED WAY'S IN THE SOUTHEAST, AND OTHER PUBLISHED COMPENSATION DATA.

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

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

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

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

Form 990, Part X - Additional Information

In July 1997, United Way was designated as the beneficiary of a majority of
the earnings of the Herschel V. Jenkins Trust Fund. These earnings are
used to defray administrative costs of the United Way. During 2017,
\$808,022 was recognized as income under this arrangement.

At December 31st 2017 the value of assets in the trust totaled \$18,450,000.
See attached December 31, 2017 statement of account from Trustee.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DESIGNATIONS	\$ -2,656,863
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DESIGNATIONS	\$ 2,656,863
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