

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">UNITED WAY FOR SOUTHEASTERN MICHIGAN</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">3011 W. GRAND BLVD. SUITE 500</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">DETROIT, MI 48202</div> F Name and address of principal officer: DR. DARIENNE D. HUDSON, SAME AS C ABOVE	D Employer identification number <div style="border: 1px solid black; padding: 2px;">20-3099071</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">313-226-9200</div> G Gross receipts \$ 114,863,984. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.LIVEUNITEDSEM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2005
		M State of legal domicile: MI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE CARING POWER OF DETROIT AND SOUTHEASTERN MICHIGAN TO IMPROVE COMMUNITIES AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	237
	6	Total number of volunteers (estimate if necessary)	6	10211
	Revenue	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	46,714,078.	89,862,992.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,591,758.	2,194,941.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,882,703.	1,069,725.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,188,539.	93,127,658.
14		Benefits paid to or for members (Part IX, column (A), line 4)	36,760,617.	72,098,753.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	18,195,057.	19,890,340.
	b	Total fundraising expenses (Part IX, column (D), line 25) 5,036,524.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,731,606.	9,838,331.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	62,687,280.	101,827,424.
	19	Revenue less expenses. Subtract line 18 from line 12	-11,498,741.	-8,699,766.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	59,051,977.	88,922,499.
22		Net assets or fund balances. Subtract line 21 from line 20	19,142,569.	45,291,683.
			39,909,408.	43,630,816.

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 BRANDON LEE, INTERIM CEO Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name ALYSSA M. KENT	Preparer's signature ALYSSA M. KENT	Date 08/05/25	Check if self-employed <input type="checkbox"/> PTIN P01701477
	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 33-1498605	Phone no. (248) 352-2500	
	Firm's address 3000 TOWN CENTER, SUITE 100 SOUTHFIELD, MI 48075			

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:

TO MOBILIZE THE CARING POWER OF DETROIT AND SOUTHEASTERN MICHIGAN TO IMPROVE COMMUNITIES AND INDIVIDUAL LIVES IN MEASURABLE AND LASTING WAYS.

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 \$ 18,467,740. including grants of \$ 14,034,536.) (Revenue \$)

MEETING BASIC NEEDS: IN OUR FOUR-COUNTY REGION, WHICH IS HOME TO NEARLY HALF OF MICHIGAN'S POPULATION, 42% OF FAMILIES STRUGGLE TO AFFORD A BASIC, NO-FRILLS MONTHLY BUDGET INCLUDING ITEMS LIKE FOOD, HOUSING, CHILD CARE AND TRANSPORTATION. THROUGH STRATEGIC INVESTMENT IN PARTNERS, PROGRAMS AND ADVOCACY EFFORTS, WE HELP FAMILIES MOVE FROM CRISIS TO STABILITY AND FROM STABILITY TO PROSPERITY. CORE PROGRAMS INCLUDE 2-1-1, SOCIAL NAVIGATION, UTILITY ASSISTANCE, EMERGENCY FOOD AND SHELTER. THROUGH OUR CONNECT4CARE NETWORK, WE HELP FAMILIES NAVIGATE A COMPLEX NETWORK OF ASSISTANCE PROGRAMS AND WORK WITH LOCAL, REGIONAL AND STATEWIDE PARTNERS TO BUILD SYSTEMS OF HOLISTIC, PERSON-CENTERED CARE. LAST YEAR, OUR BASIC NEEDS GRANTS SERVED MORE THAN 660,000 INDIVIDUALS.

4b (Code:) (Expenses \$ 13,110,196. including grants of \$ 8,348,326.) (Revenue \$)

CREATING YOUTH OPPORTUNITY: UNITED WAY'S WORKS WITH EDUCATORS, STUDENTS, PARENTS AND CAREGIVERS TO HELP PREPARE CHILDREN FOR SUCCESS IN SCHOOL AND LIFE. THROUGH OUR IN-SCHOOL AND OUT-OF-SCHOOL PROGRAMS, WE FOCUS ON STRENGTHENING THE WHOLE CHILD, PREPARING THEM TO LEARN, GROW AND SUCCEED IN A RAPIDLY CHANGING WORLD. WE WORK TO MAKE QUALITY CHILD CARE MORE ACCESSIBLE AND AFFORDABLE TO ALL. OUR LITERACY AND STEM EDUCATION WORK FILLS GAPS THAT TRADITIONAL SYSTEMS MAY NOT ALWAYS REACH. CORE PROGRAMS INCLUDE COMMUNITY SCHOOLS, MY HOME LIBRARY, BUILDING FOUNDATIONS AND SUMMER DISCOVERY. COMBINED, THESE PROGRAMS BENEFITTED MORE THAN 30,000.

4c (Code:) (Expenses \$ 2,948,505. including grants of \$) (Revenue \$)

PROMOTING PROSPERITY: A FAMILY'S ECONOMIC STABILITY IMPACTS THE LONG-TERM WELL-BEING OF MULTIPLE GENERATIONS. UNITED WAY FOR SOUTHEASTERN MICHIGAN WORKS TO ADDRESS THE ROOT CAUSES OF THE GENERATIONAL POVERTY BY IDENTIFYING AND REMOVING BARRIERS TO FINANCIAL STABILITY AND WEALTH BUILDING-HELPING FAMILIES ESTABLISH A STRONG FINANCIAL FOUNDATION FOR THE FUTURE THROUGH FINANCIAL AND EMPLOYMENT COACHING, FREE TAX PREPARATION, BARRIER-BUSTING TRANSPORTATION SUPPORT AND MORE. IN 2024, OUR COALITION PARTNERS FILED MORE THAN 22,000 TAX RETURNS AND CLAIMED MORE THAN \$29M IN TAX REFUNDS FOR ALICE FAMILIES. CORE PROGRAMS INCLUDE: TAX ASSISTANCE AND FINANCIAL COACHING.

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

(Expenses \$ 56,584,991. including grants of \$ 49,715,891.) (Revenue \$ 1,173,020.)

4e Total program service expenses 91,111,432.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	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? <i>If "Yes," complete Schedule C, Part II</i>	4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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? <i>If "Yes," complete Schedule D, Part VI</i>	11a 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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	1a 152	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	237
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 42		
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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 42		
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, 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 on 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 on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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 on 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 on 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 **MI**

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 on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DR. DARIENNE D. HUDSON, ED.D - 313-226-9200
3011 W. GRAND BLVD., STE 500, DETROIT, MI 48202

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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DARIENNE HUDSON CHIEF EXECUTIVE OFFICER	50.00 0.00			X				449,637.	0.	10,362.
(2) TONYA ADAIR CHIEF PEOPLE, EQUITY & ENGAGEMENT OF	50.00 0.00			X				273,748.	0.	19,811.
(3) BRANDON LEE CHIEF OPERATING OFFICER & EXECUTIVE	50.00 0.00			X				267,816.	0.	12,796.
(4) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	50.00 0.00			X				261,459.	0.	15,631.
(5) PAMELA SMITH PRESIDENT OF UW FOR WASHTENAW COUNTY	50.00 0.00					X		222,998.	0.	5,568.
(6) JEFFREY MILES VICE PRESIDENT, COMMUNITY IMPACT	50.00 0.00					X		191,083.	0.	7,222.
(7) KYLE DUBUC VICE PRESIDENT, COMMUNICATIONS & ADV	50.00 0.00					X		174,300.	0.	22,265.
(8) SARAH GRUTZA VICE PRESIDENT, CORPORATE RELATIONS	50.00 0.00					X		183,074.	0.	11,000.
(9) ASHLEIGH IMERMAN CHIEF PHILANTHROPY OFFICER	50.00 0.00					X		175,385.	0.	16,821.
(10) KAREN LEGENDRE INTERIM CFO (3/1/24-9/22/24)	50.00 0.00			X				0.	0.	0.
(11) ED SIAJE DIRECTOR/CHAIR	3.00 0.00	X		X				0.	0.	0.
(12) MARK STIERS DIRECTOR/IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0.	0.	0.
(13) LUANNE EWALD DIRECTOR/VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(14) DAVID PARENT DIRECTOR/TREASURER	3.00 0.00	X		X				0.	0.	0.
(15) LYNDA ROSSI DIRECTOR/SECRETARY	3.00 0.00	X		X				0.	0.	0.
(16) WENDELL ANTHONY DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(17) ORLANDO BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIK BAKKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) LISA CAWLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) RICH CHANG DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) WANDA COOK-ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) LAURA DICKERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) GREGORY DILL DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MARIA DWYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) BILL EMERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) PANCHO HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,199,500.	0.	121,476.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,199,500.	0.	121,476.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
APEX DIGITAL SOLUTIONS, 1000 TOWN CENTER DR. STE. 200, SOUTHFIELD, MI 48075	OUTSOURCED IT SERVICES	481,181.
GRYPHON PLACE 3245 SOUTH 8TH ST., KALAMAZOO, MI 49009	OUTSOURCED IT SERVICES	244,646.
BRIGHTSTREET GROUP LLC, 6545 TANGELWOOD DR. SE, GRAND RAPIDS, MI 49546	PROGRAM CONSULTING SERVICES	205,501.
LEILA HILAL 1353 BAY VIEW HGHTS, PETOSKY, MI 49770	PROGRAM CONSULTING SERVICES	162,750.
ELEVATE PRODUCTION GROUP PO BOX 23005, DETROIT, MI 48223	EVENT PLANNING	152,182.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SONIA HASSAN DUGGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) IAN HOGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) JOCELYN HOWARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) KELLE ILITCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) HASSAN JABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) SAUNTEEL JENKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) JOHN JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) HARRY KEMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) NICOLE KONTYKO DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) WENDY LEWIS JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) DEBBIE MANZANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ALYCIA MERIWEATHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) MARK MORENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) FAYE NELSON DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(41) DARYL NEWMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) RICHARD PAPPAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) ANUP POPAT DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) MICHAEL REIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MICHAEL RESHA DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) ANGELA REYES DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	939,101.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,668,082.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	68,255,809.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 276,449.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,875,692.			1875692.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 939,101. of contributions reported on line 1c). See Part IV, line 18	8a	254,464.				
	b Less: direct expenses	8b	357,759.				
	c Net income or (loss) from fundraising events			-103,295.			-103,295.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a ADMIN & COST RECOVERY FEES		900099	576,754.	576,754.		
	b OTHER FEES FOR SERVICE		900099	546,526.	546,526.		
	c						
	d All other revenue		900099	49,740.	49,740.		
	e Total. Add lines 11a-11d			1,173,020.			
12 Total revenue. See instructions			93,127,658.	1,173,020.	0.	2091646.	

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	64,209,425.	64,209,425.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,889,328.	7,889,328.		
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	1,419,652.	582,141.	528,972.	308,539.
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	15,007,555.	10,219,649.	2,336,900.	2,451,006.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,327,826.	1,564,036.	378,776.	385,014.
10 Payroll taxes	1,135,307.	835,601.	87,525.	212,181.
11 Fees for services (nonemployees):				
a Management				
b Legal	53,173.	23,595.	29,578.	
c Accounting	133,696.		133,696.	
d Lobbying	153,910.		153,910.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,467.	12,467.	46,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,329,588.	2,657,945.	354,695.	316,948.
12 Advertising and promotion	783,448.	540,348.	163,739.	79,361.
13 Office expenses	1,151,640.	516,943.	125,543.	509,154.
14 Information technology				
15 Royalties				
16 Occupancy	1,955,164.	755,510.	1,029,292.	170,362.
17 Travel	51,198.	39,473.	3,389.	8,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	908,018.	361,842.	79,165.	467,011.
20 Interest				
21 Payments to affiliates	613,431.	613,431.		
22 Depreciation, depletion, and amortization	219,140.	150,857.	34,254.	34,029.
23 Insurance	121,502.	52,422.	41,204.	27,876.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	174,575.	33,499.	126,086.	14,990.
b COMMUNICATION	109,136.	48,020.	14,397.	46,719.
c MEMBERSHIP DUES	22,245.	4,900.	12,347.	4,998.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	101,827,424.	91,111,432.	5,679,468.	5,036,524.
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	
	2 Savings and temporary cash investments	1,390,623.	2	13,801,223.
	3 Pledges and grants receivable, net	9,051,066.	3	8,802,333.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,484,062.	9	1,580,537.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,970,460.		
	b Less: accumulated depreciation	10b 1,865,452.		
		484,275.	10c	2,105,008.
	11 Investments - publicly traded securities	39,733,563.	11	41,775,649.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	6,908,388.	15	20,857,749.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,051,977.	16	88,922,499.	
Liabilities	17 Accounts payable and accrued expenses	3,422,589.	17	12,585,556.
	18 Grants payable	6,869,876.	18	4,025,915.
	19 Deferred revenue	146,921.	19	6,922,948.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,703,183.	25	21,757,264.
	26 Total liabilities. Add lines 17 through 25	19,142,569.	26	45,291,683.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		26,385,613.	27	30,121,242.
28 Net assets with donor restrictions		13,523,795.	28	13,509,574.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		39,909,408.	32	43,630,816.
33 Total liabilities and net assets/fund balances		59,051,977.	33	88,922,499.

Form 990 (2023)

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	93,127,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,827,424.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,699,766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,909,408.
5	Net unrealized gains (losses) on investments	5	4,772,357.
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 on Schedule O)	9	7,648,817.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,630,816.

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 on 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	<input checked="" type="checkbox"/>

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92741920.	55126707.	9039983.	46714078.	89862992.	293485680
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	92741920.	55126707.	9039983.	46714078.	89862992.	293485680
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)						69519751.
6 Public support. Subtract line 5 from line 4.						223965929

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	92741920.	55126707.	9039983.	46714078.	89862992.	293485680
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1514547.	2597559.	159,729.	1640778.	1875692.	7788305.
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.)	334,500.		796,000.	230,411.	254,464.	1615375.
11 Total support. Add lines 7 through 10						302889360
12 Gross receipts from related activities, etc. (see instructions)					12	7,325,209.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.94 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	80.35 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

PART II, SECTION A, COLUMN (C)

UNITED WAY FOR SOUTHEASTERN MICHIGAN HAS CHANGED THEIR YEAR END FROM
06/30 TO 09/30. THE FYE 2022 RETURN IS A SHORT YEAR RETURN DUE TO THE
YEAR END CHANGE.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

UNITED WAY FOR SOUTHEASTERN MICHIGAN

20-3099071

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
<u>1</u>		\$ <u>46,807,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>10,271,786.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>4,404,955.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>3,181,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,773,869.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,642,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY FOR SOUTHEASTERN MICHIGAN

20-3099071

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
7		\$ 2,385,093.	Person <input checked="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.)
			Person <input 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.)
			Person <input 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

20-3099071

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	

Name of organization

Employer identification number

UNITED WAY FOR SOUTHEASTERN MICHIGAN**20-3099071****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		71,825.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		82,085.	
c Total lobbying expenditures (add lines 1a and 1b)		153,910.	
d Other exempt purpose expenditures		47,593,680.	
e Total exempt purpose expenditures (add lines 1c and 1d)		47,747,590.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	549,050.	1,000,000.	1,000,000.	3,549,050.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,323,575.
c Total lobbying expenditures	307,725.	2,287.	242,914.	153,910.	706,836.
d Grassroots nontaxable amount	250,000.	137,263.	250,000.	250,000.	887,263.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,330,895.
f Grassroots lobbying expenditures	292,625.	2,002.	164,048.	71,825.	530,500.

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A COLUMN (B)

UNITED WAY FOR SOUTHEASTERN MICHIGAN HAS CHANGED THEIR YEAR END FROM 06/30 TO 09/30. THE FYE 2022 RETURN IS A SHORT YEAR RETURN DUE TO THE YEAR END CHANGE.

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

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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	24,312,764.	22,189,104.	23,773,769.	29,138,290.	23,237,672.
b Contributions	2,355,314.				
c Net investment earnings, gains, and losses	5,449,733.	2,905,660.	-1,389,665.	-3,752,521.	7,104,471.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,802,968.	782,000.	195,000.	1,612,000.	710,000.
f Administrative expenses					493,853.
g End of year balance	30,314,843.	24,312,764.	22,189,104.	23,773,769.	29,138,290.

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

a Board designated or quasi-endowment 89.0000 %

b Permanent endowment 11.0000 %

c Term endowment .0000 %

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? ☐

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		575,000.		575,000.
b Buildings		1,090,000.	36,333.	1,053,667.
c Leasehold improvements		300,324.	150,908.	149,416.
d Equipment		1,865,136.	1,678,211.	186,925.
e Other		140,000.		140,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,105,008.

Schedule D (Form 990) 2023

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) BENEFICAL INTEREST	1,394,720.
(2) RIGHT OF USE ASSET	4,901,929.
(3) INTERCOMPANY RECEIVABLES	14,561,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	20,857,749.

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) DESIGNATIONS PAYABLE -	
(3) UNDISTRIBUTED PLEDGES	3,582,761.
(4) LEASE LIABILITY	5,353,311.
(5) DEFERRED GRANT REVENUE	12,821,192.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	21,757,264.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	60,058,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,772,357.
b	Donated services and use of facilities	2b	338,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,630,428.
e	Add lines 2a through 2d	2e	12,740,885.
3	Subtract line 2e from line 1	3	47,317,808.
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	58,467.
b	Other (Describe in Part XIII.)	4b	45,751,383.
c	Add lines 4a and 4b	4c	45,809,850.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	93,127,658.

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	57,943,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	338,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	338,100.
3	Subtract line 2e from line 1	3	57,605,093.
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	58,467.
b	Other (Describe in Part XIII.)	4b	44,163,864.
c	Add lines 4a and 4b	4c	44,222,331.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	101,827,424.

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 2D - OTHER ADJUSTMENTS:**TRANSFER OF ASSETS FROM UNITED WAY OF WASHTENAW COUNTY****ACQUISITION** 7,630,428.**PART XI, LINE 4B - OTHER ADJUSTMENTS:****DONOR DESIGNATIONS** 5,824,437.**CONTRIBUTIONS RECORDED AS AGENCY TRANSACTIONS PER AUDIT** 39,926,946.**TOTAL TO SCHEDULE D, PART XI, LINE 4B** 45,751,383.**PART XII, LINE 4B - OTHER ADJUSTMENTS:****DONOR DESIGNATIONS** 5,824,437.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

Part I

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

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

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

2 a 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.

[illegible]

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 FORD GOLF OUTING	(b) Event #2 WOMEN OF INFLUENCE	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	827,500.	265,595.	100,470.	1,193,565.
	2 Less: Contributions	647,500.	213,396.	78,205.	939,101.
	3 Gross income (line 1 minus line 2)	180,000.	52,199.	22,265.	254,464.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	25,240.	40,584.	19,180.	85,004.
	6 Rent/facility costs	9,600.	33,889.		43,489.
	7 Food and beverages	11,105.	21,666.	76,591.	109,362.
	8 Entertainment		16,634.		16,634.
	9 Other direct expenses	6,579.	59,559.	37,132.	103,270.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				357,759.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-103,295.

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				
	2 Cash prizes				
Direct Expenses	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 C (Form 990)		2012	
Part IV	Supplemental Information	<i>(continued)</i>	

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number
20-3099071

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BRIGHTER WAY 1455 KING GEORGE BLVD ANN ARBOR, MI 48104	81-1186430	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
A GIRL LIKE ME 24225 W. NINE MILE RD SOUTHFIELD, MI 48033	85-0573313	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
A SERVANTS HEART 1900 MANCHESTER RD ANN ARBOR, MI 48104	92-1691293	501(C)(3)	40,334.	0.	N/A	N/A	GRANT
ACADEMY OF THE SACRED HEART 1250 KENSINGTON RD BLOOMFIELD HILLS, MI 48304	38-1358173	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
ACCENT PONTIAC 32666 OLD POST RD BEVERLY HILL, MI 48025	81-4608180	501(C)(3)	130,000.	0.	N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	254,000.	0.	N/A	N/A	GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **371.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 W. 9 MILE RD. - FERNDALE, MI 48220	38-2882823	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
AKA-ARO PO BOX 441013 DETROIT, MI 48224	36-3201643	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
ALL THINGS WOMEN, INC 20304 ANGLING LIVONIA, MI 48152	82-4973764	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
ALLIANCE FOR HOUSING OAKLAND COUNTY - 1 N. SAGINAW, SUITE 208 - PONTIAC, MI 48342	46-1549875	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
ALLIED MEDIA PROJECTS 4731 GRAND RIVER AVE SUITE 400 DETROIT, MI 48208	01-0559608	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3)	264,000.	0.	N/A	N/A	GRANT
AMERICAN INDIAN HEALTH & FAMILY SERVICES - 4880 LANDALE - DETROIT, MI 48210	38-3081615	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR., SUITE 205 DETROIT, MI 48235	53-0196605	501(C)(3)	34,000.	0.	N/A	N/A	GRANT
ANN ARBOR HANDS ON MUSEUM 220 E. ANN ST ANN ARBOR, MI 48104	38-2236345	501(C)(3)	7,668.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
ARC OF NW WAYNE COUNTY 7170 N. HAGGERTY RD. CANTON, MI 48187	38-6056677	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ARTS AND SCRAPS 16135 HARPER AVE DETROIT, MI 48224	38-2831910	501(C)(3)	21,240.	0.	N/A	N/A	GRANT
AVALON HEALING CENTER 601 BAGLEY ST DETROIT, MI 48226	20-0631006	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
AVALON VILLAGE, INC 24 AVALON ST HIGHLAND PARK, MI 48203	81-3668707	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
BAILEY PARK PROJECT, THE 2200 HUNT ST., #411 DETROIT, MI 48207	46-2725559	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
BARRIER BUSTERS 415 W. MICHIGAN AVE YPSILANTI, MI 48197	38-6004894	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
BEAUMONT HEALTH 3711 W. 13 MILE RD ROYAL OAK, MI 48073	36-4852171	501(C)(3)	55,000.	0.	N/A	N/A	GRANT
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST., STE. 218 - DETROIT, MI 48206-1500	38-6112533	501(C)(3)	116,900.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF WASHTENAW CTY - 11 W. MICHIGAN AVE - YPSILANTI, MI 48197	26-0344984	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
BINT JEBAIL CULTURAL CENTER 14201 PROSPECT ST DEARBORN, MI 48126	38-2977860	501(C)(3)	21,694.	0.	N/A	N/A	GRANT
BIRTH DETROIT PO BOX 19727 DETROIT, MI 48219	84-2980807	501(C)(3)	200,000.	0.	N/A	N/A	GRANT
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	155,253.	0.	N/A	N/A	GRANT
BLACK MALE EDUCATORS ALLIANCE 1550 TAYLOR ST DETROIT, MI 48206	82-3283296	501(C)(3)	260,000.	0.	N/A	N/A	GRANT
BLACK MOTHERS BREASTFEEDING ASSOCIATION - 19750 BURT RD., STE. #205 - DETROIT, MI 48076	74-3235491	501(C)(3)	105,000.	0.	N/A	N/A	GRANT
BLUEGREEN ALLIANCE FOUNDATION 2701 UNIVERSITY AVE. SE, # 209 MINNEAPOLIS, MN 55414	20-3477309	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
BOARD TRUSTEES-MICHIGAN STATE UNIVERSITY - 426 AUDITORIUM RD, ROOM 360 - EAST LANSING, MI 48824	38-6005984	501(C)(3)	6,831.	0.	N/A	N/A	GRANT
BOYS & GIRLS CLUB OF TROY 3670 JOHN R TROY, MI 48083	23-7390931	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTED RD., STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	105,000.	0.	N/A	N/A	GRANT
BRIDGING COMMUNITIES INC. 6900 MCGRAW DETROIT, MI 48210	38-3434841	501(C)(3)	53,080.	0.	N/A	N/A	GRANT
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	47-3446334	501(C)(3)	124,880.	0.	N/A	N/A	GRANT
BURNING BUSH INTERNATIONAL MINISTRIES - 30355 ANNAPOLIS - WESTLAND, MI 48186	38-3501461	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CALEB'S KIDS 22200 W. ELEVEN MILE RD SOUTHFIELD, MI 48037	82-1699542	501(C)(3)	49,500.	0.	N/A	N/A	GRANT
CANFIELDS CONSORTIUM 4017 MONTCLAIR ST. DETROIT, MI 48214	47-2830680	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CANIFF LIBERTY ACADEMY 2650 CANIFF ST HAMTRAMCK, MI 48212	38-3882048	501(C)(3)	168,000.	0.	N/A	N/A	GRANT
CAPUCHIN SOUP KITCHEN 1820 MT. ELLIOTT ST DETROIT, MI 48207	38-1525161	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD. FRASER, MI 48026	38-2175274	501(C)(3)	85,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE SEATS OF MICHIGAN 13 N WASHINGTON ST, STE 146 YPSILANTI, MI 48197	87-3352823	501(C)(3)	18,750.	0.	N/A	N/A	GRANT
CARE-BASED SAFETY 4860 WASHTENAW AVE, STE I-129 ANN ARBOR, MI 48108	88-3216853	501(C)(3)	36,600.	0.	N/A	N/A	GRANT
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48220	38-3429921	501(C)(3)	76,000.	0.	N/A	N/A	GRANT
CATHOLIC CHARITIES OF SE MICHIGAN 24445 NORTHWESTERN HWY., STE. 200 SOUTHFIELD, MI 48075-2437	45-3623184	501(C)(3)	333,220.	0.	N/A	N/A	GRANT
CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNTY - 4925 PACKARD RD - ANN ARBOR, MI 48108	38-1654500	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
CAUGHT UP 5811 GRAYTON DETROIT, MI 48224	47-2302502	501(C)(3)	260,000.	0.	N/A	N/A	GRANT
CENTER FOR SUCCESS NETWORK-FIDUCIARY FOR THE PONTIAC UNITED - 1600 EAST GRAND BLVD - DETROIT, MI 48211	46-3792734	501(C)(3)	122,000.	0.	N/A	N/A	GRANT
CENTRO MULTICULTURAL LA FAMILIA, INC. - 35 W. HURON ST., SUITE 100 - PONTIAC, MI 48342	20-8900737	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CHALDEAN AMERICAN LADIES OF CHARITY - 2033 AUSTIN DRIVE - TROY, MI 48083	38-2336363	501(C)(3)	74,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)(3)	54,000.	0.	N/A	N/A	GRANT
CHILDS PLAY FOUNDATION, INC 20400 RENFREW RD DETROIT, MI 48221	86-2707543	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
CHILD CARE NETWORK WASHTENAW 4 C 3941 RESEARCH PARK DRIVE SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
CHILDREN'S CENTER OF WAYNE COUNTY, INC. - 79 W. ALEXANDRINE ST. - DETROIT, MI 48201	38-1359505	501(C)(3)	29,750.	0.	N/A	N/A	GRANT
CITY YEAR DETROIT 2937 E. GRAND BLVD., 4TH FLOOR DETROIT, MI 48202	22-2882549	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
CLARK PARK COALITION 1130 CLARK ST DETROIT, MI 48209	38-3462192	501(C)(3)	40,500.	0.	N/A	N/A	GRANT
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3)	38,250.	0.	N/A	N/A	GRANT
CODE313, INC 2987 FRANKLIN ST. DETROIT, MI 48207	83-3348532	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CODY ROUGE COMMUNITY ACTION ALLIANCE - 19321 W. CHICAGO - DETROIT, MI 48228	27-1841875	501(C)(3)	113,575.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLOR OF AUTISM 425 E 14 MILE RD BIRMINGHAM, MI 48009	26-4664321	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY - 13477 EUREKA ST - DETROIT, MI 48212	38-3303926	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
COMMUNITIES IN SCHOOLS OF MICHIGAN, INC - 721 N. CAPITOL SUITE #100 - LANSING, MI 48906	45-3736821	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
COMMUNITY & HOME SUPPORTS 2111 WOODWARD AVE., STE 608 DETROIT, MI 48201	26-3365037	501(C)(3)	51,000.	0.	N/A	N/A	GRANT
COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113	38-2792610	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
COMMUNITY FAMILY LIFE CENTERS 1375 S. HARRIS RD YPSILANTI, MI 48198	32-0115383	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 W. FORT ST, STE 2010 - DETROIT, MI 48226	38-2530980	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
COMMUNITY HOUSING NETWORK 570 KIRTS BLVD STE# 231 TROY, MI 48084	38-3372734	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
COMMUNITY RESOURCE CENTER 122 W. MAIN MANCHESTER, MI 48158	38-2792399	501(C)(3)	15,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTING THROUGH THE ARTS & EDUCATION - 25423 WOODWARD AVE - ROYAL OAK, MI 48067	46-5403764	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CONGRESS OF COMMUNITIES 4870 ST. HEDWIG ST DETROIT, MI 48210	81-2759276	501(C)(3)	7,000.	0.	N/A	N/A	GRANT
CONQUERORS CHURCH & MINISTRIES 34375 S. GRATIOT AVE CLINTON TOWNSHIP, MI 48038	38-2537598	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
COVENANT COMMUNITY CARE, INC 559 W. GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	122,350.	0.	N/A	N/A	GRANT
CROSSROADS OF MICHIGAN 2424 WEST GRAND BOULEVARD DETROIT, MI 48208	38-2539852	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DABO-DETROIT ASSOC OF BLACK ORGANIZATIONS, INC. - 12048 GRAND RIVER AVE - DETROIT, MI 48204	47-3081843	501(C)(3)	271,567.	0.	N/A	N/A	GRANT
DAVID ELLIS ACADEMY 18977 SCHAEFER HWY DETROIT, MI 48235	38-3392947	501(C)(3)	168,000.	0.	N/A	N/A	GRANT
DAVID ELLIS ACADEMY-WEST 19800 BEECH DALY RD REDFORD, MI 48240	36-4555500	501(C)(3)	420,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESIGN CONNECT 512 GRATEN ST. BIRMINGHAM, MI 48009	82-5370536	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
DETROIT AREA PRE COLLEGE ENGINEERING - 100 FARNSWORTH # 245 - DETROIT, MI 48202	38-2451827	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
DETROIT CRIME COMMISSION 26211 CENTRAL PARK BLVD, STE 304 SOUTHFIELD, MI 48076	45-2920058	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
DETROIT FOOD AND ENTREPRENEURSHIP ACADEMY - 4444 SECOND AVE. - DETROIT, MI 48201	46-2408286	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
DETROIT HEALS DETROIT 16485 E. 8 MILE RD EAST POINTE, MI 48021	93-2828005	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
DETROIT HORSE POWER 4414 51 ST. DETROIT, MI 48210	47-3212490	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
DETROIT JUSTICE CENTER 1420 WASHINGTON BLVD, STE 301 DETROIT, MI 48226	82-2295339	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
DETROIT PHEONIX CENTER 1420 WASHINGTON BLVD STE 301 DETROIT, MI 48226	82-1262148	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD SUITE 547 DETROIT, MI 48226	30-0056848	501(C)(3)	102,252.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT PUBLIC SCHOOLS FOUNDATION 3011 W. GRAND BLVD. STE 1004 DETROIT, MI 48202	30-0135450	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
DETROIT RESCUE MISSION MINISTRIES 150 STIMSON DETROIT, MI 48201	38-1459371	501(C)(3)	21,000.	0.	N/A	N/A	GRANT
DETROIT WAYNE INTEGRATED HEALTH NETWORK - 8726 WOODWARD AVE - DETROIT, MI 48202	46-3351818	501(C)(3)	8,700.	0.	N/A	N/A	GRANT
DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROYAL OAK, MI 48067	38-6027356	501(C)(3)	191,960.	0.	N/A	N/A	GRANT
DEVELOPING K.I.D.S. 19321 W. CHICAGO ST. DETROIT, MI 48228	01-0893642	501(C)(3)	278,424.	0.	N/A	N/A	GRANT
DEVELOPMENT CENTERS, INC 17421 TELEGRAPH RD DETROIT, MI 48219	38-2440204	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
DISCOVERY CREATIVE PATHWAYS - REDFORD - 19360 HARPER AVE - HARPER WOODS, MI 48225	81-5135017	501(C)(3)	390,000.	0.	N/A	N/A	GRANT
DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD FARMINGTON HILLS, MI 48331	47-4907105	501(C)(3)	458,439.	0.	N/A	N/A	GRANT
DMC SINAI GRACE HOSPITAL 6071 WEST OUTER DR DETROIT, MI 48235	27-2844632	501(C)(3)	40,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HWY DETROIT, MI 48207	27-5106242	501(C)(3)	170,000.	0.	N/A	N/A	GRANT
EASTERN MICHIGAN FOUNDATION 850 W CROSS ST YPSILANTI, MI 48197	38-2953297	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
E-COMMUNITY OUTREACH SERVICES 245 RUNDELL PONTIAC, MI 48342	84-4232489	501(C)(3)	26,000.	0.	N/A	N/A	GRANT
ELEVATION YOUTH CORP 7424 WILLOW CREEK DR YPSILANTI, MI 48197	82-2085163	501(C)(3)	18,750.	0.	N/A	N/A	GRANT
ENNIS CENTER FOR CHILDREN INC 129 E THIRD STREET FLINT, MI 48502	38-2222428	501(C)(3)	37,065.	0.	N/A	N/A	GRANT
ENJOY DETROIT 1938 FRANKLIN ST., SUITE 111 DETROIT, MI 48207	46-3697229	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
ENTERPRISE COMMUNITY PARTNERS 70 CORPORATE CENTER, STE 700 COLUMBIA, MD 21044	52-1231931	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
FAIR FOOD NETWORK 1250 NORTH MAIN ST., NORTH SUITE ANN ARBOR, MI 48104	26-4143394	501(C)(3)	63,750.	0.	N/A	N/A	GRANT
FAITH IN ACTION 603 S. MAIN ST CHELSEA, MI 48118	38-2463646	501(C)(3)	23,800.	0.	N/A	N/A	GRANT

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FAMILY ASSISTANCE FOR RENAISSANCE MEN - 8701 GRAND RIVER, STE 173 - DETROIT, MI 48223	37-1738498	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
FAMILY LEARNING INSTITUTE OF ANN ARBOR - 1954 S. INDUSTRIAL HWY, STE D - ANN ARBOR, MI 48104	38-3514675	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
FEONIX-MOBLITY RISING 211 N 14TH ST LINCOLN, NE 68508	82-4842980	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
FIGURE SKATING IN DETROIT 361 W. 125TH ST, 4TH FLOOR NEW YORK, NY 10027	13-3945168	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	51,000.	0.	N/A	N/A	GRANT
FISH AND LOAVES COMMUNITY FOOD PANTRY - 25670 NORTHLINE RD - TAYLOR, MI 48180	20-5865585	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
FOCUS HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3)	205,250.	0.	N/A	N/A	GRANT
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	78,883.	0.	N/A	N/A	GRANT
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	230,000.	0.	N/A	N/A	GRANT

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FOUNDATIONS PRESCHOOL OF WASHTENAW CTY - 3770 PACKARD RD - ANN ARBOR, MI 48108	38-1256680	501(C)(3)	7,500.	0.	N/A	N/A	GRANT
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOIX AVE DETROIT, MI 48207	38-1845857	501(C)(3)	791,662.	0.	N/A	N/A	GRANT
FRIENDS IN DEED OF WASHTENAW COUNTY - 1196 ECORSE RD - YPSILANTI, MI 48198	38-2443974	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
FRIENDS OF PARKSIDE 5000 CONNER, STE 103 DETROIT, MI 48213	38-3017821	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
FRIENDS OF THE CHILDREN 7375 WOODWARD AVE, SUITE 1521 DETROIT, MI 48202	82-1577991	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
FURNITURE BANK OF SOUTHEASTERN MI 333 NORTH PERRY PONTIAC, MI 48342	38-1914651	501(C)(3)	67,500.	0.	N/A	N/A	GRANT
GAY ELDERS OF METRO DETROIT SAGE METRO DETROIT, 290 W NINE MILE FERNDAL, MI 48220	47-3464425	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
GIANNA HOUSE FOUNDATION 21357 REDMOND AVE EASTPOINT, MI 48021	20-4814985	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
GIRLS GROUP 2531 JACKSON AVE, STE 188 ANN ARBOR, MI 48103	20-4814985	501(C)(3)	37,500.	0.	N/A	N/A	GRANT

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GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN - 2131 BEAUFAIT ST. - DETROIT, MI 48207-3410	38-2156255	501(C)(3)	172,235.	0.	N/A	N/A	GRANT
GROWING HOPE 922 W. MICHIGAN AVE YPSILANTI, MI 48197	74-3091845	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
GREEN LIVING SCIENCE 1331 HOLDEN STREET DETROIT, MI 48202	27-4304259	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
HABITAT FOR HUMANITY OF OAKLAND COUNTY, INC. - 150 OSMUN ST. - PONTIAC, MI 48342	38-3244099	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
HANDS ACROSS THE WATER, INC 781 AVIS DR, STE 200 ANN ARBOR, MI 48103	38-3167509	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
HANNAN CENTER 4750 WOODWARD AVE DETROIT, MI 48201	81-4810239	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
HAVEN 801 VANGUARD DR. PONTIAC, MI, MI 48343-1045	38-2426175	501(C)(3)	84,333.	0.	N/A	N/A	GRANT
HEALTHY KIDZ, INC. 10301 W. SEVEN MILE DETROIT, MI 48221	20-3347549	501(C)(3)	235,018.	0.	N/A	N/A	GRANT
HENRY FORD HEALTH SYSTEMS 1 FORD PLACE, 5B DETROIT, MI 48202	38-1357020	501(C)(3)	15,000.	0.	N/A	N/A	GRANT

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HERE TO HELP FOUNDATION 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070	20-8057969	501(C)(3)	31,875.	0.	N/A	N/A	GRANT
HIGHER GROUND ABODES 433 ROLAND RD GROSSE POINTE FARMS, MI 48236	82-4987648	501(C)(3)	15,960.	0.	N/A	N/A	GRANT
HITHA HEALING HOUSE, INC 31 CEDARHURST PI DETROIT, MI 48203	88-2604964	501(C)(3)	15,960.	0.	N/A	N/A	GRANT
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD., SUITE 101 DETROIT, MI 48201	38-3315978	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
HOPE ACADEMY 12121 BROADSTREET DETROIT, MI 48204	38-3430772	501(C)(3)	150,200.	0.	N/A	N/A	GRANT
HOPE HOSPITALITY & WARMING CENTER 249 BALDWIN AVE PONTIAC, MI 48342	38-3571989	501(C)(3)	46,750.	0.	N/A	N/A	GRANT
HOPE VILLAGE REVITALIZATION 14030 LA SALLE BLVD DETROIT, MI 48238	01-0790394	501(C)(3)	70,000.	0.	N/A	N/A	GRANT
HOSPITALITY HOUSE 2075 E WEST MAPLE RD., STE B204 COMMERCE TWP, MI 48390	38-3635226	501(C)(3)	31,875.	0.	N/A	N/A	GRANT
HOUSING BUREAU FOR SENIORS 3003 SOUTH STATE ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	10,000.	0.	N/A	N/A	GRANT

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HURON VALLY HOSPITAL 1 WILLIAMS CARLS DR COMMERCE TWP, MI 48382	27-2844563	501(C)(3)	78,529.	0.	N/A	N/A	GRANT
INTERFAITH COUNCIL FOR PEACE AND JUSTICE - 11414 HILL ST. - ANN ARBOR, MI 48104	38-2528035	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
INTERFAITH HOSPITALITY NETWORK 4290 JACKSON RD ANN ARBOR, MI 48103	38-2052598	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
INTERFAITH LEADERSHIP COUNCIL OF METRO DETROIT - PO BOX 252271 - W. BLOOMFIELD, MI 48325	27-1572126	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
INTERNATIONAL INSTITUTE OF METRO DETROIT INC. - 111 E. KIRBY - DETROIT, MI 48202-4003	38-1358200	501(C)(3)	57,000.	0.	N/A	N/A	GRANT
ISLAMIC CENTER OF DETROIT, INC 14350 TIREMAN DETROIT, MI 48228	38-3537457	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
JEFFERSON EAST 300 RIVER PLACE DR., SUITE 5250 DETROIT, MI 48207	38-3231066	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
JEWISH FAMILY SERVICE OF METRO DETROIT - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	184,500.	0.	N/A	N/A	GRANT
JEWISH FAMILY SERVICES OF WASHTENAW CTY - 2245 S. STATE ST., STE 200 - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	64,000.	0.	N/A	N/A	GRANT

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JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH RD, STE 210 BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
JOURNEY OF FAITH CHRISTIAN CHURCH 1900 MANCHESTER RD ANN ARBOR, MI 48104	38-1797501	501(C)(3)	12,500.	0.	N/A	N/A	GRANT
JOURNEY TO HEALING 66 COLORADO ST HIGHLAND PARK, MI 48203	83-2494109	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
JOYFUL TREATS COMMUNITY DEVELOPMENT - 103 ECORSE RD, STE B - YPSILANTI, MI 48198	46-0628538	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET, STE 200 DETROIT, MI 48226	38-1348535	501(C)(3)	61,313.	0.	N/A	N/A	GRANT
KEEP IT MOVING DETROIT 23169 MICHIGAN AVE, STE 2350 DEARBORN, MI 48123	30-0141869	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
KEYS GRACE ACADEMY 27321 HAMPDEM ST MADISON HEIGHTS, MI 48071	47-4356692	501(C)(3)	180,000.	0.	N/A	N/A	GRANT
LAHC-LEADERS ADVANCING AND HELPING COMMUNITIES - 5275 KENILWORTH - DEARBORN, MI 48126	38-3081799	501(C)(3)	3,100,000.	0.	N/A	N/A	GRANT
LAKESHORE LEGAL AID 32 MARKET ST. MOUNT CLEMENS, MI 48043-5640	38-1850908	501(C)(3)	85,000.	0.	N/A	N/A	GRANT

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LAWRENCE TECHNOLOGICAL UNIVERSITY 21000 W. 10 MILE RD. SOUTHFIELD, MI 48075	38-1369604	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
LEAPS & BOUNDS FAMILY SERVICES 8129 PACKARD AVE. WARREN, MI 48089	38-2854143	501(C)(3)	435,000.	0.	N/A	N/A	GRANT
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3)	42,500.	0.	N/A	N/A	GRANT
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN - 420 N. 4TH AVE - ANN ARBOR, MI 48104	38-1845444	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
LIFE REMODELED PO BOX 28508 DETROIT, MI 48228	27-5020487	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
LINC UP NONPROFIT HOUSING CORP 1167 MADISON AVE SE STE 200 GRAND RAPIDS, MI 49507	38-3537915	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
LIVE6 ALLIANCE 7426 W. MCNICHOLS DETROIT, MI 48221	81-2649383	501(C)(3)	48,080.	0.	N/A	N/A	GRANT
LIVING ARTS 8701 W. VERNOR STE. 301 DETROIT, MI 48209	43-1950379	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
MACK AVENUE COMMUNITY CHURCH COMMUNITY DEVELOPMENT CORP - 7900 MACK AVE - DETROIT, MI 48214	27-2810691	501(C)(3)	40,080.	0.	N/A	N/A	GRANT

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MACOMB COUNTY HEALTH DEPT 120 NORTH MAIN STREET, 2ND FLOOR MOUNT CLEMENS, MI 48043	38-6004868	GOVERNMENT	169,929.	0.	N/A	N/A	GRANT
MACOMB FAMILY SERVICES INC 124 W. GATES ROMEO, MI 48065	38-2315965	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
MACOMB FOSTER CLOSET 158 S. MAIN MOUNT CLEMENS, MI 48046	82-5120556	501(C)(3)	26,000.	0.	N/A	N/A	GRANT
MARINERS INN 445 LEYARD ST DETROIT, MI 48201	38-2136488	501(C)(3)	25,500.	0.	N/A	N/A	GRANT
MATH CORPS 261 E. MAPLE ROAD BIRMINGHAM, MI 48009	82-4958844	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3)	831,580.	0.	N/A	N/A	GRANT
MACOMB COUNTY ROTATING EMERGENCY SHELTER - 215 S. MAIN ST - MOUNT CLEMENS, MI 48043	38-2842494	GOVERNMENT	84,333.	0.	N/A	N/A	GRANT
MEDREIMAGINED 23 ALBEMARIE ST BALTIMORE, MD 21202	92-3215345	501(C)(3)	134,176.	0.	N/A	N/A	GRANT
MEN LLC 5284 COURVILLE DETROIT, MI 48224	88-3471359	501(C)(3)	500,000.	0.	N/A	N/A	GRANT

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MENTOR2YOUTH 111 S. WALLACE BLVD YPSILANTI, MI 48197	38-3855138	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
MERCY EDUCATION PROJECT 1450 HOWARD ST. DETROIT, MI 48216	38-3209556	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
METRO ORGANIZATION STRATEGY ENABLING STRENGTH - 220 BAGELY ST, STE 420 - DETROIT, MI 48226	38-3357583	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
MEXQUENSES UNIDOS DE MICHIGAN PO BOX 3099 ANN ARBOR, MI 48104	88-3981359	501(C)(3)	45,066.	0.	N/A	N/A	GRANT
MICHIGAN EDUCATIONAL CHOICE CENTER 20045 JOANN AVE DETROIT, MI 48205	45-5225167	501(C)(3)	186,200.	0.	N/A	N/A	GRANT
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET, SUITE 1G LANSING, MI 48906	38-1360557	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
MICHIGAN MATH AND SCIENCE ACADEMY 223700 DEQUINDRE RD WARREN, MI 48092	26-3243703	501(C)(3)	312,400.	0.	N/A	N/A	GRANT
MICHIGAN PRISON DOULA INITIATIVE PO BOX 7252 ANN ARBOR, MI 48107	82-2200760	501(C)(3)	16,000.	0.	N/A	N/A	GRANT
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD, SUITE 47B BINGHAM FARMS, MI 48025	38-3580432	501(C)(3)	43,911.	0.	N/A	N/A	GRANT

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MOTHERING JUSTICE 622 WALNUT AVE ROYAL OAK, MI 48073	45-3740989	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
NATURE'S PLAYHOUSE 714 LEROY ST FERNDAL, MI 48220	47-5437020	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
NEIGHBORHOOD SERVICE ORGANIZATION 882 OAKMAN BLVD, STE C DETROIT, MI 48238-4019	38-1561624	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
NEW PARADIGM COLLEGE PREP 4001 29TH STREET DETROIT, MI 48210	45-1842786	501(C)(3)	104,160.	0.	N/A	N/A	GRANT
NEW PARADIGM GLAZER LOVING ACADEMY 2001 LA BELLE ST DETROIT, MI 48238	45-2966960	501(C)(3)	134,400.	0.	N/A	N/A	GRANT
NIA PURPOSE 4 LIFE AGENCY 8321 ESPER ST DETROIT, MI 48204	84-5128842	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
NONPROFIT ENTERPRISE AT WORK INC 1100 N MAIN ST, STE 100 ANN ARBOR, MI 48104	38-2825019	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
OAKLAND COMMUNITY HEALTH NETWORK 5505 CORPORATE DR TROY, MI 48068	38-3437521	501(C)(3)	8,700.	0.	N/A	N/A	GRANT

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OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD. PONTIAC, MI 48235-2507	38-1358388	501(C)(3)	125,000.	0.	N/A	N/A	GRANT
MICHIGAN ORGANIZING PROJECT 4405 WESSON ST DETROIT, MI 48210	38-3058190	501(C)(3)	28,750.	0.	N/A	N/A	GRANT
OAKLAND INTERNATIONAL ACADEMY 8228 CONANT ST DETROIT, MI 48211	38-3478770	501(C)(3)	74,200.	0.	N/A	N/A	GRANT
OAKLAND LIVINGSTON HUMAN SVD AGENCY - PO BOX 430598 - PONTIAC, MI 48343-0598	38-1785665	501(C)(3)	155,000.	0.	N/A	N/A	GRANT
OAKLAND UNIVERSITY 3151 UNIVERSITY DR. AUBURN HILLS, MI 48326	38-1714400	501(C)(3)	192,500.	0.	N/A	N/A	GRANT
ON MY OWN OF MICHIGAN, INC. 1250 KIRTS BLVD, SUITE 300 TROY, MI 48084	38-3366049	501(C)(3)	34,368.	0.	N/A	N/A	GRANT
OPERATION REFUGE 27717 CARLYSLE INKSTER, MI 48141	26-1752073	501(C)(3)	6,550.	0.	N/A	N/A	GRANT
OSBORN NEIGHBORHOOD ALLIANCE 13560 E. MCNICHOLS DETROIT, MI 48205	81-4399151	501(C)(3)	35,580.	0.	N/A	N/A	GRANT
OUR HOUSE 2737 HOLYOKE LN ANN ARBOR, MI 48103	80-0847767	501(C)(3)	30,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE NEIGHBORHOOD CENTER 1111 N. MAPLE RD ANN ARBOR, MI 48103	27-7437867	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
PEACE PLAYERS INTERNATIONAL - DETROIT - 1100 15TH ST, 4TH FLOOR - WASHINGTON, DC 20005	52-2272092	501(C)(3)	91,000.	0.	N/A	N/A	GRANT
PEARLS OF SERVICE FOUNDATION 32455 W. 12 MILE RD FARMINGTON HILLS, MI 48333	38-3479099	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PERFECTING CHURCH 7616 E. NEVADA ST. DETROIT, MI 48234	38-2889301	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
PIAST INSTITUTE 11633 JOSEPH CAMPAU HAMTRAMICK, MI 48212	30-0154459	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
POPE FRANCIS CENTER 438 ST. ANTOINE DETROIT, MI 48226	81-2516039	501(C)(3)	31,875.	0.	N/A	N/A	GRANT
PUBLIC OWNED PROPERTY SOLUTIONS 400 RENAISSANCE CENTER, STE 2600 DETROIT, MI 48243	83-2060791	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
RACQUET UP DETROIT P.O. BOX 11404 DETROIT, MI 48211	27-2620275	501(C)(3)	37,200.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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READ TO A CHILD INC. 20 WILLIAM STREET, G25 WELLESLEY, MA 02481	20-3526239	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
REDFORD INTERFAITH RELIEF 18499 BEECH DALY RD REDFORD, MI 48240-1804	38-3390350	501(C)(3)	42,500.	0.	N/A	N/A	GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE ST., SUITE 9000 - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	67,000.	0.	N/A	N/A	GRANT
REMEMBERING CHERUBS 1420 WASHINGTON BLVD, STE 301 DETROIT, MI 48226	84-2091423	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
RENAISSANCE OF HOPE 10100 GRAND RIVER AVE DETROIT, MI 48204	86-2582496	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
RTTM COMMUNITY CENTER 9016 VAN DYKE DETROIT, MI 48213	83-2077822	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
RUTH ELLIS CENTER 95 VICTOR ST. HIGHLAND PARK, MI 48203-3129	38-3501697	501(C)(3)	84,334.	0.	N/A	N/A	GRANT
RUTHERFORD WINANS 16411 CURTIS DETROIT, MI 48235	46-0606205	501(C)(3)	210,000.	0.	N/A	N/A	GRANT
S&D PJ HOUSING 12400 E. SEVEN MILE RD DETROIT, MI 48221	46-3208321	501(C)(3)	40,000.	0.	N/A	N/A	GRANT

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SAFEHOUSE CENTER 4100 CLARK RD ANN ARBOR, MI 48105	38-2121751	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	55,250.	0.	N/A	N/A	GRANT
SAY DETROIT 29836 TELEGRAPH RD SOUTHFIELD, MI 48034	20-4786626	501(C)(3)	196,000.	0.	N/A	N/A	GRANT
SECOND EBENEZER BAPTIST CHURCH 14601 DEQUINDRE RD DETROIT, MI 48212	23-7294577	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
SER METRO DETROIT - JOBS FOR PROGRESS, INC. - 9301 MICHIGAN AVENUE - DETROIT, MI 48210	38-2080820	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
SHELTER ASSOCIATION OF WASHTENAW CTY - PO BOX 7370 - ANN ARBOR, MI 48107	38-2533030	501(C)(3)	34,000.	0.	N/A	N/A	GRANT
SINAI-GRACE GUILD COMMUNITY DEVELOPMENT CORP - 6071 W. OUTER DR., STE L145 - DETROIT, MI 48235	38-6092104	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
SINGLE FAMILY LIVING 1420 WASHINGTON BLVD, STE 301 DETROIT, MI 48226	46-2223901	501(C)(3)	7,000.	0.	N/A	N/A	GRANT
SOAR DETROIT 21001 MOROSS RD DETROIT, MI 48236	38-3477837	501(C)(3)	35,000.	0.	N/A	N/A	GRANT

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SOCIETY OF ST. VINCENT DEPAUL 3000 GRATIOT AVE DETROIT, MI 48207	38-1359592	501(C)(3)	42,625.	0.	N/A	N/A	GRANT
SOS COMMUNITY SERVICE 101 S. HURON YPSILANTI, MI 48197	38-2037588	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
SOUTH OAKLAND SHELTER LIGHTHOUSE MI, 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
SOUTHEAST MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BLVD. STE 200 - DETROIT, MI 48202	38-1671500	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY, STE# 800 DETROIT, MI 48216	46-2252476	501(C)(3)	67,500.	0.	N/A	N/A	GRANT
SPECTRUM HUMAN SERVICES (OP ABLE) 4750 WOODWARD # 201 DETROIT, MI 48201	51-0154248	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
ST PATRICK SENIOR CENTER, INC. 58 PARSONS DETROIT, MI 48201	38-2953534	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
ST. SUZANNE CODY ROUGE COMMUNITY RESOURCE CTR - 19321 WEST CHICAGO - DETROIT, MI 48228	83-3262979	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
ST. VINCENT & SARAH FISHER CENTER 14061 LAPPIN ST. DETROIT, MI 48205	38-1359589	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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STAND WITH TRANS 36520 SAXONY RD FARMINGTON, MI 48335	47-3135745	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	175,000.	0.	N/A	N/A	GRANT
STUDENT ADVOCACY CENTER OF MICHIGAN - 124 PEARL ST., SUITE 504 - YPSILANTI, MI 48197	38-2058667	501(C)(3)	137,500.	0.	N/A	N/A	GRANT
SURVIVORS SPEAK 122 SOUTH ST BELLVILLE, MI 48111	83-1446401	501(C)(3)	37,000.	0.	N/A	N/A	GRANT
TEACH FOR AMERICA DETROIT 1938 FRANKLIN ST., SUITE 111 DETROIT, MI 48207	13-3541913	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
THE EMPOWERMENT PLAN 7640 KERCHEVAL AVE. DETROIT, MI 48214	45-3265365	501(C)(3)	23,250.	0.	N/A	N/A	GRANT
THE KIND THERAPY 22333 LEEWRIGHT SOUTHFIELD, MI 48033	87-4394105	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
THE KONNECTION 19736 WESTMORELAND DETROIT, MI 48219	84-2853022	501(C)(3)	33,600.	0.	N/A	N/A	GRANT
THE MUTUAL AID NETWORK 32 N WASHINGTON ST YPSILANTI, MI 48197	83-3711779	501(C)(3)	15,000.	0.	N/A	N/A	GRANT

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THE SHUL 6920 ORCHARD LAKE RD. WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
THE STEPS FORWARD 212 N FIFTH AVE ANN ARBOR, MI 48104	61-1967263	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
THE YUNION, INC 1129 OAKMAN BLVD DETROIT, MI 48238	81-2507397	501(C)(3)	619,865.	0.	N/A	N/A	GRANT
TRINITY HEALTH SE MICHIGAN 5301 MCAULEY DR YPSILANTI, MI 48197	38-2113393	501(C)(3)	55,000.	0.	N/A	N/A	GRANT
TRUENORTH COMMUNITY SERVICES 6308 S WARNER AVE FREMONT, MI 49412	38-6158533	501(C)(3)	340,000.	0.	N/A	N/A	GRANT
TURNING POINT INC 158 S. MAIN, P.O BOX 1123 MT CLEMENS, MI 48043	38-2292020	501(C)(3)	51,000.	0.	N/A	N/A	GRANT
UMOJA DEBATE TEAM 16609 SORRENTO DETROIT, MI 48235	86-3179175	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
UNITED COMMUNITY HOUSING COALITION 2727 2ND AVE., STE. # 313 DETROIT, MI 48201-2657	38-2142140	501(C)(3)	38,250.	0.	N/A	N/A	GRANT
UNIVERSITY PREP ACADEMY 600 ANTOINETTE DETROIT, MI 48202	30-0573793	501(C)(3)	487,200.	0.	N/A	N/A	GRANT

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UNIVERSITY YES ACADEMY 14669 CURTIS ST DETROIT, MI 48235	27-1837383	501(C)(3)	182,560.	0.	N/A	N/A	GRANT
URBAN LEAGUE OF DETROIT 208 MACK AVE DETROIT, MI 48201	38-1358387	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
URBAN NEIGHBORHOOD INITIATIVES 8300 LONGWORTH DETROIT, MI 48209	38-3417161	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
EASTSIDE COMMUNITY NETWORK 4401 CONNER ST DETROIT, MI 48215	38-2561225	501(C)(3)	47,828.	0.	N/A	N/A	GRANT
WASHTENAW AREA COUNCIL FOR CHILDREN - 3075 W. CLARK RD, STE 110 - YPSILANTI, MI 48197	38-2245181	501(C)(3)	12,500.	0.	N/A	N/A	GRANT
WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E. HURON DR - ANN ARBOR, MI 48105	38-2575395	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
WASHTENAW HEALTH PLAN 555 TOWNER ST YPSILANTI, MI 48198	02-0585175	501(C)(3)	38,200.	0.	N/A	N/A	GRANT
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	25,000.	0.	N/A	N/A	GRANT

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WASHTENAW INTERMEDIATE SCHOOL DISTRICT - 1819 S WAGNER RD - ANN ARBOR, MI 48106	38-1717462	SCHOOL	15,000.	0.	N/A	N/A	GRANT
WASHTENAW LITERACY 5577 WHITTAKER RD YPSILANTI, MI 48197	38-2914277	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY - 7310 WOODWARD, STE. 800 - DETROIT, MI 48202	38-1976979	501(C)(3)	270,000.	0.	N/A	N/A	GRANT
WE THE PEOPLE OPPORTUNITY FARM 3000 GREEN RD ANN ARBOR, MI 48105	83-1966370	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
WEBDROID, LLC 16500 TIREMAN ST DETROIT, MI 48221	84-4550655	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
WHOH COMMUNITY SPORT COMPLEX 13031 CHANDLER PARK DR DETROIT, MI 48213	36-4943159	501(C)(3)	39,151.	0.	N/A	N/A	GRANT
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
WOMEN'S HEALTH ASSOCIATES 25150 FORD RD, STE 110 DEARBORN HEIGHTS, MI 48127	47-4622396	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
WORLD MEDICAL RELIEF 21725 MELROSE AVE. SOUTHFIELD, MI 48075	38-1575570	501(C)(3)	29,750.	0.	N/A	N/A	GRANT

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YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3)	195,236.	0.	N/A	N/A	GRANT
YMCA OF ANN ARBOR 400 W. WASHINGTON ST ANN ARBOR, MI 48103	38-1525162	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
YOUTH ARTS ALLIANCE 209 PEARL ST., STE 4 YPSILANTI, MI 48197	82-4115115	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
YOUTH COMMUNITY AGENCY 2200 HUNT ST , STE 401 DETROIT, MI 48207	27-1353112	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
YPSILANTI MEALS ON WHEELS 1110 W. CROSS ST YPSILANTI, MI 48197	38-2038528	501(C)(3)	39,500.	0.	N/A	N/A	GRANT
ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST. INKSTER, MI 48141	20-1946065	501(C)(3)	64,000.	0.	N/A	N/A	GRANT
CITY OF DETROIT/SEMHA 3011 W. GRAND BLVD. STE 200 DETROIT, MI 48197	38-1671500	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
CITY OF PONTIAC PO BOX 805046 CHICAGO, IL 60680	38-6005034	GOVERNMENT	196,250.	0.	N/A	N/A	GRANT
ARTS & TECHNOLOGY ACADEMY OF PONTIAC - 888 ENTERPRISE DR - PONTIAC, MI 48341	38-3572745	501(C)(3)	307,854.	0.	N/A	N/A	GRANT

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ACADEMY OF WARREN 13943 E. 8 MILE RD WARREN, MI 48089	61-1473532	501(C)(3)	280,000.	0.	N/A	N/A	GRANT
BARBER PREPARATORY ACADEMY 45 BUENA VISTA HIGHLAND PARK, MI 48203	46-0658165	501(C)(3)	90,160.	0.	N/A	N/A	GRANT
THE DEARBORN ACADEMY 19310 FORD RD DEARBORN, MI 48128	38-3348338	SCHOOL	300,000.	0.	N/A	N/A	GRANT
DEARBORN CITY SCHOOL DISTRICT 18700 AUDETTE DEARBORN, MI 48124	38-6004193	SCHOOL	7,199,845.	0.	N/A	N/A	GRANT
DETROIT ACADEMY OF ARTS AND SCIENCES - 2985 E. JEFFERSON AVE - DETROIT, MI 48207	38-3364099	SCHOOL	392,000.	0.	N/A	N/A	GRANT
DETROIT EDISON PUBLIC SCHOOL ACADEMY - 1903 WILKINS - DETROIT, MI 48207	38-3417883	SCHOOL	308,000.	0.	N/A	N/A	GRANT
DETROIT LEADERSHIP ACADEMY K-8 13600 VIRGIL DETROIT, MI 48223	27-2440169	SCHOOL	203,539.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 W. GRAND BLVD., 14TH FLOOR - DETROIT, MI 48202	81-2847693	SCHOOL	10,012,578.	0.	N/A	N/A	GRANT
DETROIT SERVICE LEARNING ACADEMY 21605 W. SEVEN MILE RD DETROIT, MI 48219	38-3478684	SCHOOL	222,600.	0.	N/A	N/A	GRANT

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EASTPOINTE COMMUNITY SCHOOLS 24685 KELLY RD EASTPOINTE, MI 48021	38-6002520	SCHOOL	550,200.	0.	N/A	N/A	GRANT
FERNDAL SCHOOL 871 PINECREST DR. FERNDAL, MI 48220	38-6003089	SCHOOL	567,364.	0.	N/A	N/A	GRANT
HAZEL PARK SCHOOL DISTRICT 1620 E. ELZA AVE HAZEL PARK, MI 48030	38-6003088	SCHOOL	592,136.	0.	N/A	N/A	GRANT
HOLLY AREA SCHOOL DISTRICT 920 BAIRD STREET HOLLY, MI 48442	38-6008212	SCHOOL	42,264.	0.	N/A	N/A	GRANT
MADISON DISTRICT PUBLIC SCHOOLS 26550 JOHN R RD MADISON HEIGHTS, MI 48071	38-6003090	SCHOOL	311,520.	0.	N/A	N/A	GRANT
SOUTHFIELD PUBLIC SCHOOLS 24661 LAHSEY ROAD SOUTHFIELD, MI 48033	38-6003094	SCHOOL	899,680.	0.	N/A	N/A	GRANT
SUMMIT ACADEMY NORTH ELEMENTARY 18601 MIDDLEBELT RD ROMULUS, MI 48174	38-3399067	SCHOOL	662,400.	0.	N/A	N/A	GRANT
UNIVERSITY OF MICHIGAN DEARBORN-MATH CORPS - 4901 EVERGREEN - DEARBORN, MI 48128	38-6006309	SCHOOL	44,800.	0.	N/A	N/A	GRANT
WALTON CHARTER ACADEMY 744 E. WALTON BLVD PONTIAC, MI 48340	38-3479189	SCHOOL	202,303.	0.	N/A	N/A	GRANT

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WAYNE STATE UNIVERSITY-MATH CORPS 5057 WOODWARD AVE, 13TH FLOOR DETROIT, MI 48202	38-6028429	SCHOOL	336,000.	0.	N/A	N/A	GRANT
WEST BLOOMFIELD SCHOOL DISTRICT 5810 COMMERCE RD WEST BLOOMFIELD, MI 48324	38-6007700	SCHOOL	195,236.	0.	N/A	N/A	GRANT
THE ARTHRITIS FOUNDATION 1355 PEACHSTREE ST., STE. 600 ATLANTA, GA 30309-3234	58-1341679	501(C)(3)	6,095.	0.	N/A	N/A	GRANT
ALZHEIMER'S ASSOCIATION GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD., STE. 100 - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	58,711.	0.	N/A	N/A	GRANT
SCHOOL DISTRICT OF THE CITY OF PONTIAC - 47200 WOODWARD AVE - PONTIAC, MI 48342	38-6003035	SCHOOL	50,000.	0.	N/A	N/A	GRANT
RIVER ROUGE SCHOOL DISTRICT 1460 W. COOLIDGE HWY RIVER ROUGE, MI 48218	38-6004161	SCHOOL	100,000.	0.	N/A	N/A	GRANT
CHARTER TOWNSHIP OF WATERFORD 5200 CIVIC CENTER DR WATERFORD, MI 48329	38-6007299	GOVERNMENT	11,359.	0.	N/A	N/A	GRANT
CHARTER TOWNSHIP OF WEST BLOOMFIELD - 4550 WALNUT LAKE RD - W. BLOOMFIELD, MI 48323	38-6007323	GOVERNMENT	8,124.	0.	N/A	N/A	GRANT
CITY OF FERNDAL 300 E. NINE MILE RD FERNDAL, MI 48220	38-6004610	GOVERNMENT	5,959.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HAZEL PARK 111 E. NINE MILE RD HAZEL PARK, MI 48030	38-6004619	GOVERNMENT	14,195.	0.	N/A	N/A	GRANT
CITY OF MADISON HEIGHTS 300 W. 13 MILE RD MADISON HEIGHTS, MI 48071	38-6025685	GOVERNMENT	12,012.	0.	N/A	N/A	GRANT
CITY OF OAK PARK 14000 OAK PARK BLVD OAK PARK, MI 48237	38-6004641	GOVERNMENT	110,360.	0.	N/A	N/A	GRANT
CITY OF SOUTHFIELD 2600 EVERGREEN RD SOUTHFIELD, MI 48076	38-6031668	GOVERNMENT	57,055.	0.	N/A	N/A	GRANT
COUNTY OF OAKLAND 2100 PONTIAC LAKE RD WATERFORD, MI 48328	38-6004876	GOVERNMENT	144,836.	0.	N/A	N/A	GRANT
WAYNE METROPOLITAN 500 GRISWALD, 20TH FLOOR DETROIT, MI 48226	20-0631006	GOVERNMENT	135,999.	0.	N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	6,695.	0.	N/A	N/A	DESIGNATION
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 W. 9 MILE RD. - FERNDALE, MI 48220	38-2882823	501(C)(3)	5,402.	0.	N/A	N/A	DESIGNATION
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3)	11,616.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 10069 DETROIT, MI 48210	13-1788491	501(C)(3)	53,178.	0.	N/A	N/A	DESIGNATION
AMERICAN LUNG ASSOC OF MICHIGAN 26555 EVERGREEN RD, STE, 540 SOUTHFIELD, MI 48076	13-1632524	501(C)(3)	15,433.	0.	N/A	N/A	DESIGNATION
AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR., SUITE 205 DETROIT, MI 48235	53-0196605	501(C)(3)	27,157.	0.	N/A	N/A	DESIGNATION
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3)	19,741.	0.	N/A	N/A	DESIGNATION
AUTISM ALLIANCE OF MICHIGAN 26913 NORTHWESTERN HWY., STE. 520 SOUTHFIELD, MI 48033	27-0472137	501(C)(3)	28,087.	0.	N/A	N/A	DESIGNATION
AUTISM SUPPORT OF MICHIGAN PO BOX 45 BANNISTER, MI 48807	38-3034552	501(C)(3)	31,212.	0.	N/A	N/A	DESIGNATION
BARBARA ANN KARMANOS CANCER INST 24601 NORTHWESTERN HWY SOUTHFIELD, MI 48341	38-1613280	501(C)(3)	168,874.	0.	N/A	N/A	DESIGNATION
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST., STE. 218 - DETROIT, MI 48206-1500	38-6112533	501(C)(3)	46,757.	0.	N/A	N/A	DESIGNATION
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	24,070.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD CANCER FOUNDATION OF MICHIGAN - 27655 MIDDLEBELT RD., STE 160 - FARMINGTON HILLS, MI 48334	38-1682300	501(C)(3)	97,523.	0.	N/A	N/A	DESIGNATION
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL - 1776 W. WARREN - DETROIT, MI 48208	38-1359086	501(C)(3)	32,199.	0.	N/A	N/A	DESIGNATION
BOYS & GIRLS CLUBS OF SOUTH OAKLAND COUNTY - 1545 E LINCOLN - ROYAL OAK, MI 48067	38-1579180	501(C)(3)	9,408.	0.	N/A	N/A	DESIGNATION
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTED RD. STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	19,829.	0.	N/A	N/A	DESIGNATION
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48220	38-3429921	501(C)(3)	6,800.	0.	N/A	N/A	DESIGNATION
CATHOLIC CHARITIES OF SE MICHIGAN 24445 NORTHWESTERN HWY., STE. 200 SOUTHFIELD, MI 48075-2437	45-3623184	501(C)(3)	71,590.	0.	N/A	N/A	DESIGNATION
CATHOLIC YOUTH ORGANIZATION 12TH STATE ST. DETROIT, MI 48226	38-1359504	501(C)(3)	29,535.	0.	N/A	N/A	DESIGNATION
CHILD ABUSE AND NEGLECT COUNCIL 44765 WOODWARD PONTIAC, MI 48341-2983	38-2305297	501(C)(3)	15,591.	0.	N/A	N/A	DESIGNATION
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3011 WEST GRAND BLVD. STE# 218 - DETROIT, MI 48202	38-1357994	501(C)(3)	65,672.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3)	37,690.	0.	N/A	N/A	DESIGNATION
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)(3)	8,837.	0.	N/A	N/A	DESIGNATION
DETROIT POLICE ATHLETIC LEAGUE INC 1680 MICHIGAN AVE. DETROIT, MI 48216	38-3314318	501(C)(3)	6,843.	0.	N/A	N/A	DESIGNATION
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SUITE 110 SOUTHFIELD, MI 48033	38-1508581	501(C)(3)	5,561.	0.	N/A	N/A	DESIGNATION
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	8,495.	0.	N/A	N/A	DESIGNATION
FOCUS HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3)	17,330.	0.	N/A	N/A	DESIGNATION
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	38,010.	0.	N/A	N/A	DESIGNATION
GILDA'S CLUB METRO DETROIT 3517 ROCHESTER RD ROYAL OAK, MI 48073	38-3150211	501(C)(3)	22,424.	0.	N/A	N/A	DESIGNATION
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 42800 GARFIELD RD - CHARTER TWP OF CLINTON, MI 48038	38-1598947	501(C)(3)	25,474.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN - 2131 BEAUFAIT ST. - DETROIT, MI 48207-3410	38-2156255	501(C)(3)	85,395.	0.	N/A	N/A	DESIGNATION
GROWING HOPE 922 W. MICHIGAN AVE YPSILANTI, MI 48197	74-3091845	501(C)(3)	10,447.	0.	N/A	N/A	DESIGNATION
HAVEN 801 VANGUARD DR. PONTIAC, MI, MI 48343-1045	38-2426175	501(C)(3)	115,470.	0.	N/A	N/A	DESIGNATION
HEAD OF THE LAKES UNITD WAY 424W. SUPERIOR ST, STE 402 DULUTH, MN 55802	41-0857077	501(C)(3)	5,989.	0.	N/A	N/A	DESIGNATION
HOMES FOR BLACK CHILDREN 1906 25TH ST. DETROIT, MI 48216	23-7133965	501(C)(3)	24,810.	0.	N/A	N/A	DESIGNATION
JEWISH FAMILY SERVICE OF METRO DETROIT - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	12,946.	0.	N/A	N/A	DESIGNATION
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET, STE 200 DETROIT, MI 48226	38-1348535	501(C)(3)	6,188.	0.	N/A	N/A	DESIGNATION
LIGHTHOUSE OF OAKLAND COUNTY 46156 WOODWARD AVE. PONTIAC, MI 48342	38-2391381	501(C)(3)	9,158.	0.	N/A	N/A	DESIGNATION
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 48116	38-2174453	501(C)(3)	45,395.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3)	5,914.	0.	N/A	N/A	DESIGNATION
MENTAL HEALTH ASSOCIATION IN MICHIGAN - P.O. BOX 11118 - LANSING, MI 48901	38-1358207	501(C)(3)	10,598.	0.	N/A	N/A	DESIGNATION
METHODIST CHILDREN S HOME SOCIETY 26645 W 6 MILE ROAD REDFORD, MI 48240	38-1240951	501(C)(3)	10,386.	0.	N/A	N/A	DESIGNATION
METRO UNITED WAY, INC. PO BOX 950148 LOUISVILLE, MI 40295-0148	61-0444680	501(C)(3)	5,333.	0.	N/A	N/A	DESIGNATION
THE MICHIGAN HISPANIC COLLABORATIVE, INC. - 1420 WASHINGTON BLVD. - DETROIT, MI 48226	81-0942886	501(C)(3)	10,792.	0.	N/A	N/A	DESIGNATION
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD, SUITE 220 BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	10,889.	0.	N/A	N/A	DESIGNATION
MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION - 3031 W. GRAND BLVD, STE 535 - DETROIT, MI 48202	20-3122770	501(C)(3)	12,178.	0.	N/A	N/A	DESIGNATION
MYASTHENIA GRAVIS FOUNDATION OF MICHIGAN - 2660 HORIZON DR SE, STE 2350 - GRAND RAPIDS, MI 49546	38-2110097	501(C)(3)	5,935.	0.	N/A	N/A	DESIGNATION
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	12,580.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD. PONTIAC, MI 48235-2507	38-1358388	501(C)(3)	8,199.	0.	N/A	N/A	DESIGNATION
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	123,786.	0.	N/A	N/A	DESIGNATION
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)(3)	40,808.	0.	N/A	N/A	DESIGNATION
RUTH ELLIS CENTER 95 VICTOR ST. HIGHLAND PARK, MI 48203-3129	38-3501697	501(C)(3)	5,704.	0.	N/A	N/A	DESIGNATION
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	20,771.	0.	N/A	N/A	DESIGNATION
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	7,355.	0.	N/A	N/A	DESIGNATION
SHELTER ASSOCIATION OF WASHTENAW CTY - PO BOX 7370 - ANN ARBOR, MI 48107	38-2533030	501(C)(3)	5,200.	0.	N/A	N/A	DESIGNATION
SICKLE CELL DISEASE ASSOCIATION 18516 JAMES COUZENS DETROIT, MI 48235	38-1963640	501(C)(3)	13,571.	0.	N/A	N/A	DESIGNATION
ST. VINCENT & SARAH FISHER CENTER 14061 LAPPIN ST. DETROIT, MI 48205	38-1359589	501(C)(3)	7,967.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	13,270.	0.	N/A	N/A	DESIGNATION
THE DETROIT INSTITUTE FOR CHILDREN 2045 E. WEST MAPLE RD, STE D407 COMMERCE TWP, MI 48390-3801	38-1359511	501(C)(3)	9,166.	0.	N/A	N/A	DESIGNATION
TURNING POINT INC 158 S. MAIN, P.O BOX 1123 MT CLEMENS, MI 48043	38-2292020	501(C)(3)	12,686.	0.	N/A	N/A	DESIGNATION
UNITED HIV HEALTH AND BEYOND 3968 MT. ELLIOT DETROIT, MI 48207	38-2464851	501(C)(3)	6,466.	0.	N/A	N/A	DESIGNATION
UNITED NEGRO COLLEGE FUND 18701 GRAND RIVER AVE. #329 DETROIT, MI 48223	13-1624241	501(C)(3)	35,046.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GENESEE COUNTY 111 E. COURT ST. STE. #3 FLINT, MI 48502	38-1359516	501(C)(3)	22,448.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE., STE. 100 TOLEDO, OH 43604	34-4427947	501(C)(3)	12,683.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF HOWARD COUNTY 210 W. WALNUT ST. KOKOMO, IN 46901	35-0877579	501(C)(3)	9,823.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF LAPEER COUNTY (MI) 3333 JOHN CONLEY DRIVE LAPEER, MI 48446	38-3509445	501(C)(3)	18,875.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN CHICAGO 333 S. WABASH AVE., FLOOR # 30 CHICAGO, IL 60604	30-0200478	501(C)(3)	7,183.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF MONROE COUNTY (MI) 216 NORTH MONROE STREET MONROE, MI 48162	38-1437937	501(C)(3)	89,411.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF NORTHWEST MICHIGAN 4075 COPPER RIDGE DR TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	14,529.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST SUITE 200 ROCKFORD, IL 61103-6921	36-2167843	501(C)(3)	10,824.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF SAGINAW COUNTY 100 S. JEFFERSON AVE, 3RD FLOOR SAGINAW, MI 48607	38-1358215	501(C)(3)	15,106.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY STREET PORT HURON, MI 48060	38-1357996	501(C)(3)	62,423.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST. OMAHA, NE 68102	47-0376605	501(C)(3)	9,346.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	25,163.	0.	N/A	N/A	DESIGNATION
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3)	17,373.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPRING LUTHERAN SERVICES C&F PO BOX 48 BAY CITY, MI 48707-0048	38-1359524	501(C)(3)	12,233.	0.	N/A	N/A	DESIGNATION
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	42,600.	0.	N/A	N/A	DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 29777 TELEGRAPH ROAD, SUITE 1651 - SOUTHFIELD, MI 48034	13-5661935	501(C)(3)	53,585.	0.	N/A	N/A	DESIGNATION
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503-4106	38-1360923	501(C)(3)	18,460.	0.	N/A	N/A	DESIGNATION

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UTILITY ASSISTANCE	8401	6,945,599.	0.	N/A	N/A
RIDE UNITED	1530	882,337.	0.	N/A	N/A
BOOKS	6396	0.	61,392.	PURCHASE PRICE	SCHOLASTIC BOOKS

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

PART I, LINE 2:

THE GRANT AWARD PROCESS BEGINS WITH A REQUEST FOR PROPOSAL PROCESS. BASED ON A REVIEW OF THE PROPOSALS, GRANTS ARE AWARDED TO AGENCIES. THROUGHOUT THE YEAR, AGENCIES ARE REQUIRED TO SUBMIT PROGRESS REPORTS ON THE PROJECTS THAT WERE FUNDED THROUGH THE GRANT AWARD PROCESS. UWSEM ALSO CONFIRMS TAX STATUS (501C3, GOVERNMENTAL, FOR PROFIT), REVIEWS 990 DATA, AND MAY REVIEW AUDITED FINANCIALS OR OTHER SUPPORTING DOCUMENTS. IN ADDITION, UWSEM STAFF CONDUCT ON-SITE VISITS OF AGENCIES TO REVIEW PROGRESS ON GRANT ACTIVITIES DURING THE YEAR. FOR DONOR DESIGNATIONS, UWSEM VERIFIED THAT THE AGENCY IS

Part IV	Supplemental Information
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A 501(C)(3) NON-PROFIT ORGANIZATION AND THAT THE AGENCY IS IN COMPLIANCE
WITH THE PROVISIONS OF THE PATRIOT ACT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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				
(1) DR. DARIENNE HUDSON CHIEF EXECUTIVE OFFICER	(i)	404,854.	43,583.	1,200.	0.	10,362.	459,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONYA ADAIR CHIEF PEOPLE, EQUITY & ENGAGEMENT OF	(i)	247,481.	26,267.	0.	0.	19,811.	293,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRANDON LEE CHIEF OPERATING OFFICER & EXECUTIVE	(i)	235,329.	23,446.	9,041.	0.	12,796.	280,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	(i)	247,012.	14,447.	0.	0.	15,631.	277,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA SMITH PRESIDENT OF UW FOR WASHTENAW COUNTY	(i)	160,291.	26,439.	36,268.	0.	5,568.	228,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY MILES VICE PRESIDENT, COMMUNITY IMPACT	(i)	186,115.	3,768.	1,200.	0.	7,222.	198,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KYLE DUBUC VICE PRESIDENT, COMMUNICATIONS & ADV	(i)	167,250.	5,383.	1,667.	0.	22,265.	196,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SARAH GRUTZA VICE PRESIDENT, CORPORATE RELATIONS	(i)	175,000.	8,074.	0.	0.	11,000.	194,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ASHLEIGH IMERMAN CHIEF PHILANTHROPY OFFICER	(i)	175,385.	0.	0.	0.	16,821.	192,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION PAYS THE DUES FOR A DETROIT ATHLETIC CLUB MEMBERSHIP FOR
THE CEO. THE DETROIT ATHLETIC CLUB'S FACILITIES INCLUDE DINING ROOMS AND
MEETING ROOMS AND IS UTILIZED BY MANY INDIVIDUALS AND ORGANIZATIONS IN THE
DETROIT BUSINESS COMMUNITY. THE CEO USES THE MEMBERSHIP PRIMARILY TO
CONDUCT BUISNESS MEETINGS THROUGHOUT THE YEAR.

PART I, LINE 7:

BONUSES FOR THE PRESIDENT & CEO ARE SUBJECT TO A COMPENSATION POLICY AND
THE APPROVAL OF THE BOARD CHAIR AND VICE CHAIR. BONUSES FOR ALL OTHER
OFFICERS, DIRECTORS, AND EMPLOYEES ARE PAID ON A DISCRETIONARY AS
DETERMINED BY THE PRESIDENT & CEO.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,678,810.	PAYMENTS FO		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR GRANTS AND PROGRAMS FOR

INDIVIDUALS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

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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	X	16	253,949.	MARKET VALUE
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 (COMPUTER EQUIPM)	X	1	22,500.	FAIR MARKET VALUE
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 V, 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 3 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	
33		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

UNITED WAY FOR SOUTHEASTERN MICHIGAN USES THE SERVICES OF A BROKERAGE
FIRM TO SELL DONATED SECURITIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUAL LIVES IN MEASURABLE AND LASTING WAYS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED WAY FOR SOUTHEASTERN MICHIGAN FUNDS, SUPPORTS AND ADMINISTERS

SEVERAL ADDITIONAL PROGRAMS THAT SUPPORT THE OVERALL HEALTH, WELL-BEING

AND EQUITY OF OUR COMMUNITY AND ITS RESIDENTS. UNITED WAY FOR

SOUTHEASTERN MICHIGAN'S WORK IS GUIDED BY THE ALICE (ASSET LIMITED,

INCOME CONSTRAINED, EMPLOYED) REPORT, WHICH SHOWS THAT WHILE AN

UNACCEPTABLE NUMBER OF PEOPLE IN EVERY COMMUNITY ARE STRUGGLING TO MAKE

ENDS MEET, THERE ARE SIGNIFICANT DISPARITIES WHEN ANALYZED BY AGE,

RACE, AND GENDER, WITH TRADITIONALLY MARGINALIZED GROUPS BEING FAR MORE

LIKELY TO FALL BELOW THE ALICE SURVIVAL THRESHOLD. WE WORK TO ENGAGE

OUR COMMUNITY AND SHED LIGHT ON THESE DISPARITIES WHILE PROMOTING

EQUITY AS A CORE VALUE OF OUR WORK. LAST YEAR, OUR RACIAL EQUITY FUND

INVESTED \$1.2 MILLION INTO 35 ORGANIZATIONS ACROSS OUR FOUR COUNTIES.

SINCE THE FUND BEGAN IN 2022, A TOTAL INVESTMENT OF \$3.2 MILLION HAS

GONE TOWARD SUPPORTING THE ELIMINATION OF RACIAL DISPARITIES. WE ARE

ALSO WORKING TO CLOSE THE DIGITAL DIVIDE. LAST YEAR, WE DISTRIBUTED

OVER 900 DEVICES TO LOCAL STUDENTS AS A PART OF OUR EFFORTS TO ENSURE

FAMILIES IN OUR REGION HAVE EQUAL ACCESS TO THE SKILLS, DEVICES AND

TECHNOLOGY NEEDED TO ENGAGE IN THE DIGITAL WORLD AND PROSPER. WE ALSO

MOBILIZED THOUSANDS OF VOLUNTEERS AND ADVOCATES TO ROLL UP THEIR

SLEEVES AND HELP THEIR COMMUNITIES AND USE THEIR VOICES TO PUSH FOR

POLICIES THAT HELP WORKING FAMILIES. LASTLY, WE PROVIDE GRANTS AND PAY

DESIGNATIONS TO MORE THAN 120 NONPROFIT AGENCIES THAT PROVIDE DIRECT

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

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20-3099071

SERVICE TO THE COMMUNITIES OF SOUTHEASTERN MICHIGAN. MORE THAN 1 MILLION PEOPLE ARE IMPACTED THROUGH THE INVESTMENT OF RESOURCES IN EDUCATION, INCOME, AND BASIC NEEDS.

EXPENSES \$ 56,584,991. INCL GRANTS OF \$ 49,715,891. REVENUE \$ 1,173,020.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS REVIEWED BY STAFF INTERNALLY BEFORE FINALIZING. THE 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. WHEN THE BOARD OF DIRECTORS IS VOTING ON SPECIFIC ISSUES WHERE A PARTICULAR DIRECTOR MIGHT HAVE A CONFLICT OF INTEREST, THE DIRECTOR RECUSES HIMSELF FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:

KEY FEATURE OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND BENEFITS

COMPENSATION POLICY & OBJECTIVES

UNITED WAY FOR SOUTHEASTERN MICHIGAN (UWSEM) MAINTAINS THE HIGHEST STANDARDS OF PROFESSIONALISM, ACCOUNTABILITY AND TRANSPARENCY IN ITS STEWARDSHIP OF CONTRIBUTOR DOLLARS AND FINANCIAL MANAGEMENT. IN REGARDS TO ITS EXECUTIVE COMPENSATION PROGRAM, UWSEM'S OBJECTIVES ARE TO:

- ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH CALIBER EXECUTIVES BY PROVIDING A TOTAL COMPENSATION OPPORTUNITY, INCLUDING BENEFITS, THAT IS

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

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20-3099071

COMPETITIVE ON A LOCAL AND NATIONAL LEVEL.

- ASSURE THAT THE PROCESS STRONGLY SUPPORTS AND FURTHER TRANSITIONS THE ORGANIZATION TO A "PAY FOR PERFORMANCE" CULTURE THROUGH THE USE OF

INCENTIVES ON A LOCAL AND NATIONAL LEVEL.

- REINFORCE THE GOALS OF THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION

- DEVELOP COMPENSATION LEVELS THAT ARE CONSISTENT WITH UWSEM'S MISSION

- MAINTAIN A PROCESS THAT IS FREE FROM CONFLICTS OF INTEREST AND IN COMPLIANCE WITH RELEVANT REGULATIONS

- ENSURE TRANSPARENCY IN ITS COMPENSATION DECISIONS

GOVERNANCE & OVERSIGHT

UNITED WAY FOR SOUTHEASTERN MICHIGAN'S BYLAWS PROVIDE FOR THE EXECUTIVE COMMITTEE TO DETERMINE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMMITTEE BASES ITS DECISIONS, IN PART, ON APPROPRIATE COMPENSATION COMPARABILITY DATA. COMPARISONS ARE MADE BETWEEN USWEM AND OTHER ORGANIZATIONS BASED ON ORGANIZATION SIZE (REVENUE, ASSETS, NUMBER OF EMPLOYEES, ETC.). IN ADDITION, THE COMMITTEE UTILIZED COMPENSATION STUDIES AND OUTSIDE CONSULTANTS TO REVIEW THE CEO'S COMPENSATION. THE COMMITTEE EVALUATED THE CEO'S GENERAL MANAGEMENT AND LEADERSHIP COMPETENCIES AS WELL AS HER PERFORMANCE AGAINST THE KEY OBJECTIVES SET AT THE BEGINNING OF THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT UWSEM'S OFFICES. IN ADDITION, COPIES OF THESE DOCUMENTS WILL BE PROVIDED BY MAIL OR EMAIL UPON REQUEST.

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

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THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON UWSEM'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF ASSETS FROM UNITED WAY OF WASHTENAW COUNTY

ACQUISITION 7,630,428.

FUND BALANCE RELATING TO BALLMER GIVING, LLC 18,389.

TOTAL TO FORM 990, PART XI, LINE 9 7,648,817.

FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.