

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

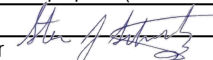
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN		D Employer identification number 20-3099071
	Doing business as		E Telephone number 313-226-9200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3011 W. GRAND BLVD. SUITE 500		G Gross receipts \$ 72,569,347.
	City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48202		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 ▶
F Name and address of principal officer: DR. DARIENNE B. DRIVER H SAME AS C ABOVE		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	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	197
	6 Total number of volunteers (estimate if necessary)	6	11784
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 58,451,324.	Current Year 62,942,406.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,689,029.	1,571,129.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	941,635.	862,531.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,081,988.	65,376,066.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,169,745.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,363,498.	13,688,911.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,928,851.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,237,964.	8,140,005.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,771,207.	73,611,601.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,689,219.	-8,235,535.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 65,971,892.	End of Year 65,606,753.
	21 Total liabilities (Part X, line 26)	18,766,659.	28,057,630.
	22 Net assets or fund balances. Subtract line 21 from line 20	47,205,233.	37,549,123.

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 	05/14/21			
	STEVEN SCHWARTZ, CHIEF FINANCIAL OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name TINA PETERS	Preparer's signature TINA PETERS	Date 05/14/21	Check if self-employed <input type="checkbox"/>	PTIN P00904574
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951	Phone no. (248) 352-2500		
Firm's address ▶ 27400 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 13,886,137. including grants of \$ 5,209,484.) (Revenue \$) EDUCATION

OUR WORK CONTINUES TO SUPPORT LIFELONG LEARNING AND LITERACY, FROM BOOK FAIRS TO CAREER FAIRS TO OUR EFFORTS TO CONNECT STUDENTS WITH TECHNOLOGY AND CLOSE THE DIGITAL DIVIDE.

MORE THAN 1,000 PONTIAC STUDENTS SELECTED BOOKS TO TAKE HOME FREE OF CHARGE IN OUR FIRST MY HOME LIBRARY BOOK FAIR IN 2019 - ALL PART OF OUR PONTIAC LITERACY INITIATIVE, WHICH AIMS TO BUILD FOUNDATIONAL LITERACY THROUGH GRANT FUNDING TO THE CITY'S SCHOOLS AND ORGANIZATIONS. IN 2021, THE PARTNERSHIP WILL GROW IN PONTIAC AND EXPAND INTO DETROIT AS WELL.

4b (Code:) (Expenses \$ 3,854,578. including grants of \$ 2,356,786.) (Revenue \$) ECONOMIC MOBILITY

FOR THE THOUSANDS OF METRO DETROIT FAMILIES THAT STRUGGLE TO MEET THEIR BASIC NEEDS, KEEPING THEIR CHILDREN ON-TRACK TO SUCCEED IN SCHOOL AND IN LIFE IS A CHALLENGE. THE SCHOOL CLOSURES AND DIFFICULTIES CAUSED BY COVID-19 MEAN THAT EVEN MORE CHILDREN IN OUR REGION STRUGGLE EVERY DAY.

WE KNOW THAT LEARNING BEGINS THE DAY A CHILD IS BORN. THAT'S WHY WE WORK TO CREATE EQUITABLE ACCESS TO AFFORDABLE, QUALITY CHILD CARE BY EDUCATING PARENTS ABOUT THEIR CARE OPTIONS AND WORKING TO INCREASE THE QUALITY OF CARE AVAILABLE REGARDLESS OF A FAMILY'S INCOME OR LOCATION.

4c (Code:) (Expenses \$ 39,202,532. including grants of \$ 27,723,167.) (Revenue \$) BASIC NEEDS

EVEN BEFORE THE COVID-19 PANDEMIC, 44 PERCENT OF SOUTHEASTERN MICHIGAN HOUSEHOLDS WERE JUST ONE MISSED PAYCHECK AWAY FROM A FINANCIAL CRISIS. THE IMPACTS OF THE VIRUS HAVE PUT THESE HOUSEHOLDS AND MANY OTHERS INTO A CATASTROPHIC SITUATION WHERE EVEN THE MOST BASIC NECESSITIES LIKE HOUSING AND FOOD ARE OFTEN OUT OF REACH.

IF PEOPLE CAN'T MEET THEIR BASIC NEEDS NOW, THEY'LL NEVER BE ABLE TO CREATE STABLE HOUSEHOLDS. THAT'S WHY UNITED WAY WORKS TO ENSURE FAMILIES IN OUR REGION HAVE ACCESS TO PROGRAMS AND SERVICES THAT HELP THEM NOT JUST SURVIVE, BUT THRIVE. WITH OUR PARTNERS, WE HELP FAMILIES

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,972,652. including grants of \$ 16,493,249.) (Revenue \$ 784,827.)

4e Total program service expenses 65,915,899.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>	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>	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>		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>		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>		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>	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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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>		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>		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</i>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash 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 in 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 Compliance

Check 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 85	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 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.		
	1a 36		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 36		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		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?		

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 **STEVEN SCHWARTZ - 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARIENNE DRIVER HUDSON PRESIDENT AND CEO	50.00 0.00			X				375,000.	0.	18,863.
(2) CHRISTOPHER PERRY VICE PRESIDENT	50.00 0.00				X			246,110.	0.	31,181.
(3) TONYA ADAIR CHIEF IMPACT OFFICER	50.00 0.00			X				238,625.	0.	29,875.
(4) STEVEN SCHWARTZ CFO	50.00 0.00			X				222,481.	0.	21,112.
(5) SUSAN E. DUNCAN-MURPHY VICE PRESIDENT - PART YEAR	50.00 0.00				X			204,223.	0.	24,725.
(6) ERIC DAVIS VICE PRESIDENT	50.00 0.00				X			190,353.	0.	24,467.
(7) CLARINDA BARNETT-HARRISON DIRECTOR, ECONMIC PROPERITY-PART YEA	50.00 0.00					X		165,792.	0.	31,610.
(8) DENISE FLECKENSTEIN DIRECTOR, GIFT PLANNING	50.00 0.00					X		137,294.	0.	21,354.
(9) TAMARA JONES VICE PRESIDENT - PART YEAR	50.00 0.00					X		128,631.	0.	12,701.
(10) PAUL DALPIAZ SENIOR DIRECTOR, INFORMATION SERVICE	50.00 0.00					X		115,034.	0.	6,381.
(11) JEFFERY MILES SENIOR DIRECTOR, EARLY CHILDHOOD	50.00 0.00					X		114,862.	0.	3,423.
(12) DAVID FOLTYN CHAIR	3.00 0.00	X		X				0.	0.	0.
(13) LYNDA ROSSI SECRETARY	3.00 0.00	X		X				0.	0.	0.
(14) MARK STIERS VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(15) ELIZABETH ALVAREZ TREASURER	3.00 0.00	X		X				0.	0.	0.
(16) MARK PETROFF IMMEDIATE PAST CHAIR	1.00 0.00	X						0.	0.	0.
(17) TONYA ALLEN 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)	(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			
(18) CHUCK BROWING DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) DEBORAH MACON DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JOHN CASSIDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) WANDA COOK-ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ANDREW ECHT DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) SAM FOGLEMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JEFF DONOFRIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MARIA DWYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) BILL EMERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,138,405.	0.	225,692.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,138,405.	0.	225,692.

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 **20**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
CORPORATE PRODUCTION SERVICES GROUP P.O. BOX 23005, DETROIT, MI 48223	PROGRAM CONSULTING SERVICES	270,916.
K2K CONSULTING, LLC 1507 FREMONT AVE, GRANT RAPIDS, MI 49504	PROGRAM CONSULTING SERVICES	171,170.
JEFFREY BICKLEY 46215 BUTTE DR, MACOMB, MI 48044	PROGRAM CONSULTING SERVICES	115,921.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) LUEANNE EWALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) SCOTT GARBERDING DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) PANCHO HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) IAN HOGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) KELLE ILITCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) HASSAN JABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) JAMES JACOBS, PH.D. DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) GARY JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) TERRY RHADIGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) HARRY KEMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) ALYCIA MERIWEATHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) DARYL NEWMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) KRISTIN SMALLWOOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) CINDY PASKY DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) ED SIAJE DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) DAVID PARENT DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) ANUP POPAT DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) RHONDA POWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) KEN WHIPPLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) JOHN RAKOLTA III DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) JIM ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) BRYAN C. BARNHILL, II DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(49) MARK DAVIDOFF DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(50) SANDRA E. PIERCE DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(51) NIKOLA VITTI DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	20,865.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	9,711,072.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,210,469.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,412,737.			
	h	Total. Add lines 1a-1f		62,942,406.			
	Program Service Revenue	2 a		Business Code			
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)		1,853,936.		1,853,936.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				6,842,603.			
	7 b	Less: cost or other basis and sales expenses		7,125,410.			
	7 c	Gain or (loss)		-282,807.			
	d	Net gain or (loss)		-282,807.		-282,807.	
8 a	Gross income from fundraising events (not including \$ 20,865. of contributions reported on line 1c). See Part IV, line 18						
			145,575.				
			67,871.				
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events		77,704.		77,704.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMIN & COST RECOVERY FEES	900099	515,816.	515,816.		
		OTHER FEES FOR SERVICE	900099	258,498.	258,498.		
		MISCELLANEOUS REVENUE	900099	10,513.	10,513.		
		All other revenue					
		Total. Add lines 11a-11d			784,827.		
12	Total revenue. See instructions		65,376,066.	784,827.	0.	1,648,833.	

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	46,314,062.	46,314,062.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,468,623.	5,468,623.		
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	1,796,865.	441,109.	831,106.	524,650.
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	8,931,726.	6,309,169.	1,080,339.	1,542,218.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,115,664.	1,301,045.	415,724.	398,895.
10 Payroll taxes	844,656.	486,900.	205,189.	152,567.
11 Fees for services (nonemployees):				
a Management				
b Legal	114,043.	17,128.	96,915.	
c Accounting	87,100.		87,100.	
d Lobbying	140,500.	140,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	136,126.		136,126.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,729,655.	2,740,416.	589,635.	399,604.
12 Advertising and promotion	387,612.	178,367.	46,417.	162,828.
13 Office expenses	826,595.	419,747.	86,219.	320,629.
14 Information technology				
15 Royalties				
16 Occupancy	1,074,833.	938,715.	66,845.	69,273.
17 Travel	59,155.	51,736.	739.	6,680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	308,371.	83,857.	19,352.	205,162.
20 Interest				
21 Payments to affiliates	697,849.	668,202.	19,156.	10,491.
22 Depreciation, depletion, and amortization	258,065.	162,581.	46,452.	49,032.
23 Insurance	56,465.	30,252.	11,909.	14,304.
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 COMMUNICATION	136,412.	87,716.	7,218.	41,478.
b MISCELLANEOUS	108,108.	65,660.	12,798.	29,650.
c MEMBERSHIP DUES	19,116.	10,114.	7,612.	1,390.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	73,611,601.	65,915,899.	3,766,851.	3,928,851.
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	12,596,934.	2	22,697,193.
	3 Pledges and grants receivable, net	16,113,061.	3	9,588,063.
	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	708,114.	9	766,079.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,157,173.		
	b Less: accumulated depreciation	10b 3,349,610.	904,791.	10c 807,563.
	11 Investments - publicly traded securities	34,453,954.	11	30,594,066.
	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	1,195,038.	15	1,153,789.
16 Total assets. Add lines 1 through 15 (must equal line 33)	65,971,892.	16	65,606,753.	
Liabilities	17 Accounts payable and accrued expenses	5,380,299.	17	4,006,344.
	18 Grants payable	9,304,081.	18	20,199,678.
	19 Deferred revenue		19	1,237,059.
	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	598,158.
	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	4,082,279.	25	2,016,391.
	26 Total liabilities. Add lines 17 through 25	18,766,659.	26	28,057,630.
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	35,235,798.	27	28,965,476.
	28 Net assets with donor restrictions	11,969,435.	28	8,583,647.
	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	47,205,233.	32	37,549,123.
33 Total liabilities and net assets/fund balances	65,971,892.	33	65,606,753.	

Part XI Reconciliation of Net Assets

Check 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	65,376,066.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,611,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,235,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,205,233.
5	Net unrealized gains (losses) on investments	5	-1,420,575.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,549,123.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	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 _____	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47077187.	55681483.	58854983.	58451324.	62942406.	283007383
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	47077187.	55681483.	58854983.	58451324.	62942406.	283007383
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)						40221076.
6 Public support. Subtract line 5 from line 4.						242786307

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	47077187.	55681483.	58854983.	58451324.	62942406.	283007383
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	955,153.	910,190.	1217278.	1431816.	1853936.	6368373.
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.)	3955192.	3395599.	413,738.		145,575.	7910104.
11 Total support. Add lines 7 through 10						297285860
12 Gross receipts from related activities, etc. (see instructions)					12	2,602,640.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	81.67 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	81.35 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in detail in Part VI):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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:

MISCELLANEOUS INCOME

FEES FOR SERVICE

FUNDRAISING INCOME

Multiple horizontal lines for providing supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,767,569.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,886,686.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,358,456.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>3,173,810.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>4,298,828.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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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	 <hr/> <hr/> <hr/>	\$ <u>2,381,897.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>2,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>3,637,068.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>3,348,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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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
13	<hr/> <hr/> <hr/>	\$ <u>1,842,906.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	445,602 ITEMS OF PERSONAL PROTECTION EQUIPMENT _____ _____ _____	\$ 1,842,906.	04/22/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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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	
(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	
(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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
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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 or 990-EZ) 2019**

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)	107,200.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	33,300.													
c	Total lobbying expenditures (add lines 1a and 1b)	140,500.													
d	Other exempt purpose expenditures	65,775,399.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	65,915,899.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	139,150.	140,750.	143,100.	140,500.	563,500.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	56,700.	77,050.	61,600.	107,200.	302,550.

Schedule C (Form 990 or 990-EZ) 2019

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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 be not 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 expenditure 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.

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

2019
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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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) 2019

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,172,600.	24,260,078.	22,888,734.	20,864,474.	21,051,278.
b Contributions					
c Net investment earnings, gains, and losses	-34,928.	942,579.	1,418,260.	2,087,777.	-143,286.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,900,000.				
f Administrative expenses	0.	30,057.	46,916.	63,517.	43,518.
g End of year balance	23,237,672.	25,172,600.	24,260,078.	22,888,734.	20,864,474.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.00 %
 - b Permanent endowment 3.00 %
 - c Term endowment .00 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		292,639.	35,471.	257,168.
d Equipment		3,864,534.	3,314,139.	550,395.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				807,563.

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATED PAYABLE - UNDISTRIBUTED	
(3) PLEDGES	2,016,391.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,016,391.

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	58,647,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,420,575.
b	Donated services and use of facilities	2b	3,800,586.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,380,011.
3	Subtract line 2e from line 1	3	56,267,733.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	9,108,333.
c	Add lines 4a and 4b	4c	9,108,333.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	65,376,066.

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	68,303,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,800,586.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,800,586.
3	Subtract line 2e from line 1	3	64,503,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	9,108,333.
c	Add lines 4a and 4b	4c	9,108,333.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,611,601.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES INCLUDED IN REVENUE	136,127.
ON BEHALF OF ITS DONORS, UWSEM PROCESSED DESIGNATIONS TO	
OTHER NON PROFIT ORGANIZATIONS	8,972,206.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	9,108,333.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES INCLUDED IN REVENUE	136,127.
ON BEHALF OF ITS DONORS, UWSEM PROCESSED DESIGNATIONS TO	
OTHER NON PROFIT ORGANIZATIONS	8,972,206.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	9,108,333.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

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

Multiple horizontal lines for listing states.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WOMEN OF INFLUENCE SU (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	166,440.		166,440.
	2	Less: Contributions	20,865.		20,865.
	3	Gross income (line 1 minus line 2)	145,575.		145,575.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	30,455.		30,455.
	7	Food and beverages	5,015.		5,015.
	8	Entertainment	13,766.		13,766.
	9	Other direct expenses	18,635.		18,635.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				77,704.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
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.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**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

2019

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 HELPING OTHER PEOPLE ENHANCE 6100 14TH STREET DETROIT, MI 48208	16-1728728	501(C)(3)	42,000.	0.	N/A	N/A	GRANT
482FORWARD 1211 TRUMBULL ST. DETROIT, MI 48216	47-3537426	501(C)(3)	70,283.	0.	N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	257,260.	0.	N/A	N/A	GRANT
ACHIEVEMENT NETWORK, LTD, THE ONE BEACON STREET, STE 02200 BOSTON, MA 02108	20-3289870	501(C)(3)	22,222.	0.	N/A	N/A	GRANT
ACTIVE FAITH COMMUNITY SERVICE 401 WASHINGTON SOUTH LYON, MI 48178	38-2763807	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 W. 9 MILE RD. - FERNDALE, MI 48220	38-2882823	501(C)(3)	58,214.	0.	N/A	N/A	GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **386.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS PARTNERSHIP MICHIGAN 3968 MT. ELLIOT DETROIT, MI 48207	38-2464851	501(C)(3)	13,611.	0.	N/A	N/A	GRANT
ALLIANCE FOR HOUSING OAKLAND COUNTY - 1 N. SAGINAW, SUITE 208 - PONTIAC, MI 48342	46-1549875	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3)	317,911.	0.	N/A	N/A	GRANT
ALZHEIMER'S ASSOCIATION GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. STE. 100 - SOUTHFIELD, MI 48033	38-2378032	501(C)(3)	132,552.	0.	N/A	N/A	GRANT
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	38-2823451	501(C)(3)	13,158.	0.	N/A	N/A	GRANT
AMERICAN DIABETES ASSOCIATION 20700 CIVIC CENTER DR. STE.# 100 SOUTHFIELD, MI 48676-4108	13-1623888	501(C)(3)	131,356.	0.	N/A	N/A	GRANT
AMERICAN INDIAN HEALTH & FAMILY SEV - 4880 LAWDALE - DETROIT, MI 48210	38-3081615	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
AMERICAN LIGHTWEIGHT MATERIALS MANUFACTURING INNOV INSTITUTE - 1400 ROSA PARKS BLVD - DETROIT, MI 48216	46-3793024	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
AMERICAN LUNG ASSOC OF MICHIGAN 1475 E 12 MILE RD MADISON HGTS, MI 48071	38-3054176	501(C)(3)	37,723.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

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AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR., SUITE 205 DETROIT, MI 48235	53-0196605	501(C)(3)	296,807.	0.	N/A	N/A	GRANT
ANGEL'S SHARE, INC 19276 SOUTHAMPTON DR. LIVONIA, MI 48152	81-3141752	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
ARAB AMERICAN & CHALDEAN COUNCIL 363 W. BIG BEAVER RD. STE# 300 TROY, MI 48084	38-2311840	501(C)(3)	699,183.	0.	N/A	N/A	GRANT
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3)	1,533,205.	0.	N/A	N/A	GRANT
ARC DOWNRIVER 1028 OAK ST WYANDOTTE, MI 48192	38-1586700	501(C)(3)	8,447.	0.	N/A	N/A	GRANT
ARC OF NW WAYNE COUNTY 26049 FIVE MILE ROAD REDFORD, MI 48239	38-6056677	501(C)(3)	6,872.	0.	N/A	N/A	GRANT
ARC OF OAKLAND COUNTY 1641 W BIG BEAVER RD TROY, MI 48084	38-1869548	501(C)(3)	10,879.	0.	N/A	N/A	GRANT
AREA AGENCY ON AGING 1-B 29100 NORTHWESTERN HWY STE 400 SOUTHFIELD, MI 48034	38-2729505	501(C)(3)	23,571.	0.	N/A	N/A	GRANT
ARTHRITIS FOUNDATION MICHIGAN 888 WEST BIG BEAVER, #305 TROY, MI 48084	38-1366904	501(C)(3)	17,712.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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ASSOCIATION OF CHINESE AMERICANS, INC. - 32585 CONCORD DR. - MADISON HEIGHTS, MI 48071	38-2809409	501(C)(3)	119,939.	0.	N/A	N/A	GRANT
ATLANTIC IMPACT PO BOX 32035 DETROIT, MI 48232	27-4688366	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
AUTISM ALLIANCE OF MICHIGAN 30100 TELEGRAPH RD. STE. 250 BINGHAM FARMS, MI 48025	27-0472137	501(C)(3)	15,162.	0.	N/A	N/A	GRANT
AUTISM SOCIETY OF MICHIGAN 2178 COMMON PARKWAY OKEMOS, MI 488643986	38-3034552	501(C)(3)	74,036.	0.	N/A	N/A	GRANT
BACK ALLEY BIKES 3611 CASS AVENUE DETROIT, MI 48201	80-0838047	501(C)(3)	43,850.	0.	N/A	N/A	GRANT
BALDWIN CENTER, THE PO BOX 420700 HIGHLAND PARK, MI 48203	20-3890194	501(C)(3)	162,076.	0.	N/A	N/A	GRANT
BARBARA ANN KARMANOS CANCER INST 24601 NORTHWESTERN HWY SOUTHFILED, MI 48075	38-1613280	501(C)(3)	227,561.	0.	N/A	N/A	GRANT
BEAUMONT HEALTH FOUNDATION 3711 WEST THIRTEEN MILE ROAD ROYAL OAK, MI 48073	36-4852171	501(C)(3)	467,510.	0.	N/A	N/A	GRANT
BETHANY CHRISTIAN SERVICES OF MICHIGAN - 901 EASTERN AVE NE - GRAND RAPIDS, MI 49503	38-3542119	501(C)(3)	10,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 7700 SECOND AVE. STE. 602 - DETROIT, MI 48202	38-6112533	501(C)(3)	257,671.	0.	N/A	N/A	GRANT
BIG GREEN 1637 PEARL ST, UNIT# 201 BOULDER, CO 80302	27-5083595	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
BING YOUTH INSTITUTE 151 WEST JEFFERSON DETROIT, MI 48226	47-2393025	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	501,773.	0.	N/A	N/A	GRANT
BLOOMFIELD HILLS SCHOOLS FOUNDATION - 7273 WING LAKE RD - BLOOMFIELD HILLS, MI 48301	26-4509093	501(C)(3)	31,000.	0.	N/A	N/A	GRANT
BOARD OF EDUCATION MACOMB COUNTY 31300 ANITA DRIVE WARREN, MI 48093	38-6002567	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
BOOKNOOK INC. 344 THOMAS L. BERKLEY WAY SUITE 102 OAKLAND, CA 94612	81-9140324	501(C)(3)	47,727.	0.	N/A	N/A	GRANT
BOUND TOGETHER 167 W. PIKE ST. PONTIAC, MI 48341	38-3462457	501(C)(3)	15,750.	0.	N/A	N/A	GRANT
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL - 1776 W. WARREN - DETROIT, MI 48208	38-1359086	501(C)(3)	88,929.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

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BOYS & GIRLS CLUB OF S OAKLAND 1545 E LINCOLN ROYAL OAK, MI 48067	38-1387123	501(C)(3)	17,511.	0.	N/A	N/A	GRANT
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTEAD RD. STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	413,987.	0.	N/A	N/A	GRANT
BOYS AND GIRLS CLUB OF TROY 3670 JOHN R TROY, MI 48083	23-7390931	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
BOYS HOPE GIRLS HOPE OF MICHIGAN 19905 ROSLYN RD DETROIT, MI 48221	38-2536444	501(C)(3)	18,500.	0.	N/A	N/A	GRANT
BRIDGING COMMUNITIES INC. 6900 MCGRAW DETROIT, MI 48210	38-3434841	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	47-3446334	501(C)(3)	207,500.	0.	N/A	N/A	GRANT
BUILDON INC PO BOX 16741 STAMFORD, CT 06905	22-3128648	501(C)(3)	16,364.	0.	N/A	N/A	GRANT
CAMPAIGN FOR BLACK MALE ACHIEVEMENT - 570 LEXINGTON AVE, 5TH FLOOR - NEW YORK, NY 10022	47-2532282	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
CANTERBURY HEALTH CARE INC 5601 HATCHERY ROAD WATERFORD, MI 48329	38-2971898	501(C)(3)	95,000.	0.	N/A	N/A	GRANT

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

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CAPITAL AREA UNITED WAY INC 330 MARSHALL ST SUITE 203 LANSING, MI 48912	38-1363572	501(C)(3)	20,420.	0.	N/A	N/A	GRANT
CAPITAL AREA UNITED WAY INC 330 MARSHALL ST SUITE 203 LANSING, MI 48912	38-1363572	501(C)(3)	10,894.	0.	N/A	N/A	GRANT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD. FRASER, MI 48026	38-2175274	501(C)(3)	342,986.	0.	N/A	N/A	GRANT
CARES OF FARMINGTON HILLS 27835 SHIAWASSEE RD FARMINGTON HILLS, MI 48336	82-2881774	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48220	38-3429921	501(C)(3)	20,061.	0.	N/A	N/A	GRANT
CATHOLIC CHARITIES OF SE MICHIGAN 15945 CANAL RD. CLINTON TOWNSHIP, MI 48038	45-3623184	501(C)(3)	506,726.	0.	N/A	N/A	GRANT
CATHOLIC CHARITIES OF SUMMIT COUNTY - 812 BIRUTA ST. - AKRON, OH 44307	34-1318541	501(C)(3)	6,722.	0.	N/A	N/A	GRANT
CATHOLIC YOUTH ORGANIZATION 12TH STATE ST. DETROIT, MI 48226	38-1359504	501(C)(3)	68,340.	0.	N/A	N/A	GRANT
CENTER FOR SUCCESS NETWORK 1600 EAST GRAND BLVD DETROIT, MI 48211	46-3792734	501(C)(3)	65,000.	0.	N/A	N/A	GRANT

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CENTRO MULTICULTURAL LA FAMILIA, INC - 35 W. HURON ST. STE 100 - PONTIAC, MI 48342	20-8900737	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
CHALDEAN AMERICAN LADIES OF CHARITY - 2033 AUSTIN DRIVE - TROY, MI 48083	38-2336363	501(C)(3)	70,000.	0.	N/A	N/A	GRANT
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)(3)	166,021.	0.	N/A	N/A	GRANT
CHALKBEAT, INC 1250 BROADWAY 30TH FLOOR NEW YORK, NY 10001	90-9015846	501(C)(3)	24,000.	0.	N/A	N/A	GRANT
CHILD ABUSE AND NEGLECT COUNCIL 44765 WOODWARD PONTIAC, MI 483412983	38-2305297	501(C)(3)	28,528.	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)	280,000.	0.	N/A	N/A	GRANT
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3011 WEST GRAND BLVD. STE# 218 - DETROIT, MI 48202	38-1357994	501(C)(3)	123,353.	0.	N/A	N/A	GRANT
CHILDREN'S LEUKEMIA FUND OF MI 27240 HAGGERTY RD. SUITE F-15 FARMINGTON HILLS, MI 48331	38-1682300	501(C)(3)	150,641.	0.	N/A	N/A	GRANT
CITY COVENANT CHURCH 13624 STOUT DETROIT, MI 48223	35-2369948	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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CITY OF DEARBORN 16901 MICHIGAN AVENUE DEARBORN, MI 48126	38-6004605	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226	38-6004606	GOVERNMENT	600,000.	1,842,906.	FMV	MASKS, MEDICAL GOGGLES, VENTILATORS	GRANT, TO ASSIST WITH THE COMMUNITIES NEED FOR PERSONAL PROTECTIVE EQUIPMENT
CITY OF DETROIT RECREATION DEPARTMENT - 18100 MEYERS RD. - DETROIT, MI 48235	38-6004606	GOVERNMENT	31,213.	0.	N/A	N/A	GRANT
CITY OF GARDEN CITY 6000 MIDDLEBELT ROAD GARDEN CITY, MI 48135	38-6004685	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
CITY YEAR DETROIT 1 FORD PLACE, STE. # 1F DETROIT, MI 48202	22-2882549	501(C)(3)	400,490.	0.	N/A	N/A	GRANT
CLARENCE E. PHILLIPS ASCEND FOUNDATION - 809 BAY ST. - PONTIAC, MI 48342	46-2011666	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
CLARENCEVILLE SCHOOL DISTRICT 20210 MIDDLEBELT RD LIVONIA, MI 48152	38-6003050	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
CNS HEALTHCARE 24230 KARIM BLVD., STE 100 NOVI, MI 48375	43-1969008	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST.C76 DETROIT, MI 48201	38-2420565	501(C)(3)	416,114.	0.	N/A	N/A	GRANT

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CODY ROUGE COMMUNITY ACTION ALLIANCE - 19321 W. CHICAGO - DETROIT, MI 48228	27-1841875	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
COLOR OF AUTISM 425 E 14 MILE RD BIRMINGHAM, MI 48009	26-4664321	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
COMMON GROUND 1410 S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	29,946.	0.	N/A	N/A	GRANT
COMMUNITIES IN SCHOOLS OF DETROIT, INC. - 26555 EVERGREEN RD. STE. # 530 - SOUTHFIELD, MI 48076	38-3257060	501(C)(3)	77,822.	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)	29,247.	0.	N/A	N/A	GRANT
COMMUNITY FOUNDATION OF GREATER ROCHESTER - 303 EAST ST. - ROCHESTER, MI 48307	38-2476777	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
COMMUNITY HOUSING NETWORK 570 KIRTS BLVD STE# 231 TROY, MI 48084	38-3372734	501(C)(3)	720,026.	0.	N/A	N/A	GRANT
COMMUNITY INITIATIVES 1000 BROADWAY #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
COMMUNITY SOCIAL SVCS OF WAYNE CO 9851 HAMILTON AVENUE DETROIT, MI 48202	38-1539820	501(C)(3)	45,782.	0.	N/A	N/A	GRANT

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CONGREGATION BETH CHABAD 14100 W NINE MILE RD OAK PARK, MI 48237	38-2288004	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
CORNERSTONE EDUCATION GROUP 306 E. 4TH STREET ROYAL OAK, MI 48067	27-0634528	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
COUNCIL OF MICHIGAN FOUNDATIONS 1 S. HARBOR DR., STE # 8 GRAND HAVEN, MI 49417	38-6263347	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)(3)	33,793.	0.	N/A	N/A	GRANT
CRESCENT ACADEMY 17570 W 12 MILE RD SOUTHFIELD, MI 48076	20-0901574	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
CROSSROADS OF MICHIGAN 2424 WEST GRAND BOULEVARD DETROIT, MI 48208	38-2539852	501(C)(3)	24,174.	0.	N/A	N/A	GRANT
CYBER EDUCATION CENTER 33717 WOODWARD AVE BIRMINGHAM, MI 48009	82-1181567	501(C)(3)	10,000.	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)	20,000.	0.	N/A	N/A	GRANT
DEAF COMMUNITY ADVOCACY NETWORK 2111 ORCHARD LAKE RD. STE. # 101 SYLVAN LAKE, MI 48320	38-2427067	501(C)(3)	26,988.	0.	N/A	N/A	GRANT

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DETROIT 90-90 610 ANTOINETTE ST. DETROIT, MI 48202	45-4722161	501(C)(3)	33,600.	0.	N/A	N/A	GRANT
DETROIT ACADEMY OF ARTS AND SCIENCES - 2985 E. JEFFERSON - DETOIT, MI 48207	38-3364099	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DETROIT ACHIEVEMENT 7000 W. OUTER DRIVE DETROIT, MI 48235	46-1938618	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BLVD, STE 200 DETROIT, MI 48207	38-2320421	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
DETROIT BLACK COMMUNITY FOOD SECURITY NETWORK - 11000 W. MCNICHOLS, STE 103 - DETROIT, MI 48221	33-1140762	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
DETROIT CENTRAL CITY CMH 10 PETERBORO ST. DETROIT, MI 48201	38-1986574	501(C)(3)	20,962.	0.	N/A	N/A	GRANT
DETROIT CHESED PROJECT 30555 SOUTHFIELD RD, STE 520 SOUTHFILED, MI 48076	46-4982483	501(C)(3)	105,000.	0.	N/A	N/A	GRANT
DETROIT CRISTO REY HIGH SCHOOL 5679 W.VERNOR HWY. DETROIT, MI 48209	26-3176934	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DETROIT ECONOMIC GROWTH ASSOCIATION - 500 GRISWOLD ST. STE. 2200 - DETROIT, MI 48226	38-2433720	501(C)(3)	40,000.	0.	N/A	N/A	GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT EMPLOYMENT SOLUTIONS CORPORATION - 440 E. CONGRESS STE. # 400 - DETROIT, MI 48226	38-3353746	501(C)(3)	64,500.	0.	N/A	N/A	GRANT
DETROIT FOOD ACADEMY 4444 SECOND AVE. DETROIT, MI 48201	46-2408286	501(C)(3)	119,000.	0.	N/A	N/A	GRANT
DETROIT FOOD POLICY COUNCIL 1420 WASHINGTON BLVD., STE 230 DETROIT, MI 48226	80-0651401	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
DETROIT FUTURE CITY 2990 W. GRAND BLVD., SUITE 2 DETROIT, MI 48202	47-5050055	501(C)(3)	22,125.	0.	N/A	N/A	GRANT
DETROIT HISPANIC DEVELOPMENT 1211 TRUMBULL AVE DETROIT, MI 48216	38-3355698	501(C)(3)	190,000.	0.	N/A	N/A	GRANT
DETROIT HORSE POWER 4414 51ST STREET DETROIT, MI 48210	47-3212490	501(C)(3)	7,500.	0.	N/A	N/A	GRANT
DETROIT IMPACT INC 9930 GREENFIELD DETROIT, MI 48227	38-3063817	501(C)(3)	16,029.	0.	N/A	N/A	GRANT
DETROIT INSTITUTE FOR CHILDREN 2075 E. WEST MAPLE RD., STE B-203 WALLED LAKE, MI 48390	38-1359511	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DETROIT JUSTICE CENTER 1420 WASHINGTON BLVD., STE 3010 DETROIT, MI 48226	82-2295339	501(C)(3)	100,000.	0.	N/A	N/A	GRANT

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DETROIT PARENT NETWORK 726 LOTHROP RD DETROIT, MI 48202	33-1054423	501(C)(3)	60,089.	0.	N/A	N/A	GRANT
DETROIT PHOENIX CENTER 1420 WASHINGTON BLVD., STE 301 DETROIT, MI 48226	82-1262148	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
DETROIT POLICE ATHLETIC LEAGUE 1680 MICHIGAN AVE. DETROIT, MI 48216	38-3314318	501(C)(3)	30,489.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 WEST GRAND BLVD 14TH FLOOR, FISHER BLDG. - DETROIT, MI 48202	81-2847693	501(C)(3)	69,894.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS FOUNDATION 3011 W. GRAND BLVD. STE 1004 DETROIT, MI 48202	30-0135450	501(C)(3)	176,909.	0.	N/A	N/A	GRANT
DETROIT RESCUE MISSION MINISTRIES 150 STIMSON DETROIT, MI 48201	38-1459371	501(C)(3)	64,300.	0.	N/A	N/A	GRANT
DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS - PO BOX 38152 - DETROIT, MI 48238	46-4246696	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DEVELOPING K.I.D.S. 19321 W. CHICAGO ST., #107 DETROIT, MI 48228	01-0893642	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DEVELOPMENT CENTERS INC 17421 TELEGRAPH DETROIT, MI 48219	38-2440204	501(C)(3)	45,000.	0.	N/A	N/A	GRANT

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DIVERSENOTE1 INC. 1606 S. HURON ST. UNIT# 970377 YPSILANTI, MI 48197	81-4205297	501(C)(3)	28,789.	0.	N/A	N/A	GRANT
DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD FARMINGTON HILLS, MI 48331	47-4907105	501(C)(3)	184,913.	0.	N/A	N/A	GRANT
DOING DEVELOPMENT DIFFERENTLY IN METRO DETROIT - 4750 WOODWARD, STE 401 - DETROIT, MI 48201	47-3288292	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HWY DETROIT, MI 48207	27-5106242	501(C)(3)	30,650.	0.	N/A	N/A	GRANT
DREAM CENTER OF MICHIGAN 6600 ROCHESTER RD. TROY, MI 48085	47-1103865	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
DREAM CENTERS OF MICHIGAN 6600 ROCHESTER RD. TROY, MI 48085	47-1103865	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
DUTTON FARM, INC. 2290 DUTTON RD ROCHESTER, MI 48306	27-1940625	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
EASTER SEALS - MICHIGAN, INC. 2399 E. WALTON BLVD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	520,067.	0.	N/A	N/A	GRANT
EASTERN MARKET CORPORATION 2934 RUSSELL ST. DETROIT, MI 48207	32-0030432	501(C)(3)	20,100.	0.	N/A	N/A	GRANT

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EASTPOINTE COMMUNITY SCHOOLS 24685 KELLY ROAD EASTPOINTE, MI 48021	38-6002520	GOVERNMENT	40,000.	0.	N/A	N/A	GRANT
ECORSE PUBLIC SCHOOLS 27225 W. OUTER DR. ECORSE, MI 48229-1217	38-6004162	GOVERNMENT	20,500.	0.	N/A	N/A	GRANT
ECOWORKS 4835 MICHIGAN AVE. DETROIT, MI 48210	38-2412482	501(C)(3)	89,666.	0.	N/A	N/A	GRANT
EDUCATIONAL DATA SYSTEMS, INC. 15300 COMMERCE DRIVE NORTH SUITE 20 DEARBORN, MI 48120	38-2272565	501(C)(3)	188,000.	0.	N/A	N/A	GRANT
ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DR. STE. # 450 SOUTHFIELD, MI 48076	38-1201155	501(C)(3)	5,587.	0.	N/A	N/A	GRANT
ENNIS CENTER FOR CHILDREN 129 E. THIRD ST FLINT, MI 48502	38-2222428	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SUITE 110 SOUTHFIELD, MI 48033	38-1508581	501(C)(3)	13,862.	0.	N/A	N/A	GRANT
EQUITY EDUCATION 13600 VIRGIL STREET DETROIT, MI 48223	46-3626223	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
ESCUELA AVANCEMOS 2635 HOWARD ST DETROIT, MI 48216	45-5575626	501(C)(3)	10,000.	0.	N/A	N/A	GRANT

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EXCELLENT SCHOOLS DETROIT 18100 MEYERS RD., UPPER LEVEL DETROIT, MI 48201	27-4616034	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
FAIR FOOD NETWORK 1250 NORTH MAIN ST. NORTH SUITE ANN ARBOR, MI 48104	26-4143394	501(C)(3)	425,000.	0.	N/A	N/A	GRANT
FAMILIES AGAINST NARCOTICS, INC 18900 15 MILE ROAD CLINTON TOWNSHIP, MI 48035	26-2302028	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
FAMILY INDEPENDENCE INITIATIVE 663 13TH STREET, SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)(3)	350,000.	0.	N/A	N/A	GRANT
FERNCARE FREE CLINIC, INC. 751 E. NINE MILE RD., STE 2 FERNDAL, MI 48220	32-0246843	501(C)(3)	49,574.	0.	N/A	N/A	GRANT
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	142,948.	0.	N/A	N/A	GRANT
FISH & LOAVES COMMUNITY FOOD PANTRY - 25670 NORTHLINE RD. - TAYLOR, MI 48180	20-5865585	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
FOCUS HOPE 1200 OAKMAN BLVD. DETROIT, MI 48238	38-1948285	501(C)(3)	678,693.	0.	N/A	N/A	GRANT
FOR THE GIRLS, INC. 514 HILLSBORO DRIVE SILVER SPRING, MD 20902	81-2163243	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	922,863.	0.	N/A	N/A	GRANT
FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVENUE, NW WASHINGTON, DC 20012	52-2242472	501(C)(3)	295,436.	0.	N/A	N/A	GRANT
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOX, AVE DETROIT, MI 48207	38-1845857	501(C)(3)	371,632.	0.	N/A	N/A	GRANT
FREEDOM HOUSE DETROIT PO BOX 9208 DETROIT, MI 48209	38-2487626	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
FRIENDS & FAMILY, INC. 7730 SMALE ST. WASHINGTON, MI 48094	38-3020545	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
FRIENDS OF PARKSIDE 5000 CONNER, SUITE 103 DETROIT, MI 48213	38-3017821	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
FRIENDS OF THE CHILDREN 7375 WOODWARD AVE., STE 1521 DETROIT, MI 48202	82-1577991	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
FRIENDSHIP CIRCLE 6892 W. MAPLE RD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
FURNITURE BANK OF SOUTHEASTERN MI 333 NORTH PERRY PONTIAC, MI 48342	38-1914651	501(C)(3)	136,225.	0.	N/A	N/A	GRANT

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GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE - PONTIAC, MI 48341	32-0015321	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
GAY ELDERS OF METRO DETROIT DBA SAGE METRO DETROIT - 290 W NINE MILE RD - FERNDALE, MI 48220	47-3464425	501(C)(3)	98,625.	0.	N/A	N/A	GRANT
GILDA S CLUB METRO DETROIT 3517 ROCHESTER ROAD ROYAL OAK, MI 48073	38-3150211	501(C)(3)	121,268.	0.	N/A	N/A	GRANT
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 42800 GARFIELD RD - CHARTER TWP OF CLINTON, MI 48038	38-1598947	501(C)(3)	21,270.	0.	N/A	N/A	GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN - 2131 BEAUFAIT ST. - DETROIT, MI 48207-3410	38-2156255	501(C)(3)	1,595,470.	0.	N/A	N/A	GRANT
GLOBAL DETROIT 4444 SECOND AVE DETROIT, MI 48201	38-3880502	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE. DETROIT, MI 48208	38-1362823	501(C)(3)	186,235.	0.	N/A	N/A	GRANT
GOODWILL'S GREEN WORKS, INC. 6421 LYNCH RD DETROIT, MI 48234	27-1387647	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
GRACE CENTERS OF HOPE 35 E. HURON ST. PONTIAC, MI 48342	38-6094602	501(C)(3)	70,307.	0.	N/A	N/A	GRANT

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GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED - 16625 GRAND RIVER - DETROIT, MI 48227	38-1683860	501(C)(3)	79,985.	0.	N/A	N/A	GRANT
HABITAT FOR HUMANITY OF MICHIGAN 618 S CREYTS RD., SUITE A LANSING, MI 48917	38-3142455	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
HANNAN CENTER 4750 WOODWARD AVE DETROIT, MI 48201	81-4810239	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
HAVEN 801 VANGUARD DR. DETROIT, MI 48343	38-2426175	501(C)(3)	232,724.	0.	N/A	N/A	GRANT
HAZEL PARK PROMISE ZONE AUTHORITY PO BOX 514 HAZEL PARK, MI 48030	27-3176261	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
HAZEL PARK SCHOOLS 1620 EAST ELZA AVE. HAZEL PARK, MI 48030	38-6003088	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
HAZON, INC 25 BROADWAY, FL 17 NEW YORK, NY 10004	13-1623922	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
HEALING COMPLEX KIDS 413 SHELBOURNE DR ROCHESTER, MI 48309	20-2468086	501(C)(3)	49,851.	0.	N/A	N/A	GRANT
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE S W GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	51,354.	0.	N/A	N/A	GRANT

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HENRY FORD HEALTH SYSTEM 1 FORD PLACE 5B DETROIT, MI 48202	38-1357020	501(C)(3)	489,220.	0.	N/A	N/A	GRANT
HENRY FORD LEARNING INSTITUTE 20900 OAKWOOD BLVD DEARBORN, MI 48124	38-3463866	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
HOMES FOR BLACK CHILDREN 1906 25TH ST. DETROIT, MI 48216	23-7133965	501(C)(3)	50,426.	0.	N/A	N/A	GRANT
HOPE ACADEMY 12121 BROADSTREET DETROIT, MI 48204	30-3430772	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
HOPE HOSPITALITY & WARMING CENTER 249 BALDWIN AVE PONTIAC, MI 48342	38-3571989	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
HOPE NETWORK 1490 EAST BELTLINE SE GRAND RAPIDS, MI 49506	38-3323617	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
HOPE OF DETROIT 4443 N. CAMPBELL ST DETROIT, MI 48210	38-3485137	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
HOPE VILLAGE REVITALIZATION 14030 LA SALLE BLVD DETROIT, MI 48238	01-0790394	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
HOSPICE OF MICHIGAN 2366 OAK VALLEY DR ANN ARBOR, MI 48103	38-2255529	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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HOSPITALITY HOUSE 2075 E. WEST MAPLE RD., B204 COMMERCE TWP, MI 48390	38-3635226	501(C)(3)	99,334.	0.	N/A	N/A	GRANT
HURON VALLEY SCHOOLS 2390 S. MILFORD ROAD HIGHLAND, MI 48357	38-6003064	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
ICNA RELIEF USA 12346 MCDUGALL ST DETROIT, MI 48212	04-3810161	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
IDEAS FOR US 1030 W. KALEY AVE ORLANDO, FL 32805	27-3999166	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
INDUSTRIAL SEWING AND INNOVATION CENTER - 5800 CASS AVE. - DETROIT, MI 48202	83-1881248	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
INSTITUTE FOR AMERICA'S FUTURE 1825 K STREET, STE 400 WASHINGTON, DC 20036	52-1971942	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
INTERGLOBAL EDUCATIONAL FEDERATION INC. - 19411 WEST MCNICHOLS, STE 300 - DETROIT, MI 48219	46-3703345	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
INTERNATIONAL INST.OF METRO DETROIT - 111 E. KIRBY - DETROIT, MI 48202	38-1358200	501(C)(3)	181,985.	0.	N/A	N/A	GRANT
ISLAMIC CENTER OF DETROIT 14350 TIREMAN DETROIT, MI 48228	38-3537457	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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JARC 6735 TELEGRAPH RD., STE 100 BLOOMFIELD HILLS, MI 48301	23-7044561	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	10,572.	0.	N/A	N/A	GRANT
JEWISH FAMILY SERVICE OF METRO 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	138,031.	0.	N/A	N/A	GRANT
JEWISH FEDERATION OF METRO DETROIT 6735 TELEGRAPH RD. #210 BLOOMFIELD HILLS, MI 48303	38-1359214	501(C)(3)	661,000.	0.	N/A	N/A	GRANT
JEWISH VOCATIONAL SERVICE 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	26,697.	0.	N/A	N/A	GRANT
JEWISH VOCATIONAL SERVICES 66 COLORADO ST SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	90,000.	0.	N/A	N/A	GRANT
JOURNEY TO HEALING 440 BURROUGHS ST #153 HIGHLAND PARK, MI 48203	83-2494109	501(C)(3)	8,000.	0.	N/A	N/A	GRANT
JOURNI 30301 NORTHWESTERN HWY, STE 100 DETROIT, MI 48202	47-4047149	501(C)(3)	135,779.	0.	N/A	N/A	GRANT
JUDSON CENTER, INC. 15999 W. 12 MILE RD FARMINGTON HILLS, MI 48334	38-1359084	501(C)(3)	70,000.	0.	N/A	N/A	GRANT

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KADIMA 1445 ADELAIDE STREET SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	69,460.	0.	N/A	N/A	GRANT
KEEP GROWING DETROIT 555 MADISON AVE. 19TH FLOOR DETROIT, MI 48207	80-0892277	501(C)(3)	21,460.	0.	N/A	N/A	GRANT
KEN'S KREW, INC 555 MADISON AVE. 19TH FLOOR NEW YORK, NY 10022	23-2965789	501(C)(3)	221,500.	0.	N/A	N/A	GRANT
KIDS KICKING CANCER 27600 NORTHWESTERN HWY., STE 220 SOUTHFIELD, MI 48034	38-3500655	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
LAHC-LEADERS ADVANCING AND HELPING COMMUNITIES - 5275 KENILWORTH - DEARBORN, MI 48126	38-3081799	501(C)(3)	95,000.	0.	N/A	N/A	GRANT
LAKE ORION COMMUNITY EDUCATION 455 E SCRIPPS LAKE ORION, MI 48360	38-1850908	501(C)(3)	7,926.	0.	N/A	N/A	GRANT
LAKESHORE LEGAL AID 32 MARKET ST. MOUNT CLEMENS, MI 48043-5640	38-1850908	501(C)(3)	272,257.	0.	N/A	N/A	GRANT
LATIN AMERICAN SOC & ECONOMIC DEV 4138 W VERNOR DETROIT, MI 48209	38-1892670	501(C)(3)	168,745.	0.	N/A	N/A	GRANT
LATINO FAMILY SERVICES INC 1145 LAWNSDALE DETROIT, MI 48209	38-1968679	501(C)(3)	9,687.	0.	N/A	N/A	GRANT

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

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LEAPS & BOUNDS FAMILY SERVICES 8129 PACKARD AVE. WARREN, MI 48089	38-2854143	501(C)(3)	674,083.	0.	N/A	N/A	GRANT
LEARN FRESH EDUCATION CO. 3461 RINGSBY COURT, SUITE 315 DENVER, CO 80216	45-1059457	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3)	103,542.	0.	N/A	N/A	GRANT
LIFE CHALLENGE OF SOUTHEAST MICHIGAN - 17667 PIERSON ST - DETROIT, MI 48219	38-1797940	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
LIGHTHOUSE OF OAKLAND COUNTY 46156 WOODWARD AVE. PONTIAC, MI 48342	38-3327797	501(C)(3)	83,158.	0.	N/A	N/A	GRANT
LIVING ARTS 8701 W. VERNOR STE. 301 DETROIT, MI 48209	43-1950379	501(C)(3)	169,429.	0.	N/A	N/A	GRANT
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 48116	38-2174453	501(C)(3)	198,696.	0.	N/A	N/A	GRANT
LOAVES AND FISHES SOUTHWEST DETROIT - 4329 CENTRAL - DETROIT, MI 48210	27-0714179	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
LOCAL FIRST EDUCATIONAL FOUNDATION 345 FULLER AVE., NE GRAND RAPIDS, MI 49503	20-4696543	501(C)(3)	7,500.	0.	N/A	N/A	GRANT

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LOVE INC OF NORTH OAKLAND COUNTY 1550 W. DRAHNER OXFORD, MI 48371	20-5190257	501(C)(3)	88,125.	0.	N/A	N/A	GRANT
LOVE N KINDNESS/ LOVE OUTREACH CENTER - 12260 CAMDEN - DETROIT, MI 48213	27-0858135	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
LUTHERAN SPECIAL EDUCATION MINISTRIES - 30415 W 13 MILE ROAD - FARMINGTON HILLS, MI 48336	38-1360583	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
LWSC COMMUNITY CIRCLE 18121 E. 8 MILE RD., STE 105 EASTPOINTE, MI 48021	83-2435091	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MACOMB CHILDREN'S HEALTH 11370 HUPP AVE STE 102 WARREN, MI 48089	38-3272394	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
MACOMB COMMUNITY ACTION AGENCY 21885 DUNHAM RD., STE. # 10 CLINTON TWP., MI 48036	38-6004868	501(C)(3)	340,000.	0.	N/A	N/A	GRANT
MACOMB COMMUNITY COLLEGE 14500 E. 12 MILE RD. RM K308 WARREN, MI 48088	38-1717622	GOVERNMENT	9,350.	0.	N/A	N/A	GRANT
MACOMB COUNTY HABITAT FOR HUMANITY 34950 LITTLE MACK AVENUE CLINTON TWP, MI 48035	38-1359511	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
MACOMB COUNTY ROTATING EMERGENCY SH - 20415 ERIN - ROSEVILLE, MI 48066	38-2842494	501(C)(3)	25,932.	0.	N/A	N/A	GRANT

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MACOMB FAMILY SERVICES INC 124 W. GATES ROMEO, MI 48065	38-2315965	501(C)(3)	233,365.	0.	N/A	N/A	GRANT
MACOMB HOMELESS COALITION PO BOX 856 MT. CLEMONS, MI 48046	38-2719602	501(C)(3)	105,435.	0.	N/A	N/A	GRANT
MACOMB INTERMEDIATE SCHOOL DISTRICT - 44001 GARFIELD RD. - CLINTON TOWNSHIP, MI 48038	38-1714601	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MAI FAMILY SERVICES 32401 EIGHT MILE RD LIVONIA, MI 48152	38-2659685	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MAIN STREET PONTIAC 29 W. LAWRENCE ST. PONTIAC, MI 48342	82-2693805	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MARINERS INN 445 LEPYARD ST DETROIT, MI 48201	38-2136488	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
MARY'S MANTLE P. O. BOX 115 BLOOMFIELD HILLS, MI 48303	27-1232703	501(C)(3)	46,388.	0.	N/A	N/A	GRANT
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3)	927,684.	0.	N/A	N/A	GRANT
MENTAL HEALTH ASSOCIATION IN MICHIGAN - P.O. BOX 11118 - LANSING, MI 48901	38-1358207	501(C)(3)	16,125.	0.	N/A	N/A	GRANT

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METHODIST CHILDREN'S HOME SOCIETY 26645 W 6 MILE ROAD REDFORD, MI 48240	38-1240951	501(C)(3)	91,758.	0.	N/A	N/A	GRANT
METRO SOLUTIONS 18000 WEST NINE MILE RD. SUITE 360 SOUTHFIELD, MI 48075	20-0156511	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
METRO UNITED WAY, INC. PO BOX 950148 LOUISVILLE, KY 40295	61-0444680	501(C)(3)	5,816.	0.	N/A	N/A	GRANT
METROPOLITAN DETROIT AFL-CIO 115 W WILLIS ST DETROIT, MI 48201	38-1587001	501(C)(3)	200,047.	0.	N/A	N/A	GRANT
MICAH 6 COMMUNITY 32 NEWBERRY PONTIAC, MI 48341	45-4458125	501(C)(3)	71,650.	0.	N/A	N/A	GRANT
MICHIGAN COLLEGE ACCESS NETWORK 200 NORTH WASHINGTON SQUARE SUITE 2 LANSING, MI 48933	36-4619621	501(C)(3)	180,000.	0.	N/A	N/A	GRANT
MICHIGAN HUMANE SOCIETY - BINGHAM FARMS - 30300 TELEGRAPH ROAD SUITE 220 - BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	100,011.	0.	N/A	N/A	GRANT
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET SUITE G1 LANSING, MI 48906	38-1360557	501(C)(3)	93,992.	0.	N/A	N/A	GRANT
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD., STE 150 BINGHAM FARMS, MI 48025	38-2494280	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION - 3031 W. GRAND BLVD, STE 535 - DETROIT, MI 48202	20-3122770	501(C)(3)	27,126.	0.	N/A	N/A	GRANT
MICHIGAN SPINAL CORD INJURY ASSOCIATION - 1938 WOODSLEE DR - TROY, MI 48083	26-4225823	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
MICHIGAN STATE AFL-CIO WORKFORCE DEVELOPMENT INSTITUTE - 419 S.WASHINGTON AVE., STE 300 - LANSING, MI 48933	38-2795791	501(C)(3)	90,538.	0.	N/A	N/A	GRANT
MICHIGAN UNITED 4405 WESSON ST DETROIT, MI 48210	20-0301956	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
MILE HIGH UNITED WAY INC 711 PARK AVE. W DENVER, CO 80205	84-0404235	501(C)(3)	42,337.	0.	N/A	N/A	GRANT
MINDS MOVING IN NEW DIRECTIONS 13560 E. MCNICHOLS DETROIT, MI 48205	56-2297136	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MSU EXTENSION 4 H YOUTH PROGRAM 1200 N TELEGRAPH BUILDING 26 EAST, PONTIAC, MI 48341	38-6006984	GOVERNMENT	5,107.	0.	N/A	N/A	GRANT
MYASTHENIA GRAVIS ASSOCIATION INC 1000 JOHN R SUITE 111 TROY, MI 48083	38-1967727	501(C)(3)	7,241.	0.	N/A	N/A	GRANT
NATIONAL ACADEMY FOUNDATION (NAF) 218 W. 40TH ST, 5TH FLOOR NEW YORK, NY 10018	13-3480246	501(C)(3)	35,000.	0.	N/A	N/A	GRANT

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NATIONAL CHURCH RESIDENCES FOUNDATION - 2335 NORTH BANK DRIVE - COLUMBUS, OH 43220	20-2308665	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
NATIONAL COUNCIL OF JEWISH WOMEN, MICHIGAN - 26400 LASHER RD., STE 306 - SOUTHFIELD, MI 48033	38-1358385	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)	461,368.	0.	N/A	N/A	GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 29777 TELEGRAPH ROAD, SUITE 1651 - SOUTHFIELD, MI 48034	38-1410476	501(C)(3)	51,328.	0.	N/A	N/A	GRANT
NAZARENE COMMUNITY OUTREACH 901 MELBOURNE DETROIT, MI 48211	82-3015518	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
NEIGHBOR FOR NEIGHBOR, INC. 495 BROADWAY DAVISBURG, MI 48350	38-2473241	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
NEIGHBORHOOD LEGAL SERVICES 7310 WOODWARD AVE. STE# 300 DETROIT, MI 48202-3164	38-1818068	501(C)(3)	58,405.	0.	N/A	N/A	GRANT
NEIGHBORHOOD SERVICE ORGANIZATION 882 OAKMAN BLVD, STE C DETROIT, MI 48238-4019	38-1561624	501(C)(3)	528,019.	0.	N/A	N/A	GRANT
NEW DAY FOUNDATION FOR FAMILIES 1174 MINERS RUN ROCHESTER, MI 48306	26-0609040	501(C)(3)	100,000.	0.	N/A	N/A	GRANT

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NEW PARADIGM FOR EDUCATION, INC. 3403 ST. AUBIN DETROIT, MI 48207	27-2059007	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
NONPROFIT FINANCE FUND 5 HANOVER SQUARE, 9TH FL NEW YORK, NY 10004	13-3238657	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
NORTHEAST INTEGRATED HEALTH 2900 CONNER, BLDG A DETROIT, MI 48215	38-1752961	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
NPOWER INC. 55 WASHINGTON ST., STE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
OAK PARK SCHOOL DISTRICT 13900 GRANZON OAK PARK, MI 48237	38-6003091	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
OAKLAND & MACOMB CENTER FOR INDEPENDENT LIVING - 1709 JOHN R. ROAD - TROY, MI 48083	38-2752200	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
OAKLAND CNTY ACADEMY OF MEDIA & TECHNOLOGY - 4980 WOODWARD AVE - PONTIAC, MI 48342	46-1763638	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
OAKLAND COUNTY YOUTH ASSISTANCE COORDINATING COUNCIL, INC - 1200 N TELEGRAPH RD., DEPT 452 - PONTIAC, MI 48341	23-7123420	GOVERNMENT	10,000.	0.	N/A	N/A	GRANT
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD. PONTIAC, MI 48342	38-1358388	501(C)(3)	1,151,845.	0.	N/A	N/A	GRANT

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OAKLAND HOPE OF OAKLAND COUNTY 20 E WALTON BLVD PONTIAC, MI 48340	30-0761243	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
OAKLAND INTEGRATED HEALTHCARE NETWORK - 461 W. HURON ST., STE 107 - PONTIAC, MI 48341	38-3844634	501(C)(3)	435,515.	0.	N/A	N/A	GRANT
OAKLAND LITERCY COUNCIL 43700 WOODWARD AVE STE 20 BLOOMFIELD HILLS, MI 48302	38-2839173	501(C)(3)	106,320.	0.	N/A	N/A	GRANT
OAKLAND LIVINGSTON HUMAN SVD AGENCY - PO BOX 430598 - PONTIAC, MI 48343	38-1785665	501(C)(3)	770,704.	0.	N/A	N/A	GRANT
OAKLAND SCHOOLS 2111 PONTIAC LAKE RD WATERFORD, MI 48328	38-1713563	GOVERNMENT	50,000.	0.	N/A	N/A	GRANT
OAKLAND SCHOOLS EDUCATION FOUNDATION - 2111 PONTIAC LAKE ROAD - WATERFORD, MI 48282	38-1713563	GOVERNMENT	55,970.	0.	N/A	N/A	GRANT
OAKLAND UNIVERSITY 2200 N SQUIRREL ROAD ROCHESTER, MI 48309	38-1714400	GOVERNMENT	65,000.	0.	N/A	N/A	GRANT
ON MY OWN OF MICHIGAN 1250 KIRTS BLVD., STE 300 TROY, MI 48084	38-3366049	501(C)(3)	13,958.	0.	N/A	N/A	GRANT
OPERATION ABLE OF MICHIGAN 4750 WOODWARD AVE STE 201 DETROIT, MI 48201	38-2861705	501(C)(3)	200,000.	0.	N/A	N/A	GRANT

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OPERATION INJURED SOLDIERS 22645 PONTIAC TR SOUTH LYON, MI 48178	74-3220776	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
OPERATION REFUGE 27717 CARLYSLE INKSTER, MI 48141	26-1752073	501(C)(3)	36,500.	0.	N/A	N/A	GRANT
ORAL HEALTH SOLUTIONS INC NPO 2790 TWELVE MILE RD BERKLEY, MI 48072	46-2352124	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
ORCHARDS CHILDRENS SERVICES 24901 NORTHWESTERN HWY SUITE 500 SOUTHFIELD, MI 48075	38-2712084	501(C)(3)	24,513.	0.	N/A	N/A	GRANT
OXFORD ORION FISH PO BOX 732 LAKE ORION, MI 48361	23-7328772	501(C)(3)	69,200.	0.	N/A	N/A	GRANT
PACE SOUTHEAST MICHIGAN 21700 NORTHWESTERN HGWY., STE 900 SOUTHFIELD, MI 48075	90-0659735	501(C)(3)	99,765.	0.	N/A	N/A	GRANT
PARENT POWERED 33 HAYWARD AVE. #201 SAN MATEO, CA 94401	20-2207418	501(C)(3)	187,415.	0.	N/A	N/A	GRANT
PARTNERS FOR HEALTH 882 OAKMAN BLVD, STE C DETROIT, MI 48238	47-1961543	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	268,677.	0.	N/A	N/A	GRANT

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PERFECTING COMMUNITY DEVELOPMENT CORP - 7616 E. NEVADA ST. - DETROIT, MI 48234	38-3174969	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PERSONALIZED NURSING LIGHT HOUSE, INC. - 575 S. MAIN ST., SUITE 6 - PLYMOUTH, MI 48170	38-2942874	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PINK FUND, INC, THE PO BOX 603 BLOOMFIELD HILLS, MI 48303	45-0544575	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PLYMOUTH COMMUNITY UNITED WAY P O BOX 6356 PLYMOUTH, MI 48170	23-7327248	501(C)(3)	55,261.	0.	N/A	N/A	GRANT
PONTIAC ACADEMY FOR EXCELLENCE 196 CESAR E. CHAVEZ AVE PONTIAC, MI 48342	39-3325411	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PONTIAC COMMUNITY FOUNDATION P O BOX 431362 PONTIAC, MI 48343	80-2193145	501(C)(3)	153,200.	0.	N/A	N/A	GRANT
PONTIAC SCHOOL DISTRICT 47200 WOODWARD AVE PONTIAC, MI 48342	38-6003035	GOVERNMENT	75,000.	0.	N/A	N/A	GRANT
POPE FRANCIS CENTER 438 ST. ANTOINE DETROIT, MI 48226	81-2516039	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PRESBYTERIAN VILLAGE OF MICHIGAN FOUNDATION - 26200 LAHSER RD., SUITE 300 - SOUTHFIELD, MI 48033	20-2559884	501(C)(3)	110,325.	0.	N/A	N/A	GRANT

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PROGRESSIVE LIFE STYLES, INC. 6600 HIGHLAND RD., STE 11A WATERFORD, MI 48327	38-2455152	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PROJECT HEALTHY COMMUNITY PO BOX 252433 WEST BLOOMFIELD, MI 48325	46-2392799	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PROJECT ISAIAH LLC 2121 GEORGE HALAS DR. NW CANTON, OH 44708	34-0898576	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PROMISE SCHOOLS 15000 TROJAN ST DETROIT, MI 48235	46-4341453	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
PURE HEART FOUNDATION 13500 E. MCNICHOLS DETROIT, MI 48205	45-2164800	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PURE WORD MISSIONARY BAPTIST CHURCH - 20011 GRAND RIVER - DETROIT, MI 48219	38-2789162	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
QUEST, INC. 36141 SCHOOLCRAFT RD LIVONIA, MI 48150	38-2464157	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
READ TO A CHILD INC. 20 WILLIAM STREET, G25 WELLESLEY, MA 02481	20-3526239	501(C)(3)	68,182.	0.	N/A	N/A	GRANT
REDFORD INTERFAITH RELIEF 18499 BEECH DALY RD REDFORD, MI 48240-1804	38-3390350	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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RIDE WITH PRIDE 205 W. LIVINGSTON RD. HIGHLAND, MI 48357	30-0284240	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
RIVER ROUGE SCHOOL DISTRICT 1460 W. COOLIDGE HWY RIVER ROUGE, MI 48218	38-6004161	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
ROCHESTER AREA NEIGHBORHOOD HOUSE, INC. - 1720 S. LIVERNOIS - ROCHESTER, MI 48307	38-1956214	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
ROCHETER COMMUNITY SCHOOLS FOUNDATION - 501 W. UNIVERSITY DR - ROCHESTER, MI 48307	38-3269615	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
ROMULUS COMMUNITY SCHOOLS 36540 GRANT ROAD ROMULUS, MI 48174	38-6004189	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
ROSE HILL CENTER, INC 5130 ROSE HILL BLVD HOLLY, MI 48442	38-2895077	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
RUTH ELLIS CENTER 77 VICTOR ST. HIGHLAND PARK, MI 48203	38-3501697	501(C)(3)	74,802.	0.	N/A	N/A	GRANT
SAINT JOHN'S COMMUNITY CENTER 14320 KERCHEVAL AVE DETROIT, MI 48215	38-3390375	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	974,975.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HOUSE 62324 VAN DYKE WASHINGTON, MI 48094	38-3213283	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	538,009.	0.	N/A	N/A	GRANT
SECOND CHANCE COVENANT MINISTRY, INC. - 28211 SOUTHFIELD RD - LATHRUP VILLAGE, MI 48076	47-1702637	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
SENIOR ALLIANCE, THE 5454 VENOY WAYNE, MI 48184	38-2322126	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
SER METRO DETROIT FOR JOB PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 48210	38-2080820	501(C)(3)	524,167.	0.	N/A	N/A	GRANT
SHERIFF PAL 1200 N. TELEGRAPH RD, 38E PONTIAC, MI 48341	47-3158769	501(C)(3)	138,300.	0.	N/A	N/A	GRANT
SICKLE CELL DISEASE ASSOCIATION 18516 JAMES COUZENS DETROIT, MI 48235-2507	38-1963640	501(C)(3)	21,762.	0.	N/A	N/A	GRANT
SOCIETY OF ST. VINCENT DE PAUL 3000 GRATIOT ATTN CHRISTOPHER STARK DETROIT, MI 48207	38-1359592	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
SOUTH OAKLAND SHELTER 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)(3)	1,319,969.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST MICHIGAN COMMUNITY ALLIANCE, INC. - 25363 EUREKA - TAYLOR, MI 48180	38-2675191	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
SOUTHEAST MICHIGAN SENIOR REGIONAL COLLABORATIVE - 6900 MCGRAW AVE - DETROIT, MI 48210	81-3546780	501(C)(3)	389,500.	0.	N/A	N/A	GRANT
SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION - 3011 W. GRAND BLVD., STE 200 - DETROIT, MI 48202	38-1671500	501(C)(3)	170,000.	0.	N/A	N/A	GRANT
SOUTHFIELD PUBLIC SCHOOLS 24661 LAHSER ROAD SOUTHFIELD, MI 48033	38-6003094	GOVERNMENT	20,000.	0.	N/A	N/A	GRANT
SOUTHWEST DETROIT COMMUNITY JUSTICE CENTER - 2026 LAWDALE - DETROIT, MI 48209	46-2780452	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY STE# 800 DETROIT, MI 48216	46-2252476	501(C)(3)	590,781.	0.	N/A	N/A	GRANT
SOUTHWEST SOLUTIONS 5716 MICHIGAN AVE., STE 3000 DETROIT, MI 48210	38-2672000	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
SPRINGBOARD COLLABORATIVE 1500 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102	45-3719806	501(C)(3)	1,500,000.	0.	N/A	N/A	GRANT
ST ALOYSIUS NEIGHBORHOOD SERVICES 1234 WASHINGTON BLVD DETROIT, MI 48226	80-0623179	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST DOMINIC OUTREACH CENTER 4835 LINCOLN DETROIT, MI 48208	76-0803277	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ST GENEVIEVE-ST MAURICE PARISH SOC OF ST VINCENT DE PAUL - 29015 JAMISON ST - LIVONIA, MI 48154-4021	13-5562362	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ST LEO'S SOUP KITCHEN 4860 15TH STREET DETROIT, MI 48208	32-0537827	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ST PATRICK SENIOR CENTER, INC. 58 PARSONS DETROIT, MI 48201	38-2953534	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ST VINCENT & SARAH FISHER CENTER 16800 TRINITY DETROIT, MI 48219	38-1359589	501(C)(3)	111,701.	0.	N/A	N/A	GRANT
ST. ANNE'S MEAD 16106 W. TWELVE MILE RD SOUTHFIELD, MI 48076	38-6058248	501(C)(3)	46,464.	0.	N/A	N/A	GRANT
ST. JOHN ARMENIAN CHURCH 22001 NORTHWESTERN HWY SOUTHFIELD, MI 48075	38-1434095	501(C)(3)	15,300.	0.	N/A	N/A	GRANT
ST. JOHN FISHER CHAPEL 3665 WALTON BLVD AUBURN HILLS, MI 48326	38-6116545	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
ST. STEPHEN MMC/SOCIETY OF ST. VINCENT DE PAUL - 4329 CENTRAL ST. - DETROIT, MI 48210	38-1359592	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. SUZANNE CODY ROUGE COMMUNITY RESOURCE CTR - 19321 WEST CHICAGO - DETROIT, MI 48228	38-1359292	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	372,580.	0.	N/A	N/A	GRANT
STE. ANNE DE DETROIT CONFER / SOCIETY OF ST. VINCENT DE PAUL - 1000 ST. ANNE STREET - DETROIT, MI 48216	38-1359592	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
STREETWISE PARTNERS, INC. 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038	31-1571343	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
SUGAR LAW CENTER FOR ECON & SOC JUSTICE, MAURICE & JANE - 4605 CASS AVENUE - DETROIT, MI 48201	38-2971968	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
TEACH FOR AMERICA 1938 FRANKLIN ST., SUITE 111 DETROIT, MI 48207	13-3541913	501(C)(3)	112,000.	0.	N/A	N/A	GRANT
THAW FUND 535 GRISWOLD ST, SUITE 200 DETROIT, MI 48226	38-2646924	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
THE DETROIT INSTITUTE FOR CHILDREN 2075 E. WEST MAPLE RD STE B203 COMMERCE TWP, MI 48390-3816	38-1359511	501(C)(3)	17,825.	0.	N/A	N/A	GRANT
THE EMPOWERMENT PLAN 7640 KERCHEVAL AVE. DETROIT, MI 48214	45-3265365	501(C)(3)	35,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MICHIGAN HISPANIC COLLABORATIVE, INC. - 1420 WASHINGTON BLVD. - DETROIT, MI 48226	81-0942886	501(C)(3)	7,933.	0.	N/A	N/A	GRANT
THE YOUTH CONNECTION 4777 EAST OUTER DRIVE DETROIT, MI 48234	02-0647494	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
THE YUNION, INC 111 E. KIRBY ST. DETROIT, MI 48202	81-2507397	501(C)(3)	46,100.	0.	N/A	N/A	GRANT
TIKKUN OLAM DBA EDEN GIVES 715 PARKER STREET DETROIT, MI 48214	47-5246638	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
TRANSPORTATION RIDERS UNITED, INC. PO BOX 2668 DETROIT, MI 48202	38-3588943	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
TROY PEOPLE CONCERNED INC 2045 AUSTIN TROY, MI 48083	38-2055708	501(C)(3)	13,000.	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)	138,467.	0.	N/A	N/A	GRANT
U.S. COMMITTEE FOR REFUGEE AND IMMIGRANTS, INC. - 2231 CRYSTAL DR., SUITE 350 - ARLINGTON, VA 22202	13-1878704	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
UNIFIED HIV HEALTH AND BEYOND 3968 MOUNT ELLIOTT ST DETROIT, MI 48207	38-2464851	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSOC OF MI 1325 SOUTH WASHINGTON AVE LANSING, MI 48910	20-3568840	501(C)(3)	5,035.	0.	N/A	N/A	GRANT
UNITED COMMUNITY HOUSING COALITION 2727 2ND AVE. STE. # 313 DETROIT, MI 48201-2657	38-2142140	501(C)(3)	525,594.	0.	N/A	N/A	GRANT
UNITED METHODIST RETIREMENT COMMUNITIES FOUNDATION - 805 WEST MIDDLE STREET - CHELSEA, MI 48118	38-3443089	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
UNITED NEGRO COLLEGE FUND NEW CENTER ONE 3031 W GRAND BLVD SU DETROIT, MI 48202	38-1387884	501(C)(3)	82,969.	0.	N/A	N/A	GRANT
UNITED VETERANS OF MICHIGAN INC 7350 MACEWOOD ST. WATERFORD, MI 48329	38-3113939	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
UNITED WAY OF GENESEE COUNTY 111 E. COURT ST. STE. # 3 FLINT, MI 48502	38-1359516	501(C)(3)	35,860.	0.	N/A	N/A	GRANT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	10,612.	0.	N/A	N/A	GRANT
UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 44115	44-0545812	501(C)(3)	5,151.	0.	N/A	N/A	GRANT
UNITED WAY OF GREATER ST. LOUIS 910 N. 11TH ST. ST. LOUIS, MO 63101	43-0714167	501(C)(3)	7,127.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604	15-0543356	501(C)(3)	18,438.	0.	N/A	N/A	GRANT
UNITED WAY OF HOWARD COUNTY 210 W. WALNUT ST. KOKOMO, IN 46901	35-0877579	501(C)(3)	12,297.	0.	N/A	N/A	GRANT
UNITED WAY OF LAPEER COUNTY (MI) 3333 JOHN CONLEY DRIVE LAPEER, MI 48446	38-3509445	501(C)(3)	26,728.	0.	N/A	N/A	GRANT
UNITED WAY OF MONROE COUNTY (MI) 216 NORTH MONROE STREET MONROE, MI 48162	38-1437937	501(C)(3)	114,336.	0.	N/A	N/A	GRANT
WAYNE CHILDREN'S HEALTHCARE ACCESS 3031 W GRAND BLVD., STE 650 DETROIT, MI 48202	45-4949783	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY - 7310 WOODWARD AVE STE 800 - DETROIT, MI 48202	38-1976979	501(C)(3)	493,900.	0.	N/A	N/A	GRANT
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
WORLD MEDICAL RELIEF 21725 MELROSE AVE SOUTHFIELD, MI 48075	38-1575570	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
YAD EZRA 2850 W. ELEVEN MILE RD BERKLEY, MI 48072	38-2904733	501(C)(3)	100,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITIAN DETROIT 1401 BROADWAY DETROIT, MI 48226	38-1358055	501(C)(3)	87,300.	0.	N/A	N/A	GRANT
ZAMAN INTERNATIONAL 26091 TOWBRIDGE ST INKSTER, MI 48141	20-1946065	501(C)(3)	69,800.	0.	N/A	N/A	GRANT

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
FINANCIAL STABILITY MICRO GRANTS	41	46,803.	0.		
SCHOLARSHIP PROGRAMS	2	3,000.	0.		
LSP PROGRAM - UTILITY ASSISTANCE	7119	5,418,820.	0.		

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 REVIEWS THE AUDITED FINANCIAL STATEMENTS FOR THE AGENCIES THAT HAVE BEEN AWARDED GRANTS. 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 A 501(C)(3) NON-PROFIT

Part IV Supplemental Information

ORGANIZATION AND THAT THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF
THE PATRIOT ACT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 checked="" 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		

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

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DARIENNE DRIVER HUDSON PRESIDENT AND CEO	(i)	350,000.	25,000.	0.	6,004.	12,859.	393,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER PERRY VICE PRESIDENT	(i)	234,390.	11,720.	0.	5,193.	25,988.	277,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TONYA ADAIR CHIEF IMPACT OFFICER	(i)	230,000.	8,625.	0.	5,038.	24,837.	268,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN SCHWARTZ CFO	(i)	216,731.	5,750.	0.	4,273.	16,839.	243,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN E. DUNCAN-MURPHY VICE PRESIDENT - PART YEAR	(i)	204,223.	0.	0.	4,155.	20,570.	228,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIC DAVIS VICE PRESIDENT	(i)	190,353.	0.	0.	4,027.	20,440.	214,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLARINDA BARNETT-HARRISON DIRECTOR, ECONMIC PROPERITY-PART YEA	(i)	165,792.	0.	0.	3,507.	28,103.	197,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DENISE FLECKENSTEIN DIRECTOR, GIFT PLANNING	(i)	137,294.	0.	0.	2,904.	18,450.	158,648.	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.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 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.

Table with 9 main columns: (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?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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

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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,549,699.	PAYMENTS FO		X

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)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
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- ▶ 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.

Name of the organization **UNITED WAY FOR SOUTHEASTERN MICHIGAN** Employer identification number **20-3099071**

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	4	28,687.	FAIR 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 (PERSONAL PROT)	X	516,267	2,384,050.	RETAIL 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 IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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	

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

Schedule M (Form 990) 2019

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 BOTH THE NUMBER OF CONTRIBUTORS AND THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR THE THIRD CONSECUTIVE YEAR, OUR FIND YOUR FUTURE CAREER EXPLORATION
FAIR SHOWED DETROIT STUDENTS THE OPTIONS THEY HAVE AFTER GRADUATION.

NEARLY 1,000 DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT FRESHMEN

ATTENDED THE 2019 EDITION OF THE FAIR. SPECIALIZED SESSIONS,

INTERACTIVE BOOTHS AND HANDS-ON ACTIVITIES PROVIDED KNOWLEDGE FOR

STUDENTS TO USE IN HIGH SCHOOL AND BEYOND.

AS THE PANDEMIC SET IN AND SCHOOLS SHIFTED TO VIRTUAL LEARNING, THE

DIGITAL DIVIDE BECAME MORE EVIDENT THAN EVER. FOR 35 PERCENT OF

STUDENTS IN DETROIT, THAT POSED A MAJOR PROBLEM, AS THEY LACKED ACCESS

TO THE TECHNOLOGY THEY NEEDED TO LEARN. OUR COVID-19 COMMUNITY

RESPONSE FUND WAS THERE. WE GAVE GRANTS TO SCHOOL DISTRICTS TO HELP

THEM PURCHASE TECHNOLOGY FOR STUDENTS WHO OTHERWISE WOULD'VE HAD NO WAY

TO CONTINUE LEARNING. GRANTS TO 74 SCHOOLS CONNECTED MORE THAN 8,000

STUDENTS WITH LAPTOPS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WE SUPPORT CHILD CARE PROVIDERS AS THEY WORK TO EARN THEIR CHILD

DEVELOPMENT ASSOCIATE (CDA) CERTIFICATION, HELPING INCREASE THE QUALITY

OF CARE AND EXPAND OPTIONS FOR PARENTS. WE ALSO PROVIDE EDUCATION AND

SUPPORT THROUGH OUR EARLY CHILDHOOD SUPPORT NETWORK.

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

WE STRIVE TO EQUIP FAMILIES WITH THE TOOLS AND KNOWLEDGE TO HELP THEIR CHILDREN SUCCEED -- LIKE PROVIDING A CHILD'S FIRST BOOK AND FUNDING FREE DEVELOPMENTAL SCREENINGS.

AS THE PANDEMIC SET IN, OUR COVID-19 COMMUNITY RESPONSE FUND HELPED CHILD CARE FACILITIES STAY SAFE AND STAY OPEN TO CARE FOR THE CHILDREN OF ESSENTIAL WORKERS. WE INVESTED \$2.28 MILLION INTO THESE FACILITIES THROUGH MORE THAN 500 GRANTS. WE ALSO CONNECTED MORE THAN 400 ESSENTIAL WORKERS WITH CHILD CARE SO THEY COULD CONTINUE TO GO TO WORK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GET OUT OF CRISIS AND STAY OUT.

WE LEAD EFFORTS IN SOUTHEASTERN MICHIGAN TO FIGHT FOOD INSECURITY AND INCREASE ACCESS TO FOOD THAT IS NUTRITIOUS AND AFFORDABLE. THROUGH PROGRAMS LIKE BETTER WITH BREAKFAST AND MEET UP AND EAT UP, WE HELP ENSURE THAT CHILDREN HAVE FREE, NUTRITIOUS MEALS TO EAT DURING THE SCHOOL DAY AND ALL SUMMER LONG. OUR BETTER WITH BREAKFAST PARTNERSHIP WITH OAKLAND COUNTY MAKES FREE SCHOOL BREAKFAST AVAILABLE TO 3,500 STUDENTS IN THE COUNTY.

EVERY YEAR, OUR EFFORTS TO HELP SOUTHEASTERN MICHIGAN RESIDENTS PREPARE THEIR TAXES HELPS PUT MONEY BACK INTO FAMILY BUDGETS. WE WORK ALONGSIDE OUR PARTNERS TO CONNECT FAMILIES WITH VOLUNTEER TAX SERVICES TO ENSURE THEY GET THEIR FULL REFUND. AS A RESULT, LAST YEAR NEARLY 90,000 DETROITERS CLAIMED A TOTAL OF NEARLY \$310 MILLION THROUGH THE EARNED INCOME TAX CREDIT.

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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OUR 2-1-1 HELPLINE CONNECTS FAMILIES WITH RESOURCES THAT HELP THEM MEET IMMEDIATE NEEDS LIKE FOOD AND SHELTER, FIND FINANCIAL COACHING AND JOB TRAINING, AND JOIN UTILITY SHUTOFF OR EVICTION AVOIDANCE PROGRAMS. IT'S ALSO A CONNECTION TO PROGRAMS THAT HELP FAMILIES ADDRESS FACTORS THAT CAUSE INSTABILITY, LIKE A LACK OF STABLE INCOME OR AFFORDABLE QUALITY CHILD CARE. WHEN THE COVID-19 OUTBREAK BEGAN IN MICHIGAN, CALLS TO 2-1-1 SPIKED. IN MARCH OF 2019, OUR 2-1-1 TEAM HANDLED 9,162 CALLS. IN MARCH 2020, CONTACTS TOPPED 19,000.

WE SPRUNG INTO ACTION AS THE PANDEMIC REACHED MICHIGAN, CREATING THE COVID-19 COMMUNITY RESPONSE FUND. THROUGHOUT THE YEAR, WE RAISED ENOUGH TO DISTRIBUTE \$32 MILLION IN GRANTS TO NEARLY 900 PARTNERS IN OUR REGION. FUNDS HELPED WITH FOOD DISTRIBUTION, SHELTER, AND FINANCIAL AND EDUCATIONAL RESOURCES. GRANTS HELPED HEALTH AND HUMAN SERVICE AGENCIES CLOSE OPERATIONAL GAPS AND EXPLORE INNOVATIVE WAYS TO PROVIDE SERVICES DURING THIS UNPRECEDENTED CRISIS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DESIGNATIONS PAID OUT TO OTHER NONPROFIT AGENCIES.

UNITED WAY FOR SOUTHEASTERN MICHIGAN PROVIDES GRANTS AND PAYS DESIGNATIONS TO OVER 120 NONPROFIT AGENCIES THAT PROVIDE DIRECT SERVICE TO THE COMMUNITIES OF SOUTHEASTERN MICHIGAN. OVER 1 MILLION PEOPLE ARE IMPACTED THROUGH THE INVESTMENT OF RESOURCES IN EDUCATION, INCOME, AND BASIC NEEDS.

EXPENSES \$ 8,972,652. INCL GRANTS OF \$ 16,493,249. REVENUE \$ 784,827.

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

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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 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

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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- 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 UWSEM 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 THEIR 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. THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON UWSEM'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **UNITED WAY FOR SOUTHEASTERN MICHIGAN** Employer identification number **20-3099071**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LINKED LEARNING DETROIT, L3C - 35-2522123 3011 W. GRAND BLVD. STE 500 DETROIT, MI 48202	SUPPORT AND PROMOTE EDUCATIONAL PROGRAMS	MICHIGAN	0.	0.	UNITED WAY FOR SOUTHEASTERN MICHIGAN

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

LINKED LEARNING DETROIT, L3C

EIN: 35-2522123

3011 W. GRAND BLVD. STE 500

DETROIT, MI 48202

PRIMARY ACTIVITY: SUPPORT AND PROMOTE EDUCATIONAL PROGRAMS

DIRECT CONTROLLING ENTITY: UNITED WAY FOR SOUTHEASTERN MICHIGAN