

Public Disclosure Copy

Form 990

*****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS*****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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 <p align="center">UNITED WAY FOR SOUTHEASTERN MICHIGAN</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center">3011 W. GRAND BLVD. SUITE 500</p> City or town, state or province, country, and ZIP or foreign postal code <p align="center">DETROIT, MI 48202</p> F Name and address of principal officer: DR. DARIENNE D. HUDSON, SAME AS C ABOVE	D Employer identification number <p align="center">20-3099071</p> E Telephone number <p align="center">313-226-9200</p> G Gross receipts \$ 70,650,011. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIVEUNITEDSEM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2005		M State of legal domicile: MI

Part I Summary

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 38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 38
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 213
6	Total number of volunteers (estimate if necessary)	6 8721
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 92,741,920. Current Year 55,126,707.
9	Program service revenue (Part VIII, line 2g)	0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	956,123. 3,058,378.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,092,625. 2,705,790.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,790,668. 60,890,875.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,700,684. 43,369,826.
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)	13,293,254. 15,595,936.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,018,139.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,028,710. 8,344,938.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,022,648. 67,310,700.
19	Revenue less expenses. Subtract line 18 from line 12	20,768,020. -6,419,825.
20	Total assets (Part X, line 16)	Beginning of Current Year 91,867,146. End of Year 74,103,757.
21	Total liabilities (Part X, line 26)	25,836,443. 22,028,623.
22	Net assets or fund balances. Subtract line 21 from line 20	66,030,703. 52,075,134.

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 <p align="center">STEVEN SCHWARTZ, CHIEF FINANCIAL OFFICER</p> Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name TINA PETERS	Preparer's signature TINA PETERS	Date 05/10/23	Check <input type="checkbox"/> if self-employed	PTIN P00904574
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951		Phone no. (248) 352-2500	
	Firm's address ▶ 3000 TOWN CENTER, SUITE 100 SOUTHFIELD, MI 48075				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service 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 \$ 10,607,627. including grants of \$ 8,193,634.) (Revenue \$) EDUCATION: WE BELIEVE THAT LEARNING BEGINS AT BIRTH AND ARE COMMITTED TO SUPPORTING LEARNING AND LITERACY AT EVERY STAGE IN A CHILD'S LIFE. UNITED WAY'S EARLY CHILDHOOD INITIATIVES CONNECT FAMILIES WITH QUALITY, AFFORDABLE CHILD CARE THROUGH SERVICES LIKE OUR CONNECT4CARE KIDS PORTAL. WE ALSO PROVIDE TRAINING AND SUPPORT FOR THOUSANDS OF CHILD CARE PROVIDERS IN OUR REGION THROUGH THE EARLY CHILDHOOD SUPPORT NETWORK. THROUGH OUR COMMUNITY SCHOOLS INITIATIVE, WE PROVIDE HOLISTIC SUPPORT TO STUDENTS, FAMILIES AND COMMUNITIES AND ADDRESS BARRIERS TO LEARNING EVERYTHING FROM BACKPACKS AND LAPTOPS TO MENTAL HEALTH SERVICES AND BASIC NEEDS. IN ADDITION, WE WORK TO IMPROVE LITERACY RATES, ENCOURAGE A LIFELONG LOVE OF READING, AND HELP FAMILIES BUILD HOME LIBRARIES.

4b (Code:) (Expenses \$ 26,873,779. including grants of \$ 23,551,553.) (Revenue \$) BASIC NEEDS: ONE OUT OF THREE FAMILIES IN OUR REGION STRUGGLES TO AFFORD BASIC NEEDS LIKE FOOD, SHELTER AND HEALTH CARE. UNITED WAY STRATEGICALLY INVESTS IN PROGRAMS THAT HELP FAMILIES MEET THESE NEEDS, AND WE WORK TO MAKE THE SOCIAL SAFETY NET WORK BETTER FOR INDIVIDUALS, SERVICE ORGANIZATIONS AND THE COMMUNITY. OUR CORE PROGRAMS INCLUDE ONE-ON-ONE SOCIAL SERVICES NAVIGATION SUPPORT, FORECLOSURE AND EVICTION PREVENTION, UTILITY ASSISTANCE, EMERGENCY FOOD AND SHELTER, AND CHILD NUTRITION PROGRAMS. THROUGH OUR CONNECT4CARE NETWORK, WE HELP FAMILIES NAVIGATE A COMPLEX NETWORK OF ASSISTANCE PROGRAMS AND WORK WITH LOCAL, REGIONAL AND STATEWIDE PARTNERS TO BUILD SYSTEMS OF HOLISTIC, PERSON-CENTERED CARE.

4c (Code:) (Expenses \$ 3,319,836. including grants of \$ 2,230,645.) (Revenue \$) ECONOMIC MOBILITY: TO HELP HOUSEHOLDS REACH LONG-TERM STABILITY, WE MUST ADDRESS THE ROOT CAUSES AND BARRIERS TO FINANCIAL STABILITY AND WEALTH-BUILDING. UNITED WAY FOR SOUTHEASTERN MICHIGAN WORKS WITH OUR PARTNERS TO PROVIDE FINANCIAL COACHING, TRANSPORTATION SUPPORT, AND FREE TAX PREPARATION THAT HELPS FAMILIES MAXIMIZE THEIR TAX CREDITS LIKE THE EARNED INCOME TAX CREDIT AND CHILD TAX CREDIT. WE ALSO LAUNCHED THE DETROIT FINANCIAL WELL-BEING INNOVATION CHALLENGE IN 2022, WHICH AIMS TO PILOT AND GROW PROGRAMS THAT WILL ADDRESS SYSTEMIC INEQUITIES THROUGH PARTNERSHIP, TESTING AND COMMUNITY INVOLVEMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 18,946,083. including grants of \$ 9,393,993.) (Revenue \$ 2,705,790.)

4e Total program service expenses 59,747,325.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in 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 on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax 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 93	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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 [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DARIENNE D. HUDSON PRESIDENT AND CEO	50.00 0.00			X				418,314.	0.	21,495.
(2) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	50.00 0.00			X				232,202.	0.	26,952.
(3) TONYA ADAIR CHIEF PEOPLE, EQUITY, AND ENGAGEMENT	50.00 0.00			X				230,293.	0.	26,774.
(4) ERIC DAVIS VP BASIC NEEDS, HEALTH, & OUTREACH	50.00 0.00				X			194,032.	0.	25,227.
(5) TSAI-YI WATTS VP, FUND DEVELOPMENT	50.00 0.00				X			178,288.	0.	25,120.
(6) BRANDON LEE EVP, STRATEGY & OPERATIONS	50.00 0.00				X			173,723.	0.	13,850.
(7) DENISE FLECKENSTEIN MAJOR GIFTS OFFICER	50.00 0.00					X		140,997.	0.	19,741.
(8) KYLE DUBUC EXEC. DIR, ADVOCACY, MARKETING, & CO	50.00 0.00					X		136,963.	0.	21,943.
(9) JEFFREY MILES SR. DIRECTOR, EARLY CHILDHOOD EXCELL	50.00 0.00					X		124,194.	0.	22,857.
(10) LARA KEATHLEY EXEC. DIR., PEOPLE & CULTURE	50.00 0.00					X		122,839.	0.	18,501.
(11) SARA GOLD SR. DIRECTOR, HEALTH & BASIC NEEDS	50.00 0.00					X		116,931.	0.	21,937.
(12) MARK STIERS DIRECTOR/CHAIR	3.00 0.00		X	X				0.	0.	0.
(13) DAVID FOLTYN DIRECTOR/IMMEDIATE PAST CHAIR	1.00 0.00		X	X				0.	0.	0.
(14) ED SIAJE DIRECTOR/VICE CHAIR	3.00 0.00		X	X				0.	0.	0.
(15) ELIZABETH ALVAREZ DIRECTOR/TREASURER	3.00 0.00		X	X				0.	0.	0.
(16) LYNDA ROSSI DIRECTOR/SECRETARY	3.00 0.00		X	X				0.	0.	0.
(17) WENDELL ANTHONY DIRECTOR	1.00 0.00		X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN CASSIDY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) WANDA COOK-ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) LAURA DICKERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) MARIA DWYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ANDREW ECHT (RESIGNED 1/20/22) DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(23) BILL EMERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) LUANNE EWALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) SAM FOGLEMAN (RESIGNED 9/21/21) DIRECTOR - PART YEAR	1.00 0.00	X						0.	0.	0.
(26) PANCHO HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,068,776.	0.	244,397.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,068,776.	0.	244,397.

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 **17**

	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	3	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	4	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	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRIGHTSTREET GROUP LLC, 6545 TANGELWOOD DR. SE, GRAND RAPIDS, MI 49546	PROGRAM CONSULTING SERVICES	716,184.
SYSTEMS TECHNOLOGY GROUP, INC., 3001 WEST BIG BEAVER RD, STE 500, TROY, MI 48084	OUTSOURCED TECNOLOGY CONSULTING SERVICES	583,536.
APEX DIGITAL SOLUTIONS, 1000 TOWN CENTER DR. STE. 200, SOUTHFIELD, MI 48075	OUTSOURCED IT SERVICES	517,329.
EARLYWORKS, LLC 175 ASHLAND ST., DETROIT, MI 48215	PROGRAM CONSULTING SERVICES	367,114.
GRYPHON PLACE 3245 SOUTH 8TH ST., KALAMAZOO, MI 49009	OUTSOURCED CALL CENTER	201,486.

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 **8**

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) IAN HOGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) JOCELYN HOWARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) KELLE ILITCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) HASSAN JABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) JAMES JACOBS DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) SAUNTEEL JENKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) HARRY KEMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) DEB MACON DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) DEBBIE MANZANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) ALYCIA MERIWEATHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) MARK MORENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) FAYE NELSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) DARYL NEWMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) DAVID PARENT DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) ORA PESCOVITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) ANUP POPAT DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) RHONDA POWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) JOHN RAKOLTA III DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MICHAEL RESHA DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) ANGELA REYES DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Terrance Rhadigan, James Robinson, Melissa Roy, Kristin Smallwood, and Jennifer Stafel.

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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,007,194.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	34,119,513.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 94,673.				
	h Total. Add lines 1a-1f			55,126,707.			
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)		2,597,559.			2597559.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,219,955.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	9,759,136.				
	c Gain or (loss)	7c	460,819.				
d Net gain or (loss)			460,819.		460,819.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMIN & COST RECOVERY FEES	Business Code	900099	2,676,671.	2,676,671.		
	b _____						
	c _____						
	d All other revenue		900099	29,119.	29,119.		
	e Total. Add lines 11a-11d			2,705,790.			
12 Total revenue. See instructions			60,890,875.	2,705,790.	0.	3058378.	

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	34,316,017.	34,316,017.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,053,809.	9,053,809.		
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	1,876,695.	790,702.	826,030.	259,963.
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	10,688,885.	7,885,359.	870,309.	1,933,217.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,024,870.	1,326,918.	325,442.	372,510.
10 Payroll taxes	1,005,486.	688,777.	144,458.	172,251.
11 Fees for services (nonemployees):				
a Management				
b Legal	80,092.	13,251.	66,841.	
c Accounting	104,241.		104,241.	
d Lobbying	91,225.		91,225.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,918.		27,918.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,758,028.	2,560,384.	435,420.	762,224.
12 Advertising and promotion	637,135.	451,940.	71,619.	113,576.
13 Office expenses	737,433.	414,074.	243,058.	80,301.
14 Information technology				
15 Royalties				
16 Occupancy	1,030,349.	761,700.	133,812.	134,837.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	238,749.	73,713.	86,540.	78,496.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	267,063.	212,235.	25,570.	29,258.
23 Insurance	106,714.	49,112.	25,829.	31,773.
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 MEMBERSHIP DUES	858,642.	846,176.	2,811.	9,655.
b MISCELLANEOUS	221,372.	178,357.	13,133.	29,882.
c COMMUNICATION	185,977.	124,801.	50,980.	10,196.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	67,310,700.	59,747,325.	3,545,236.	4,018,139.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	18,001,943.	2	4,306,370.
	3 Pledges and grants receivable, net	14,148,804.	3	16,312,936.
	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	831,436.	9	1,026,547.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,245,212.		
	b Less: accumulated depreciation	10b 1,748,221.	688,992.	10c 496,991.
	11 Investments - publicly traded securities	56,771,894.	11	50,761,937.
	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	1,424,077.	15	1,198,976.
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,867,146.	16	74,103,757.	
Liabilities	17 Accounts payable and accrued expenses	4,174,027.	17	4,468,911.
	18 Grants payable	13,585,294.	18	14,454,440.
	19 Deferred revenue	514,064.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,563,058.	25	3,105,272.
	26 Total liabilities. Add lines 17 through 25	25,836,443.	26	22,028,623.
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	53,919,682.	27	37,672,284.
	28 Net assets with donor restrictions	12,111,021.	28	14,402,850.
	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	66,030,703.	32	52,075,134.
	33 Total liabilities and net assets/fund balances	91,867,146.	33	74,103,757.

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	60,890,875.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,310,700.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,419,825.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,030,703.
5	Net unrealized gains (losses) on investments	5	-7,535,744.
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	52,075,134.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58854983.	58451324.	62942406.	92741920.	55126707.	328117340
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	58854983.	58451324.	62942406.	92741920.	55126707.	328117340
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)						41255525.
6 Public support. Subtract line 5 from line 4.						286861815

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	58854983.	58451324.	62942406.	92741920.	55126707.	328117340
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1217278.	1431816.	1853936.	1514547.	2597559.	8615136.
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.)	413,738.		145,575.	334,500.		893,813.
11 Total support. Add lines 7 through 10						337626289
12 Gross receipts from related activities, etc. (see instructions)					12	6,089,793.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	84.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	82.94 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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	_____ _____ _____	\$ <u>3,409,867.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,294,729.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>6,401,960.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>9,697,815.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>2,400,931.</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	_____ _____ _____	\$ <u>3,349,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>3,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>1,875,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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) 2021

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)	76,125.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	15,100.													
c	Total lobbying expenditures (add lines 1a and 1b)	91,225.													
d	Other exempt purpose expenditures	53,194,300.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	53,285,525.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	143,100.	140,500.	245,700.	91,225.	620,525.
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	61,600.	107,200.	226,700.	76,125.	471,625.

Schedule C (Form 990) 2021

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

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

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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	29,138,290.	23,237,672.	25,172,600.	24,260,078.	22,888,734.
b Contributions					
c Net investment earnings, gains, and losses	-3,752,521.	7,104,471.	-34,928.	942,579.	1,418,260.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,612,000.	710,000.	1,900,000.		
f Administrative expenses		493,853.		30,057.	46,916.
g End of year balance	23,773,769.	29,138,290.	23,237,672.	25,172,600.	24,260,078.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 96.0000 %
 - b Permanent endowment 4.0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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		300,324.	88,843.	211,481.
d Equipment		1,944,888.	1,659,378.	285,510.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				496,991.

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) DESIGNATIONS PAYABLE -	
(3) UNDISTRIBUTED PLEDGES	3,105,272.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,105,272.

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	54,700,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,535,744.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,590,577.
e	Add lines 2a through 2d	2e	54,833.
3	Subtract line 2e from line 1	3	54,645,575.
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	6,245,300.
c	Add lines 4a and 4b	4c	6,245,300.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	60,890,875.

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	71,653,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,587,681.
e	Add lines 2a through 2d	2e	10,587,681.
3	Subtract line 2e from line 1	3	61,065,400.
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	6,245,300.
c	Add lines 4a and 4b	4c	6,245,300.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	67,310,700.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

3 MONTH UWSEM REVENUE INCLUDED IN 15 MONTH AUDIT 7,590,577.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 6,245,300.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

3 MONTH UWSEM EXPENSES INCLUDED IN 15 MONTH AUDIT 10,587,681.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 6,245,300.

**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

2021

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCENT PONTIAC INC 32666 OLD POST RD BEVERLY HILLS, MI 48025	81-4608180	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	355,000.	0.	N/A	N/A	GRANT
AFFIRMATIONS COMMUNITY CENTER 290 W. 9 MILLE RD. FERNDALE, MI 48220	38-2882823	501(C)(3)	293,769.	0.	N/A	N/A	GRANT
ALL THINGS WOMEN INC 20304 ANGLING ST, LIVONIA, MI 48152	82-4973764	501(C)(3)	18,000.	0.	N/A	N/A	GRANT
ALLIANCE FOR HOUSING OAKLAND COUNTY CONTINUUM OF CARE - 1 N. SAGINAW ST, SUITE 208 - PONTIAC, MI 48342	46-1549875	501(C)(3)	71,250.	0.	N/A	N/A	GRANT
ALLIANCE OF COALITIONS FOR HEALTHY COMMUNITIES - 5505 CORPORATE DRIVE, STE. 301 - TROY, MI 48098	20-0529208	501(C)(3)	102,069.	0.	N/A	N/A	GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **197.**

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

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Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD, DETROIT, MI 48208	38-2766412	501(C)(3)	125,865.	0.	N/A	N/A	GRANT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
ARAB AMERICAN AND CHALDEAN COUNCIL 363 W. BIG BEAVER RD, STE# 300 TROY, MI 48084	38-2311840	501(C)(3)	68,835.	0.	N/A	N/A	GRANT
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES ACCESS - 2651 SAULINO COURT - DEARBORN, MI 48120	23-7444497	501(C)(3)	429,369.	0.	N/A	N/A	GRANT
ARC OF NORTHWEST WAYNE COUNTY 26049 FIVE MILE ROAD REDFORD, MI 48239	38-6056677	501(C)(3)	32,937.	0.	N/A	N/A	GRANT
ARC SERVICES OF MACOMB, INC. 444050 GRATIOT AVE, CLINTON TOWNSHIP, MI 48036	38-1738601	501(C)(3)	33,000.	0.	N/A	N/A	GRANT
AREA AGENCY ON AGING 1B 29100 NORTHWESTERN HWY, STE 400 SOUTHFIELD, MI 48034	38-2729505	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
ART EXPERIENCE INC 175 S SAGINAW ST PONTIAC, MI 48342	38-3373601	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
ASIAN AND PACIFIC ISLANDER AMERICAN VOTE - MICHIGAN - PO BOX 12398 - HAMTRAMCK, MI 48212	26-4514751	501(C)(3)	55,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC IMPACT PO BOX 32035 DETROIT, MI 48232	27-4688366	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
AVALON HEALING CENTER 2727 2ND AVENUE, SUITE 300 DETROIT, MI 48201	20-0631006	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
BEAUMONT HEALTH FOUNDATION 26901 BEAUMONT BLVD. SOUTHFIELD, MI 48033	36-4852171	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST, STE. 218 - DETROIT, MI 48206	38-6112533	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
BIRTH DETROIT PO BOX 19727 DETROIT, MI 48219	84-2980807	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
BLACK FAMILY DEVELOPMENT INC 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	170,644.	0.	N/A	N/A	GRANT
BLACK LEADERS DETROIT 8425 W. MCNICHOLS RD., STE. 202 DETROIT, MI 48221	84-2514445	501(C)(3)	47,000.	0.	N/A	N/A	GRANT
BLACK TO THE LAND COALITION 8060 BRAMELL DETROIT, MI 48239	85-1248993	501(C)(3)	32,000.	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)	225,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TROY 3670 JOHN R RD TROY, MI 48083	23-7390931	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
BRIDGING COMMUNITIES INC 6900 MCGRAW AVE DETROIT, MI 48210	38-3434841	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	47-3446334	501(C)(3)	210,000.	0.	N/A	N/A	GRANT
CARE HOUSE OF OAKLAND COUNTY 44765 WOODWARD AVE. PONTIAC, MI 48341	38-2305297	501(C)(3)	221,957.	0.	N/A	N/A	GRANT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD. FRASER, MI 48026	38-2175274	501(C)(3)	125,000.	0.	N/A	N/A	GRANT
CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48220	38-3429921	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN - 15945 CANAL RD. - CLINTON TOWNSHIP, MI 48038	45-3623184	501(C)(3)	300,000.	0.	N/A	N/A	GRANT
CAUGHT UP 5811 GRAYTON ST DETROIT, MI 48224	47-2302502	501(C)(3)	43,000.	0.	N/A	N/A	GRANT
CENTER FOR SUCCESS NETWORK 1600 EAST GRAND BLVD DETROIT, MI 48211	46-3792734	501(C)(3)	45,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO MULTICULTURAL LA FAMILIA INC - 35 W. HURON ST., SUITE 100 - PONTIAC, MI 48342	20-8900737	501(C)(3)	198,000.	0.	N/A	N/A	GRANT
CHALDEAN AMERICAN LADIES OF CHARITY - 2033 AUSTIN DRIVE - TROY, MI 48083	38-2336363	501(C)(3)	102,868.	0.	N/A	N/A	GRANT
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)(3)	103,000.	0.	N/A	N/A	GRANT
CHALKBEAT, INC. 1250 BROADWAY, 30TH FLOOR NEW YORK, NY 10001	90-0915846	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
CHILDRENS CENTER OF WAYNE COUNTY INC - 79 W. ALEXANDRINE ST. - DETROIT, MI 48201	38-1359505	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
CITY OF DETROIT, OFFICE OF EARLY LEARNING - 18100 MEYERS RD. - DETROIT, MI 48235	38-6004606	GOVERNMENTAL	290,000.	0.	N/A	N/A	GRANT
CITY YEAR 2937 E. GRAND BLVD, 4TH FLOOR DETROIT, MI 48202	22-2882549	501(C)(3)	225,000.	0.	N/A	N/A	GRANT
CLARENCE E PHILLIPS ASCEND ORGANIZATION INC - 809 BAY ST. - PONTIAC, MI 48342	46-2011666	501(C)(3)	167,775.	0.	N/A	N/A	GRANT
CLASS ACT DETROIT 20501 LIVERNOIS AVE PO BOX 21827 DETROIT, MI 48221	82-2035354	501(C)(3)	25,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CNS HEALTHCARE 24230 KARIM BLVD., SUITE 100 NOVI, MI 48375	43-1969008	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
COMMON GROUND 1410 S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	500,000.	0.	N/A	N/A	GRANT
COMMONWEALTH OF FAITH 27171 WEST CHICAGO RD. REDFORD, MI 48239	82-3295834	501(C)(3)	47,000.	0.	N/A	N/A	GRANT
COMMUNITIES IN SCHOOLS OF MICHIGAN INC - 721 N. CAPITOL, SUITE #100 - LANSING, MI 48906	45-3736821	501(C)(3)	171,030.	0.	N/A	N/A	GRANT
COMMUNITY & HOME SUPPORTS 2111 WOODWARD AVE., STE 608 DETROIT, MI 48201	26-3365037	501(C)(3)	75,001.	0.	N/A	N/A	GRANT
COMMUNITY HOUSING NETWORK, INC. 570 KIRTS BLVD, STE# 231 TROY, MI 48084	38-3372734	501(C)(3)	552,500.	0.	N/A	N/A	GRANT
CONGRESS OF COMMUNITIES 4870 SAINT HEDWIG ST. DETROIT, MI 48210	81-2759276	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
COTS 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3)	139,100.	0.	N/A	N/A	GRANT
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)(3)	75,345.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS OF MICHIGAN 2424 WEST GRAND BOULEVARD DETROIT, MI 48208	38-2539852	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
DANNYS MIRACLE ANGEL NETWORK DMAN FOUNDATION - 1701 NORTHFIELD DRIVE - ROCHESTER HILLS, MI 48309	27-1758495	501(C)(3)	75,000.	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)	70,000.	0.	N/A	N/A	GRANT
DETROIT ASSOCIATION OF BLACK ORGANIZATIONS DABO INC - 12048 GRAND RIVER AVE - DETROIT, MI 48204	47-3081843	501(C)(3)	130,046.	0.	N/A	N/A	GRANT
DETROIT CHILDREN'S FUND 100 TALON CENTRE DR, STE 100 DETROIT, MI 48207	46-2499615	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)	25,000.	0.	N/A	N/A	GRANT
DETROIT FOOD & ENTREPRENEURSHIP ACADEMY - 4444 2ND AVE. - DETROIT, MI 48201	46-2408286	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
DETROIT HEALS DETROIT 16485 E 8 MILE ROAD EASTPOINTE, MI 48021	83-1099822	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
DETROIT HOUSING COMMISSION 1301 E. JEFFERSON AVE., DETROIT, MI 48207	38-3617958	GOVERNMENTAL	9,000.	0.	N/A	N/A	GRANT

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DETROIT PHOENIX CENTER 1420 WASHINGTON BLVD., STE 301 DETROIT, MI 48226	82-1262148	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD AVE, SUITE 547 DETROIT, MI 48226	30-0056848	501(C)(3)	45,089.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT - 3011 W. GRAND BLVD. 11TH FLOOR - DETROIT, MI 48202	81-2847693	GOVERNMENTAL	47,210.	0.	N/A	N/A	GRANT
DETROIT URBAN LEAGUE 208 MACK AVE. DETROIT, MI 48201	38-1358387	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
DEVELOPING KINGDOMS IN DIFFERENT STAGES - PO BOX 40295 - REDFORD, MI 48240	01-0893642	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD FARMINGTON HILLS, MI 48331	47-4907105	501(C)(3)	571,309.	0.	N/A	N/A	GRANT
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HWY DETROIT, MI 48207	27-5106242	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVE. - PONTIAC, MI 48341	32-0015321	501(C)(3)	147,000.	0.	N/A	N/A	GRANT
DUTTON FARM INC 2290 DUTTON RD ROCHESTER, MI 48306	27-1940625	501(C)(3)	250,000.	0.	N/A	N/A	GRANT

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EASTER SEALS-MICHIGAN INC 2399 E. WALTON BLVD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	499,788.	0.	N/A	N/A	GRANT
ECOWORKS 4835 MICHIGAN AVE. DETROIT, MI 48210	38-2412482	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
EMPOWERMENT PLAN 7640 KERCHEVAL AVE. DETROIT, MI 48214	45-3265365	501(C)(3)	41,749.	0.	N/A	N/A	GRANT
ENNIS CENTER FOR CHILDREN, INC. 129 E THIRD STREET FLINT, MI 48502	38-2222428	501(C)(3)	220,020.	0.	N/A	N/A	GRANT
E-SERVICES & CASE MANAGEMENT 245 RUNDELL ST PONTIAC, MI 48342	84-4232489	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
FAIR FOOD NETWORK 1250 NORTH MAIN ST. ANN ARBOR, MI 48104	26-4143394	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
FAMILIES AGAINST NARCOTICS INC 18900 15 MILE ROAD CLINTON TOWNSHIP, MI 48035	26-2302028	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
FAMILY ASSISTANCE FOR RENAISSANCE MEN - 8701 GRAND RIVER AVE, #173 - DETROIT, MI 48223	37-1738498	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	62,500.	0.	N/A	N/A	GRANT

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FOCUS: HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3)	175,001.	0.	N/A	N/A	GRANT
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	144,000.	0.	N/A	N/A	GRANT
FRANKLIN-WRIGHT SETTLEMENTS INC 3360 CHARLEVOIX AVE DETROIT, MI 48207	38-1845857	501(C)(3)	826,714.	0.	N/A	N/A	GRANT
FRESH AIR SOCIETY 6735 TELEGRAPH RD, STE 380 BLOOMFIELD HILLS, MI 48301	38-1360545	501(C)(3)	83,000.	0.	N/A	N/A	GRANT
FRIENDS OF PARKSIDE 5000 CONNER, SUITE 103 DETROIT, MI 48213	38-3017821	501(C)(3)	34,983.	0.	N/A	N/A	GRANT
FRIENDS OF ROYAL OAK TOWNSHIP INC 20839 BETHLAWN BLVD FERNDAL, MI 48220	47-1745648	501(C)(3)	38,000.	0.	N/A	N/A	GRANT
FRIENDS OF THE CHILDREN-DETROIT 7375 WOODWARD AVE, SUITE 1521 DETROIT, MI 48202	82-1577991	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
FRIENDSHIP CIRCLE 6892 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	221,000.	0.	N/A	N/A	GRANT
FURNITURE BANK OF SOUTHEASTERN MICHIGAN - 333 NORTH PERRY DR - PONTIAC, MI 48342	38-1914651	501(C)(3)	97,845.	0.	N/A	N/A	GRANT

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GAY ELDERS OF METRO DETROIT 290 W NINE MILE ROAD FERNDAL, MI 48220	47-3464425	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
GILDA'S CLUB METRO DETROIT 3517 ROCHESTER ROAD ROYAL OAK, MI 48073	38-3150211	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 2300 AUSTINS PARKWAY DRIVE - FLINT, MI 48507	38-1598947	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
GLEANERS COMMUNITY FOOD BANK, INC. 2131 BEAUFAIT ST. DETROIT, MI 48207	38-2156255	501(C)(3)	233,500.	0.	N/A	N/A	GRANT
GOODWILL INDUSTRIES OF GREATER DETROIT - 3111 GRAND RIVER AVE. - DETROIT, MI 48208	38-1362823	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
GREENLIGHT FUND INC. 200 CLARENDON ST., 44TH FLOOR BOSTON, MA 02116	20-0407083	501(C)(3)	200,000.	0.	N/A	N/A	GRANT
HABITAT FOR HUMANITY OF OAKLAND COUNTY - 150 OSMUN ST. - PONTIAC, MI 48342	38-3244099	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
HAVEN, INC. 801 VANGUARD DR. PONTIAC, MI 48343	38-2426175	501(C)(3)	183,001.	0.	N/A	N/A	GRANT
HAZEL PARK SCHOOL DISTRICT - UNITED OAKS ELEMENTARY - 431 W. JARVIS - HAZEL PARK, MI 48030	38-6003088	GOVERNMENTAL	210,000.	0.	N/A	N/A	GRANT

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HEALTHY KIDZ R US ATHLETIC LEAGUE 10301 W. SEVEN MILE DETROIT, MI 48221	20-3347549	501(C)(3)	84,973.	0.	N/A	N/A	GRANT
HENRY FORD HEALTH SYSTEM 1 FORD PLACE 5B DETROIT, MI 48202	38-1357020	501(C)(3)	193,750.	0.	N/A	N/A	GRANT
HERE TO HELP FOUNDATION 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070	20-8057969	501(C)(3)	100,001.	0.	N/A	N/A	GRANT
HERITAGE WORKS 1554 BUTTERNUT STREET DETROIT, MI 48216	38-3581720	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD., SUITE 101 DETROIT, MI 48201	38-3315978	501(C)(3)	71,250.	0.	N/A	N/A	GRANT
HOPE AGAINST TRAFFICKING P.O. BOX 431413 PONTIAC, MI 48343	46-2932988	501(C)(3)	82,000.	0.	N/A	N/A	GRANT
HOPE SHELTERS/HOPE HOSPITALITY AND WARMING CENTER, INC. - 249 BALDWIN AVE - PONTIAC, MI 48342	38-3571989	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
HOSPITALITY HOUSE 2075 E WEST MAPLE RD., STE B204 COMMERCE TWP, MI 48390	38-3635226	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
INTER-FAITH CENTER FOR RACIAL JUSTICE INC - PO BOX 42618 - MT. CLEMENS, MI 48046	38-1897137	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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INTERNATIONAL INSTITUTE OF METROPOLITAN DETROIT INC - 111 E. KIRBY ST - DETROIT, MI 48202	38-1358200	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
JEFFERSON EAST, INC. (JEI) 300 RIVER PLACE DR, SUITE 5250 DETROIT, MI 48207	38-3231066	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
JEWISH FAMILY SERVICE OF METROPOLITAN DETROIT - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	532,730.	0.	N/A	N/A	GRANT
JOURNI 440 BURROUGHS ST, #153 DETROIT, MI 48202	47-4047149	501(C)(3)	47,000.	0.	N/A	N/A	GRANT
JUNIOR ACHIEVEMENT, INC. 577 EAST LARNED STREET, STE 200 DETROIT, MI 48226	38-1348535	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
KADIMA 15999 W. 12 MILE RD SOUTHFIELD, MI 48076	38-2630596	501(C)(3)	107,000.	0.	N/A	N/A	GRANT
LAHC- LEADERS ADVANCING AND HELPING COMMUNITIES - 5275 KENILWORTH ST - DEARBORN, MI 48126	38-3081799	501(C)(3)	77,400.	0.	N/A	N/A	GRANT
LAKESHORE LEGAL AID 32 MARKET ST. MOUNT CLEMENS, MI 48043	38-1850908	501(C)(3)	75,001.	0.	N/A	N/A	GRANT
LATIN AMERICANS FOR SOCIAL AND ECONOMIC DEVELOPMENT INC - 4138 W. VERNOR - DETROIT, MI 48209	38-1892670	501(C)(3)	90,100.	0.	N/A	N/A	GRANT

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LIFE LEADERS INC 420 LEXINGTON AVE, SUITE 250 NEW YORK, NY 10170	83-2198567	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
LIFELAB KIDS FOUNDATION 3178 HILTON RD, FERNDALE, MI 48220	81-1334117	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
LIVING AND LEARNING ENRICHMENT CENTER - 801 GRISWOLD ST - NORTHVILLE, MI 48167	82-2324359	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
LIVING ARTS 8701 W. VERNOR HWY, STE. 301 DETROIT, MI 48209	43-1950379	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
MACOMB COMMUNITY ACTION AGENCY 120 NORTH MAIN STREET, 2ND FLOOR MT. CLEMENS, MI 48043	38-6004868	GOVERNMENTAL	216,250.	0.	N/A	N/A	GRANT
MACOMB COUNTY ROTATING EMERGENCY SHELTER TEAM - 215 S. MAIN ST. - MT. CLEMENS, MI 48043	38-2842494	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
MACOMB COUNTY VETERAN'S SERVICES 120 NORTH MAIN STREET, 2ND FLOOR MT. CLEMENS, MI 48043	38-6004868	GOVERNMENTAL	57,191.	0.	N/A	N/A	GRANT
MACOMB FAMILY SERVICES INC 124 W. GATES ROMEO, MI 48065	38-2315965	501(C)(3)	125,000.	0.	N/A	N/A	GRANT
MARINERS INN 445 LEPYARD ST DETROIT, MI 48201	38-2136488	501(C)(3)	30,000.	0.	N/A	N/A	GRANT

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MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3)	773,906.	0.	N/A	N/A	GRANT
MCLAREN OAKLAND FOUNDATION 50 N PERRY ST. PONTIAC, MI 48342	20-0442217	501(C)(3)	499,151.	0.	N/A	N/A	GRANT
METHODIST CHILDRENS HOME SOCIETY 26645 W 6 MILE ROAD REDFORD, MI 48240	38-1240951	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
METRO DETROIT BLACK CHAMBER OF COMMERCE FOUNDATION - 1234 WASHINGTON BLVD, STE 200 - DETROIT, MI 48226	85-3465384	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
METRO EQUITY COLLABORATIVE 22430 GRATIOT AVE, #8008 EASTPOINTE, MI 48021	84-3996931	501(C)(3)	26,450.	0.	N/A	N/A	GRANT
METRO SOLUTIONS INC 18000 WEST NINE MILE RD, SUITE 360 SOUTHFIELD, MI 48075	20-0156511	501(C)(3)	115,000.	0.	N/A	N/A	GRANT
MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT, #296 LANSING, MI 48912	26-4308289	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET, SUITE 1G LANSING, MI 48906	38-1360557	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
MICHIGAN POISON & DRUG INFORMATION CENTER - 4600 CASS AVE - DETROIT, MI 48201	38-6028429	501(C)(3)	25,000.	0.	N/A	N/A	GRANT

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MICHIGAN UNITARIAN UNIVERSALIST SOCIAL JUSTICE NETWORK - 4220 ARLINGTON DR. - ROYAL OAK, MI 48073	46-2871970	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
MOTOWN HISTORICAL MUSEUM INC 2648 W. GRAND BLVD. DETROIT, MI 48208	38-2614561	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
MUSEUM OF AFRICAN AMERICAN HISTORY 315 E. WARREN AVE. DETROIT, MI 48201	38-1882096	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
MYCARE HEALTH CENTER 6800 EAST TEN MILE RD. CENTER LINE, MI 48015	37-1593312	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
NATIONAL KIDNEY FOUNDATION OF MICHIGAN, INC. - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
NEIGHBORHOOD SERVICE ORGANIZATION 882 OAKMAN BLVD, STE C DETROIT, MI 48238	38-1561624	501(C)(3)	135,000.	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
NEW GATEWAYS 5195 PONTIAC LAKE RD. WATERFORD, MI 48327	35-2245430	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
NORTH OAKLAND COMMUNITY COALITION 455 E. SCRIPPS RD., ROOM 404 LAKE ORION, MI 48360	26-1378749	501(C)(3)	73,722.	0.	N/A	N/A	GRANT

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NOVI COMMUNITY COALITION 25345 TAFT RD NOVI, MI 48374	81-3517090	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
OAKLAND FAMILY SERVICES 1885 NORTH PONTIAC TRAIL WALLED LAKE, MI 48390	38-1358388	501(C)(3)	460,948.	0.	N/A	N/A	GRANT
OAKLAND HOPE 20 E WALTON BLVD PONTIAC, MI 48340	30-0761243	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
OAKLAND INTEGRATED HEALTHCARE NETWORK - 461 W. HURON ST., STE 107 - PONTIAC, MI 48341	38-3844634	501(C)(3)	499,368.	0.	N/A	N/A	GRANT
OAKLAND LIVINGSTON HUMAN SERVICE AGENCY - 196 CESAR E. CHAVES AVE PO BOX 430598 - PONTIAC, MI 48343	38-1785665	501(C)(3)	149,500.	0.	N/A	N/A	GRANT
OPERATION REFUGE 27717 CARLYSLE ST INKSTER, MI 48141	26-1752073	501(C)(3)	101,250.	0.	N/A	N/A	GRANT
PLAYWORKS EDUCATION ENERGIZED 2990 W. GRAND BLVD, STE# 231 DETROIT, MI 48088	94-3251867	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
PONTIAC COMMUNITY FOUNDATION INC PO BOX 431362 PONTIAC, MI 48343	82-5321502	501(C)(3)	26,000.	0.	N/A	N/A	GRANT
PONTIAC MEALS ON WHEELS FOUNDATION 248 S. TELEGRAPH RD. PONTIAC, MI 48341	83-1595183	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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POPE FRANCIS CENTER 438 ST. ANTOINE DETROIT, MI 48226	81-2516039	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
POVERTY AND SOCIAL REFORM INSTITUTE DBA LEAPS AND BOUNDS FAMILY SERVICES - 8129 PACKARD AVE. - WARREN, MI 48089	38-2854143	501(C)(3)	285,876.	0.	N/A	N/A	GRANT
PROACTIVE PROJECT INC 1333 BROOKVIEW DR., NE APT. 30 GRAND RAPIDS, MI 49505	85-0769848	501(C)(3)	12,000.	0.	N/A	N/A	GRANT
PROGRESSIVE LIFESTYLES INC 6600 HIGHLAND RD., STE 11A WATERFORD, MI 48327	38-2455152	501(C)(3)	499,815.	0.	N/A	N/A	GRANT
PROVINCE OF ST JOSEPH OF THE CAPUCHIN ORDER - 1820 MT. ELLIOTT ST. - DETROIT, MI 48207	38-1525161	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
PTSA MICHIGAN CONGRESS OF PARENTS TEACHERS AND STUDENTS - 47200 WOODWARD AVE - PONTIAC, MI 48342	38-6003035	GOVERNMENTAL	420,000.	0.	N/A	N/A	GRANT
READ TO A CHILD INC. 20 WILLIAM STREET, G25 WELLESLEY, MA 02481	20-3526239	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
REDFORD INTERFAITH RELIEF 18499 BEECH DALY RD REDFORD, MI 48240	38-3390350	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	213,959.	0.	N/A	N/A	GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT OF THE CITY OF RIVER ROUGE - 1460 W. COOLIDGE HWY - RIVER ROUGE, MI 48218	38-6004161	GOVERNMENTAL	210,000.	0.	N/A	N/A	GRANT
SER-METRO-DETROIT JOBS FOR PROGRESS INC - 9301 MICHIGAN AVENUE - DETROIT, MI 48210	38-2080820	501(C)(3)	120,000.	0.	N/A	N/A	GRANT
SINGLE FAMILY LIVING 1420 WASHINGTON BLVD, STE 301 DETROIT, MI 48226	46-2223901	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
SOCIETY OF ST. VINCENT DE PAUL DETROIT - 4329 CENTRAL ST. - DETROIT, MI 48210	38-1359592	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
SOUTH OAKLAND SHELTER 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
SOUTHFIELD PUBLIC SCHOOLS (STEVENSON ELEMENTARY) - 24661 LAHSER ROAD - SOUTHFIELD, MI 48033	38-6003094	GOVERNMENTAL	210,000.	0.	N/A	N/A	GRANT
SOUTHWEST DETROIT COMMUNITY JUSTICE CENTER - 2026 LAWDALE AVE - DETROIT, MI 48209	46-2780452	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY ST, STE# 800 DETROIT, MI 48216	46-2252476	501(C)(3)	200,000.	0.	N/A	N/A	GRANT
SPECTRUM HUMAN SERVICES INC 4750 WOODWARD AVE, STE 201 DETROIT, MI 48201	51-0154248	501(C)(3)	175,000.	0.	N/A	N/A	GRANT

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ST SUZANNE CODY ROUGE COMMUNITY RESOURCE CENTER - 19321 W. CHICAGO AVE, - DETROIT, MI 48228	83-3262979	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
ST. VINCENT AND SARAH FISHER CENTER - 16800 TRINITY ST - DETROIT, MI 48219	38-1359589	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
STARFISH FAMILY SERVICES, INC. 30000 HIVELEY ST INKSTER, MI 48141	38-2230416	501(C)(3)	125,000.	0.	N/A	N/A	GRANT
T.E.A. 1951 CHICAGO BLVD DETROIT, MI 48206	81-2507397	501(C)(3)	211,267.	0.	N/A	N/A	GRANT
TEACH FOR AMERICA, INC. 1938 FRANKLIN ST., SUITE 111 DETROIT, MI 48207	13-3541913	501(C)(3)	185,000.	0.	N/A	N/A	GRANT
THE FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVENUE, NW WASHINGTON, DC 20012	52-2242472	501(C)(3)	140,000.	0.	N/A	N/A	GRANT
THE MICHIGAN HISPANIC COLLABORATIVE - 1420 WASHINGTON BLVD. - DETROIT, MI 48226	81-0942886	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
THE SALVATION ARMY GREAT LAKES DIVISION - 217 W. CHURCH ST - ADRIAN, MI 49221	38-1370971	501(C)(3)	75,001.	0.	N/A	N/A	GRANT
THE SHUL 6890 W. MAPLE RD. WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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THE YUNION 1129 OAKMAN BLVD. DETROIT, MI 48238	30-0292775	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
TRAINING & TREATMENT INNOVATIONS INC - 1450 S. LAPEER RD. - OXFORD, MI 48371	38-2740431	501(C)(3)	279,434.	0.	N/A	N/A	GRANT
TRANSFORMATION LIFE CENTER 3232 JOY RD DETROIT, MI 48206	83-3355586	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
TRANSPORTATION RIDERS UNITED PO BOX 2668 DETROIT, MI 48202	38-3588943	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
TROY NATURE SOCIETY 6685 COOLIDGE HWY. TROY, MI 48098	80-0619054	501(C)(3)	112,360.	0.	N/A	N/A	GRANT
TURNING POINT, INC. 158 S. MAIN PO BOX 1123 MT CLEMENS, MI 48043	38-2292020	501(C)(3)	58,000.	0.	N/A	N/A	GRANT
UNITED COMMUNITY HOUSING COALITION 2727 2ND AVE, STE. # 313 DETROIT, MI 48201	38-2142140	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
URBAN NEIGHBORHOOD INITIATIVES INC 8300 LONGWORTH ST DETROIT, MI 48209	38-3417161	501(C)(3)	64,800.	0.	N/A	N/A	GRANT
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3)	25,000.	0.	N/A	N/A	GRANT

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VOLUNTEERS OF AMERICA OF MICHIGAN, INC. - 21415 CIVIC CENTER DR - SOUTHFIELD, MI 48076	38-1566662	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
WAYNE - METROPOLITAN COMMUNITY ACTION AGENCY - 31950 MOUND RD. - WARREN, MI 48092	38-1976979	501(C)(3)	741,750.	0.	N/A	N/A	GRANT
WAYNE CHILDRENS HEALTHCARE ACCESS PROGRAM INC - 3031 WEST GRAND BLVD STE 650 - DETROIT, MI 48202	45-4949783	501(C)(3)	62,500.	0.	N/A	N/A	GRANT
WE ARE THE CULTURE CREATORS NONPROFIT - 4114 BAGLEY ST - DETROIT, MI 48209	84-4069467	501(C)(3)	47,000.	0.	N/A	N/A	GRANT
WINNING FUTURES 27500 COSGROVE DR WARREN, MI 48092	20-2263860	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
WORLD MEDICAL RELIEF, INC. 21725 MELROSE AVE. SOUTHFIELD, MI 48075	38-1575570	501(C)(3)	58,000.	0.	N/A	N/A	GRANT
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST, SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3)	48,500.	0.	N/A	N/A	GRANT
ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST. INKSTER, MI 48141	20-1946065	501(C)(3)	88,277.	0.	N/A	N/A	GRANT
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES ACCESS - 2651 SAULINO COURT - DEARBORN, MI 48120	23-7444497	501(C)(3)	1,262,009.	0.	N/A	N/A	GRANT

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CHILD CARE NETWORK 3941 RESEARCH PARK DRIVE SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	803,640.	0.	N/A	N/A	GRANT
MICHIGAN ASSOCIATION OF UNITED WAYS - 330 MARSHALL ST STE 211 - LANSING, MI 48912	38-1359596	501(C)(3)	456,606.	0.	N/A	N/A	GRANT
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3) PUBLIC	631,785.	0.	N/A	N/A	DESIGNATION
BARBARA ANN KARMANOS CANCER INST 24601 NORTHWESTERN HWY SOUTHFIELD, MI 48075-2473	38-1613280	501(C)(3) PUBLIC	504,675.	0.	N/A	N/A	DESIGNATION
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3011 WEST GRAND BLVD. STE# 218 - DETROIT, MI 48202	38-1357994	501(C)(3) PUBLIC	434,513.	0.	N/A	N/A	DESIGNATION
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3) PUBLIC	425,101.	0.	N/A	N/A	DESIGNATION
GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN - 2131 BEAUFAIT ST. - DETROIT, MI 48207-3410	38-2156255	501(C)(3) PUBLIC	390,323.	0.	N/A	N/A	DESIGNATION
BLOOD CANCER FOUNDATION OF MICHIGAN - 27655 MIDDLEBELT RD., STE 160 - FARMINGTON HILLS, MI 48334	38-1682300	501(C)(3) PUBLIC	302,803.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	38-1951024	501(C)(3) PUBLIC	264,354.	0.	N/A	N/A	DESIGNATION

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CATHOLIC CHARITIES OF SE MICHIGAN 15945 CANAL RD. CLINTON TOWNSHIP, MI 48038	45-3623184	501(C)(3) PUBLIC	169,836.	0.	N/A	N/A	DESIGNATION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. STE 100 - SOUTHFIELD, MI 48033	38-2378032	501(C)(3) PUBLIC	164,185.	0.	N/A	N/A	DESIGNATION
HAVEN 30400 TELEGRAPH ROAD STE 101 BINGHAM FARMS, MI 48025	38-2426175	501(C)(3) PUBLIC	136,014.	0.	N/A	N/A	DESIGNATION
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL - 1776 WEST WARREN - DETROIT, MI 48205	38-1359086	501(C)(3) PUBLIC	120,604.	0.	N/A	N/A	DESIGNATION
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3) PUBLIC	114,092.	0.	N/A	N/A	DESIGNATION
AUTISM SUPPORT OF MICHIGAN PO BOX 45 BANNISTER, MI 48807	38-3034552	501(C)(3) PUBLIC	112,569.	0.	N/A	N/A	DESIGNATION
UNITED NEGRO COLLEGE FUND 18701 GRAND RIVER AVE. #329 DETROIT, MI 48223	13-1624241	501(C)(3) PUBLIC	111,381.	0.	N/A	N/A	DESIGNATION
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3) PUBLIC	96,016.	0.	N/A	N/A	DESIGNATION
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3) PUBLIC	95,372.	0.	N/A	N/A	DESIGNATION

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CATHOLIC YOUTH ORGANIZATION 12TH STATE ST. DETROIT, MI 48226	38-1359504	501(C)(3) PUBLIC	94,916.	0.	N/A	N/A	DESIGNATION
PLYMOUTH COMMUNITY UNITED WAY P O BOX 6356 PLYMOUTH, MI 48170	23-7327248	501(C)(3) PUBLIC	91,634.	0.	N/A	N/A	DESIGNATION
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST. STE 218 - DETROIT, MI 48206-1500	38-6112533	501(C)(3) PUBLIC	89,143.	0.	N/A	N/A	DESIGNATION
AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR., SUITE 205 DETROIT, MI 48235	53-0196605	501(C)(3) PUBLIC	85,237.	0.	N/A	N/A	DESIGNATION
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 48116	38-2174453	501(C)(3) PUBLIC	80,795.	0.	N/A	N/A	DESIGNATION
HOMES FOR BLACK CHILDREN 1906 25TH ST. DETROIT, MI 48216	23-7133965	501(C)(3) PUBLIC	72,930.	0.	N/A	N/A	DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 659 TOWER AVE - HARTFORD, CT 61121	38-1410476	501(C)(3) PUBLIC	66,724.	0.	N/A	N/A	DESIGNATION
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3) PUBLIC	64,159.	0.	N/A	N/A	DESIGNATION
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3) PUBLIC	62,679.	0.	N/A	N/A	DESIGNATION

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ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3) PUBLIC	61,000.	0.	N/A	N/A	DESIGNATION
AMERICAN LUNG ASSOC OF MICHIGAN 1475 E 12 MILE RD MADISON HGTS, MI 48071	13-1632524	501(C)(3) PUBLIC	57,980.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF MONROE COUNTY (MI) 216 NORTH MONROE STREET MONROE, MI 48162	38-1437937	501(C)(3) PUBLIC	56,638.	0.	N/A	N/A	DESIGNATION
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTEAD RD. STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3) PUBLIC	55,712.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY STREET PORT HURON, MI 48060	38-1357996	501(C)(3) PUBLIC	54,006.	0.	N/A	N/A	DESIGNATION
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3) PUBLIC	53,626.	0.	N/A	N/A	DESIGNATION
LIGHTHOUSE OF OAKLAND COUNTY 46156 WOODWARD AVE. PONTIAC, MI 48342	38-2391381	501(C)(3) PUBLIC	52,322.	0.	N/A	N/A	DESIGNATION
WELLSPRING LUTHERAN SERVICES C&F PO BOX 48 BAY CITY, MI 48707-0048	38-1359524	501(C)(3) PUBLIC	51,160.	0.	N/A	N/A	DESIGNATION
DETROIT 90-90 610 ANTOINETTE ST. DETROIT, MI 48202	45-4722161	501(C)(3) PUBLIC	47,415.	0.	N/A	N/A	DESIGNATION

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OAKLAND FAMILY SERVICES 1885 NORTH PONTIAC TRAIL WALLED LAKE, MI 48390	38-1358388	501(C)(3) PUBLIC	42,364.	0.	N/A	N/A	DESIGNATION
CHILD ABUSE AND NEGLECT COUNCIL 44765 WOODWARD PONTIAC, MI 483412983	38-2305297	501(C)(3) PUBLIC	39,726.	0.	N/A	N/A	DESIGNATION
FOCUS HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3) PUBLIC	39,387.	0.	N/A	N/A	DESIGNATION
TURNING POINT INC 158 S. MAIN P O BOX 1123 MT CLEMENS, MI 48043	38-2292020	501(C)(3) PUBLIC	38,117.	0.	N/A	N/A	DESIGNATION
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 42800 GARFIELD RD - CHARTER TWP OF CLINTON, MI 48038	38-1598947	501(C)(3) PUBLIC	36,535.	0.	N/A	N/A	DESIGNATION
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3) PUBLIC	35,555.	0.	N/A	N/A	DESIGNATION
ST. VINCENT & SARAH FISHER CENTER 16800 TRINITY DETROIT, MI 48219	38-1359589	501(C)(3) PUBLIC	34,752.	0.	N/A	N/A	DESIGNATION
METHODIST CHILDREN S HOME SOCIETY 26645 W 6 MILE ROAD REDFORD, MI 48240	38-1240951	501(C)(3) PUBLIC	34,598.	0.	N/A	N/A	DESIGNATION
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3) PUBLIC	32,222.	0.	N/A	N/A	DESIGNATION

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UNITED WAY OF HOWARD COUNTY 210 W. WALNUT ST. KOKOMO, IN 46901	35-0877579	501(C)(3) PUBLIC	31,594.	0.	N/A	N/A	DESIGNATION
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3) PUBLIC	31,541.	0.	N/A	N/A	DESIGNATION
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3) PUBLIC	30,264.	0.	N/A	N/A	DESIGNATION
DEVELOPMENT CENTERS INC 17421 TELEGRAPH DETROIT, MI 48219	38-2440204	501(C)(3) PUBLIC	30,000.	0.	N/A	N/A	DESIGNATION
SICKLE CELL DISEASE ASSOCIATION 18516 JAMES COUZENS DETROIT, MI 482352507	38-1963640	501(C)(3) PUBLIC	28,915.	0.	N/A	N/A	DESIGNATION
JEWISH FAMILY SERVICES OF METRO DETROIT - 6555 W. MAPLE RD. - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3) PUBLIC	28,369.	0.	N/A	N/A	DESIGNATION
BOYS & GIRLS CLUBS OF SOUTH OAKLAND COUNTY - 1545 E LINCOLN - ROYAL OAK, MI 48067	38-1579180	501(C)(3) PUBLIC	27,554.	0.	N/A	N/A	DESIGNATION
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3) PUBLIC	26,922.	0.	N/A	N/A	DESIGNATION
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVE TAMPA, FL 33629	13-1788491	501(C)(3) PUBLIC	26,911.	0.	N/A	N/A	DESIGNATION

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MENTAL HEALTH ASSOCIATION IN MICHIGAN - P.O. BOX 11118 - LANSING, MI 48901	38-1358207	501(C)(3) PUBLIC	26,044.	0.	N/A	N/A	DESIGNATION
THE DETROIT INSTITUTE FOR CHILDREN 2075 E. WEST MAPLE RD STE B203 COMMERCE TWP, MI 483903816	38-1359511	501(C)(3) PUBLIC	24,902.	0.	N/A	N/A	DESIGNATION
ARTHRITIS FOUNDATION MICHIGAN 1355 PEACHSTREE ST., STE. 600 ATLANTA, GA 30309-3234	38-1366904	501(C)(3) PUBLIC	23,091.	0.	N/A	N/A	DESIGNATION
GILDA S CLUB METRO DETROIT 3517 ROCHESTER ROAD ROYAL OAK, MI 48073	38-3150211	501(C)(3) PUBLIC	22,650.	0.	N/A	N/A	DESIGNATION
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD. FRASER, MI 48026-2556	38-2175274	501(C)(3) PUBLIC	21,607.	0.	N/A	N/A	DESIGNATION
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3) PUBLIC	21,220.	0.	N/A	N/A	DESIGNATION
AIDS PARTNERSHIP MICHIGAN 3968 MT. ELLIOT DETROIT, MI 48207	38-2464851	501(C)(3) PUBLIC	19,679.	0.	N/A	N/A	DESIGNATION
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SUITE 110 SOUTHFIELD, MI 48033	38-1508581	501(C)(3) PUBLIC	19,364.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE., STE. 100 TOLEDO, OH 43604	34-4427947	501(C)(3) PUBLIC	19,361.	0.	N/A	N/A	DESIGNATION

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AUTISM ALLIANCE OF MICHIGAN 26913 NORTHWESTERN HWY., STE. 520 SOUTHFIELD, MI 48033	27-0472137	501(C)(3) PUBLIC	18,319.	0.	N/A	N/A	DESIGNATION
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)(3) PUBLIC	18,093.	0.	N/A	N/A	DESIGNATION
MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION - 3031 W. GRAND BLVD, STE 535 - DETROIT, MI 48202	20-3122770	501(C)(3) PUBLIC	17,689.	0.	N/A	N/A	DESIGNATION
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3) PUBLIC	17,601.	0.	N/A	N/A	DESIGNATION
BOY SCOUTS OF AMERICA - MI 1776 W. WARREN AVE DETROIT, MI 48208-2215	38-1359086	501(C)(3) PUBLIC	17,024.	0.	N/A	N/A	DESIGNATION
MACOMB FAMILY SERVICES INC 124 W. GATES ROMEEO, MI 48065	38-2315965	501(C)(3) PUBLIC	15,770.	0.	N/A	N/A	DESIGNATION
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 W. 9 MILLE RD. - FERNDALE, MI 48220	38-2882823	501(C)(3) PUBLIC	15,602.	0.	N/A	N/A	DESIGNATION
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3) PUBLIC	15,518.	0.	N/A	N/A	DESIGNATION
COMMON GROUND 1410 S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302-0046	38-1997712	501(C)(3) PUBLIC	15,424.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATIN AMERICAN SOC & ECONOMIC DEV 4138 W VERNOR DETROIT, MI 48209	38-1892670	501(C)(3) PUBLIC	14,229.	0.	N/A	N/A	DESIGNATION
DETROIT POLICE ATHLETIC LEAGUE 1680 MICHIGAN AVE. DETROIT, MI 48216	38-3314318	501(C)(3) PUBLIC	14,019.	0.	N/A	N/A	DESIGNATION
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD SUITE 220 BINGHAM FARMS, MI 48025	38-1358206	501(C)(3) PUBLIC	13,826.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF LAPEER COUNTY (MI) 3333 JOHN CONLEY DRIVE LAPEER, MI 48446	38-3509445	501(C)(3) PUBLIC	13,784.	0.	N/A	N/A	DESIGNATION
OAKLAND SCHOOLS EDUCATION FOUNDATIO - 2111 PONTIAC LAKE ROAD - WATERFORD, MI 48328-2735	38-3533533	501(C)(3) PUBLIC	13,048.	0.	N/A	N/A	DESIGNATION
MICHIGAN HISPANIC COLLABORATIVE, INC., THE - 1420 WASHINGTON BLVD. - DETROIT, MI 48226	81-0942886	501(C)(3) PUBLIC	12,441.	0.	N/A	N/A	DESIGNATION
URBAN LEAGUE OF DETROIT 15770 JAMES COUZENS DETROIT, MI 48238	38-1358387	501(C)(3) PUBLIC	12,007.	0.	N/A	N/A	DESIGNATION
ARC OF OAKLAND COUNTY 1641 W BIG BEAVER RD TROY, MI 48084	38-1869548	501(C)(3) PUBLIC	11,956.	0.	N/A	N/A	DESIGNATION
GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE. DETROIT, MI 48208	38-1362823	501(C)(3) PUBLIC	11,624.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTH ELLIS CENTER 95 VICTOR ST. HIGHLAND PARK, MI 48203-3129	38-3501697	501(C)(3) PUBLIC	11,488.	0.	N/A	N/A	DESIGNATION
GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED - PO BOX 27099 - DETROIT, MI 48227-0099	38-1683860	501(C)(3) PUBLIC	11,378.	0.	N/A	N/A	DESIGNATION
ARC DOWNRIVER 1028 OAK ST WYANDOTTE, MI 48192	38-1586700	501(C)(3) PUBLIC	11,149.	0.	N/A	N/A	DESIGNATION
VIP MENTORING 2470 COLLINGWOOD ST., #222 DETROIT, MI 48206-1500	38-2311813	501(C)(3) PUBLIC	11,059.	0.	N/A	N/A	DESIGNATION
MYASTHENIA GRAVIS FOUNDATION OF MICHIGAN - 2660 HORIZON DR. SE, STE. 235 - GRAND RAPIDS, MI 49546	38-1967727	501(C)(3) PUBLIC	10,453.	0.	N/A	N/A	DESIGNATION
ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DR. STE. # 450 SOUTHFIELD, MI 48076	38-1207155	501(C)(3) PUBLIC	9,976.	0.	N/A	N/A	DESIGNATION
ARC OF NW WAYNE COUNTY 26049 FIVE MILE ROAD REDFORD, MI 48239	38-6056677	501(C)(3) PUBLIC	9,809.	0.	N/A	N/A	DESIGNATION
MACOMB COUNTY ROTATING EMERGENCY SH - 215 S. MAIN ST. - MT. CLEMENS, MI 48043	38-2842494	501(C)(3) PUBLIC	9,143.	0.	N/A	N/A	DESIGNATION
MITTENS FOR DETROIT P.O. BOX 721427 BERKLEY, MI 48072-0717	81-2286478	501(C)(3) PUBLIC	9,128.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST. OMAHA, NE 68102	47-0376605	501(C)(3) PUBLIC	9,061.	0.	N/A	N/A	DESIGNATION
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 N. MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501(C)(3) PUBLIC	8,783.	0.	N/A	N/A	DESIGNATION
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET STE 200 DETROIT, MI 48226	38-1348535	501(C)(3) PUBLIC	7,818.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF WINDSOR ESSEX COUNTY 300 GILES BLVD E UNIT A1 WINDSOR, ONTARIO, CANADA N9A 4C4			7,780.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 330 MARSHALL ST SUITE 203 - LANSING, MI 48912	38-1359193	501(C)(3) PUBLIC	7,406.	0.	N/A	N/A	DESIGNATION
COMMUNITY SOCIAL SERVICES OF WAYNE COUNTY - 9851 HAMILTON AVE. - DETROIT, MI 48202-1424	38-1539820	501(C)(3) PUBLIC	7,284.	0.	N/A	N/A	DESIGNATION
CROSSROADS FOR YOUTH 930 E DRAHNER ROAD PO BOX 9 OXFORD, MI 48371	38-1443363	501(C)(3) PUBLIC	7,275.	0.	N/A	N/A	DESIGNATION
ORCHARDS CHILDRENS SERVICES 24901 NORTHWESTERN HWY SUITE 500 SOUTHFIELD, MI 48075	38-2712084	501(C)(3) PUBLIC	7,115.	0.	N/A	N/A	DESIGNATION
UNITED CEREBRAL PALSY ASSOC OF MI 1325 SOUTH WASHINGTON AVE LANSING, MI 48910	38-1387884	501(C)(3) PUBLIC	7,081.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD MEDICAL RELIEF 21725 MELROSE AVE. SOUTHFIELD, MI 48075	38-1575570	501(C)(3) PUBLIC	6,911.	0.	N/A	N/A	DESIGNATION
LATINO FAMILY SERVICES INC 1145 LAWDALE DETROIT, MI 48209	38-1988679	501(C)(3) PUBLIC	6,911.	0.	N/A	N/A	DESIGNATION
ARC MICHIGAN, THE 1325 S WASHINGTON AVE. LANSING, MI 48910-1652	38-1536920	501(C)(3) PUBLIC	6,821.	0.	N/A	N/A	DESIGNATION
MSU EXTENSION 4 H YOUTH PROGRAM 1200 N TELEGRAPH BUILDING 26 EAST, PONTIAC, MI 48341	38-6005984	501(C)(3) PUBLIC	6,817.	0.	N/A	N/A	DESIGNATION
DEAF COMMUNITY ADVOCACY NETWORK 2111 ORCHARD LAKE RD. STE. # 101 SYLVAN LAKE, MI 48320	38-2427067	501(C)(3) PUBLIC	6,625.	0.	N/A	N/A	DESIGNATION
SOUTH OAKLAND SHELTER 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)(3) PUBLIC	6,349.	0.	N/A	N/A	DESIGNATION
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH ROAD SUITE 150 BINGHAM FARMS, MI 48025	38-2494280	501(C)(3) PUBLIC	5,903.	0.	N/A	N/A	DESIGNATION
MILE HIGH UNITED WAY INC 711 PARK AVE. W DENVER, CO 80205-2891	84-0404235	501(C)(3) PUBLIC	5,872.	0.	N/A	N/A	DESIGNATION
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3) PUBLIC	5,871.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACOMB HOMELESS COALITION PO BOX 856 MT. CLEMENS, MI 48046	38-2719602	501(C)(3) PUBLIC	5,755.	0.	N/A	N/A	DESIGNATION
STUDENT ASSISTANCE SERVICES INC. PO BOX 401578 REDFORD, MI 48240	38-6088317	501(C)(3) PUBLIC	5,557.	0.	N/A	N/A	DESIGNATION
UNITED CEREBRAL PALSY ASSOCIATION 23077 GREENFIELD RD SUITE 205 SOUTHFIELD, MI 48075-3745	38-1387884	501(C)(3) PUBLIC	5,505.	0.	N/A	N/A	DESIGNATION
BOYS HOPE GIRLS HOPE P. O. BOX 21085 DETROIT, MI 48221	38-2536444	501(C)(3) PUBLIC	5,407.	0.	N/A	N/A	DESIGNATION
GESHER HUMAN SERVICES 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3) PUBLIC	5,329.	0.	N/A	N/A	DESIGNATION
OAKLAND COUNTY CHILD CARE COUNCIL 7088 HIGHALAND RD. WATERFORD, MI 48327	38-2787636	501(C)(3) PUBLIC	5,234.	0.	N/A	N/A	DESIGNATION
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3) PUBLIC	5,223.	0.	N/A	N/A	DESIGNATION
ARC OF DETROIT 51 W HANCOCK DETROIT, MI 48201	38-1567740	501(C)(3) PUBLIC	5,158.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 64187-1400	44-0545812	501(C)(3) PUBLIC	5,152.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MICROGRANTS	42	36,570.	0.	N/A	N/A
UTILITY ASSISTANCE PAYMENTS	9418	8,658,524.	0.	N/A	N/A
RIDE UNITED	384	358,715.	0.	N/A	N/A

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

PART I, LINE 2:

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

Part IV Supplemental Information

A 501(C)(3) NON-PROFIT 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

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. DARIENNE D. HUDSON PRESIDENT AND CEO	(i)	380,467.	36,750.	1,097.	7,609.	13,886.	439,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	(i)	231,571.	0.	631.	4,631.	22,321.	259,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TONYA ADAIR CHIEF PEOPLE, EQUITY, AND ENGAGEMENT	(i)	228,862.	0.	1,431.	4,577.	22,197.	257,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC DAVIS VP BASIC NEEDS, HEALTH, & OUTREACH	(i)	192,660.	0.	1,372.	3,853.	21,374.	219,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TSAI-YI WATTS VP, FUND DEVELOPMENT	(i)	178,288.	0.	0.	3,566.	21,554.	203,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRANDON LEE EVP, STRATEGY & OPERATIONS	(i)	172,559.	0.	1,164.	3,451.	10,399.	187,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENISE FLECKENSTEIN MAJOR GIFTS OFFICER	(i)	140,768.	0.	229.	2,815.	16,926.	160,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KYLE DUBUC EXEC. DIR, ADVOCACY, MARKETING, & CO	(i)	136,769.	0.	194.	2,735.	19,208.	158,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

Part 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	8,615,074.	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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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	7	62,836.	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 ▶ (<u>PERSONAL PROT</u>)	X	1	31,837.	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 V, Donee Acknowledgement **29**

	Yes	No
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.		

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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

INDIVIDUAL LIVES IN MEASURABLE AND LASTING WAYS.

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

UNITED WAY FOR SOUTHEASTERN MICHIGAN FUNDS, SUPPORTS AND ADMINISTERS
SEVERAL ADDITIONAL PROGRAMS THAT SUPPORT THE OVERALL HEALTH, WELL-BEING
AND EQUITY OF OUR COMMUNITY AND ITS RESIDENTS.

IN 2021-22, OUR 2-1-1 HELPLINE CONTINUED TO SERVE AS A VITAL RESOURCE
FOR THOUSANDS OF COMMUNITY MEMBERS LOOKING FOR ASSISTANCE WITH HOUSING,
UTILITY ASSISTANCE, FOOD PANTRIES AND MORE AS THE PANDEMIC CONTINUED
AND INFLATION IMPACTED HOUSEHOLD BUDGETS.

IN 2022, AS PART OF OUR ONGOING EFFORTS TO ADDRESS RACIAL EQUITY AND
OTHER EQUITY-FOCUSED ISSUES, WE AWARDED OUR FIRST-EVER RACIAL EQUITY
FUND GRANTS, TOTALING OVER \$1 MILLION IN ITS FIRST COHORT. WE ALSO
HOSTED TWO 21-DAY EQUITY CHALLENGE EVENTS AIMED AT ENGAGING AND
EDUCATING THE COMMUNITY.

WE ALSO MOBILIZED THOUSANDS OF VOLUNTEERS AND ADVOCATES TO ROLL UP
THEIR SLEEVES AND HELP THEIR COMMUNITIES AND USE THEIR VOICES TO PUSH
FOR POLICIES THAT HELP WORKING FAMILIES.

LASTLY, WE PROVIDE GRANTS AND PAY DESIGNATIONS TO MORE THAN 120
NONPROFIT AGENCIES THAT PROVIDE DIRECT 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 \$ 18,946,083. INCL GRANTS OF \$ 9,393,993. REVENUE \$ 2,705,790.

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

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

Schedule O (Form 990) 2021

132211 11-11-21

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