

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the **2022** calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3011 W. GRAND BLVD. SUITE 500 City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48202 F Name and address of principal officer: DR. DARIENNE D. HUDSON, SAME AS C ABOVE	D Employer identification number 20-3099071 E Telephone number 313-226-9200 G Gross receipts \$ 53,543,851. 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.		
Activities & Governance	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 2022 (Part V, line 2a)	5	261
	6	Total number of volunteers (estimate if necessary)	6	17787
	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.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,039,983.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,672.	1,591,758.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,182,324.	2,882,703.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,405,979.	51,188,539.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,667,665.
	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)	4,546,629.	18,195,057.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	4,781,278.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,712,070.	7,731,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,926,364.	62,687,280.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,520,385.	-11,498,741.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 67,179,415.	End of Year 59,051,977.
	21	Total liabilities (Part X, line 26)	18,101,385.	19,142,569.
	22	Net assets or fund balances. Subtract line 21 from line 20	49,078,030.	39,909,408.

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 KAREN LEGENDRE, INTERIM CFO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ALYSSA M. KENT	Preparer's signature ALYSSA M. KENT
	Firm's name PLANTE & MORAN, PLLC	Date 08/13/24
	Firm's address 3000 TOWN CENTER, SUITE 100 SOUTHFIELD, MI 48075	Check if self-employed <input type="checkbox"/> PTIN P01701477
		Firm's EIN 38-1357951
		Phone no. (248) 352-2500

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 \$ 21,545,030. including grants of \$ 16,460,540.) (Revenue \$ 709,754.) 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.

4b (Code:) (Expenses \$ 11,265,322. including grants of \$ 8,733,681.) (Revenue \$) EDUCATION: WE BELIEVE THAT LEARNING BEGINS AT BIRTH. AT UNITED WAY, WE 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.

4c (Code:) (Expenses \$ 4,538,063. including grants of \$ 3,249,881.) (Revenue \$ 5,112.) 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. IN 2022 WE LAUNCHED A MULTI-YEAR INITIATIVE FOR THE DETROIT FINANCIAL WELL-BEING INNOVATION CHALLENGE, WHICH AIMS TO PILOT AND GROW PROGRAMS THAT WILL ADDRESS SYSTEMIC INEQUITIES THROUGH PARTNERSHIP, TESTING AND COMMUNITY INVOLVEMENT. IN EARLY 2024, WE COMPLETED OUR 100,000TH RIDE THROUGH RIDE UNITED, A TRANSPORTATION ASSISTANCE SERVICE THAT PROVIDES RIDES AND FOCUSES ON UNDERLYING BARRIERS TO TRANSPORTATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 16,326,343. including grants of \$ 8,316,515.) (Revenue \$ 2,085,778.)

4e Total program service expenses 53,674,758.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see 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 107	
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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 38		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KAREN LEGENDRE - 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DARIENNE D. HUDSON CHIEF EXECUTIVE OFFICER	50.00 0.00			X				401,768.	0.	25,780.
(2) TONYA ADAIR INTERIM CEO AUG22-DEC22, CHIEF PPL,	50.00 0.00			X				274,895.	0.	24,559.
(3) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	50.00 0.00			X				268,601.	0.	26,495.
(4) ERIC DAVIS VICE PRESIDENT, COMMUNITY IMPACT - E	50.00 0.00				X			212,710.	0.	25,703.
(5) BRANDON LEE EXECUTIVE VP, STRATEGY & OPERATIONS	50.00 0.00	X		X				219,046.	0.	15,726.
(6) KYLE DUBUC EXEC DIRECTOR, ADVOCACY, COMMS, MKTI	50.00 0.00					X		159,883.	0.	24,410.
(7) SARAH GRUTZA VICE PRESIDENT, CORPORATE RELATIONS	50.00 0.00					X		168,173.	0.	10,558.
(8) LARA KEATHLEY EXECUTIVE DIRECTOR, PEOPLE & CULTURE	50.00 0.00					X		141,614.	0.	19,929.
(9) SUSAN MCGUIRE SENIOR DIRECTOR, INFORMATION SERVICE	50.00 0.00					X		149,712.	0.	2,015.
(10) JEFFREY MILES SENIOR DIRECTOR, ECONOMIC MOBILITY A	50.00 0.00					X		142,941.	0.	8,624.
(11) MARK STIERS DIRECTOR/CHAIR	3.00 0.00	X		X				0.	0.	0.
(12) DAVID FOLTYN DIRECTOR/IMMEDIATE PAST CHAIR	3.00 0.00	X		X				0.	0.	0.
(13) ED SIAJE DIRECTOR/VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(14) DAVID PARENT DIRECTOR/TREASURER	3.00 0.00	X		X				0.	0.	0.
(15) LYNDA ROSSI DIRECTOR/SECRETARY	3.00 0.00	X		X				0.	0.	0.
(16) WENDELL ANTHONY DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) ORLANDO BAILEY DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN CASSIDY DIRECTOR - PART YEAR	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) BILL EMERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) LUANNE EWALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PANCHO HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) IAN HOGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JOCELYN HOWARD DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,139,343.	0.	183,799.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,139,343.	0.	183,799.

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 19

	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
APEX DIGITAL SOLUTIONS, 1000 TOWN CENTER DR. STE. 200, SOUTHFIELD, MI 48075	OUTSOURCED IT SERVICES	460,690.
EARLYWORKS, LLC 175 ASHLAND ST., DETROIT, MI 48215	PROGRAM CONSULTING SERVICES	428,673.
BRIGHTSTREET GROUP LLC, 6545 TANGELWOOD DR. SE, GRAND RAPIDS, MI 49546	PROGRAM CONSULTING SERVICES	343,569.
GRYPHON PLACE 3245 SOUTH 8TH ST., KALAMAZOO, MI 49009	OUTSOURCED IT SERVICES	304,285.
FIELDWORKS, LLC PO BOX 9897, WASHINGTON, DC 20016	PROGRAM CONSULTING SERVICES	233,642.

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 10

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) KELLE ILITCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) HASSAN JABER DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) SAUNTEEL JENKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) HARRY KEMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) DEB MACON DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) DEBBIE MANZANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) ALYCIA MERIWEATHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) MARK MORENO DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) FAYE NELSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) DARYL NEWMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) RICHARD PAPPAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ORA PESCOVITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) ANUP POPAT DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) RHONDA POWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) MICHAEL RESHA DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) ANGELA REYES DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) TERRANCE RHADIGAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) JAMES ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MELISSA ROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) KRISTIN SMALLWOOD 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 Jennifer Stafeil and Elizabeth Alvarez.

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	795,712.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	16,076,685.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	29,841,681.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 34,581.			
	h	Total. Add lines 1a-1f		46,714,078.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,640,778.		1640778.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					2,157,940.		
	b	Less: cost or other basis and sales expenses	7b	2,206,960.			
	c	Gain or (loss)	7c	-49,020.			
d	Net gain or (loss)		-49,020.		-49,020.		
8 a	Gross income from fundraising events (not including \$ 795,712. of contributions reported on line 1c). See Part IV, line 18	8a		230,411.			
				148,352.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		82,059.		82,059.		
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	OTHER FEES FOR SERVICE	900099	2,168,131.	2,168,131.		
	b	ADMIN & COST RECOVERY FEES	900099	632,513.	632,513.		
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,800,644.			
12	Total revenue. See instructions		51,188,539.	2,800,644.	0.	1673817.	

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	26,441,851.	26,441,851.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,318,766.	10,318,766.		
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	1,243,737.	570,043.	563,557.	110,137.
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	13,530,408.	8,889,047.	1,991,384.	2,649,977.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,226,952.	1,604,864.	194,988.	427,100.
10 Payroll taxes	1,193,960.	751,397.	228,224.	214,339.
11 Fees for services (nonemployees):				
a Management				
b Legal	45,503.		45,503.	
c Accounting	86,115.		86,115.	
d Lobbying	242,914.		242,914.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	83,653.		83,653.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,012,577.	2,409,840.	106,993.	495,744.
12 Advertising and promotion	572,407.	336,134.	189,044.	47,229.
13 Office expenses	801,161.	355,245.	124,089.	321,827.
14 Information technology				
15 Royalties				
16 Occupancy	1,030,551.	741,997.	142,216.	146,338.
17 Travel	28,027.	14,148.	10,303.	3,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	571,359.	218,803.	94,639.	257,917.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	186,942.	134,598.	25,798.	26,546.
23 Insurance	110,665.	45,279.	40,730.	24,656.
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	656,849.	644,272.	9,399.	3,178.
b MISCELLANEOUS	192,146.	138,562.	43,032.	10,552.
c COMMUNICATION	110,737.	59,912.	8,663.	42,162.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	62,687,280.	53,674,758.	4,231,244.	4,781,278.
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	7,846,188.	2	1,390,623.
	3 Pledges and grants receivable, net	10,296,568.	3	9,051,066.
	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	919,854.	9	1,484,062.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,132,980.		
	b Less: accumulated depreciation	10b 1,648,705.	448,789.	10c 484,275.
	11 Investments - publicly traded securities	46,506,387.	11	39,733,563.
	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	1,161,629.	15	6,908,388.
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,179,415.	16	59,051,977.	
Liabilities	17 Accounts payable and accrued expenses	5,134,036.	17	3,422,589.
	18 Grants payable	9,950,265.	18	6,869,876.
	19 Deferred revenue		19	146,921.
	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	3,017,084.	25	8,703,183.
	26 Total liabilities. Add lines 17 through 25	18,101,385.	26	19,142,569.
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	33,445,974.	27	26,385,613.
	28 Net assets with donor restrictions	15,632,056.	28	13,523,795.
	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	49,078,030.	32	39,909,408.
33 Total liabilities and net assets/fund balances	67,179,415.	33	59,051,977.	

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	51,188,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,687,280.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,498,741.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,078,030.
5	Net unrealized gains (losses) on investments	5	2,330,119.
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	39,909,408.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62942406.	92741920.	55126707.	9039983.	46714078.	266565094
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	62942406.	92741920.	55126707.	9039983.	46714078.	266565094
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)						44928216.
6 Public support. Subtract line 5 from line 4.						221636878

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	62942406.	92741920.	55126707.	9039983.	46714078.	266565094
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1853936.	1514547.	2597559.	159,729.	1640778.	7766549.
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.)	145,575.	334,500.		796,000.	230,411.	1506486.
11 Total support. Add lines 7 through 10						275838129
12 Gross receipts from related activities, etc. (see instructions)					12	6,937,016.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	80.35 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	84.96 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

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

FUNDRAISING INCOME

PART II, SECTION A, COLUMN (D)

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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	 <hr/> <hr/> <hr/>	\$ <u>6,250,882.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>3,232,066.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>3,726,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>4,277,765.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,916,951.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>3,200,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,127,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,612,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,386,983.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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

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) 2022

LHA

232041 11-08-22

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)	164,048.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	78,866.													
c	Total lobbying expenditures (add lines 1a and 1b)	242,914.													
d	Other exempt purpose expenditures	52,856,047.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	53,098,961.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	549,050.	1,000,000.	3,549,050.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,323,575.
c Total lobbying expenditures	245,700.	307,725.	2,287.	242,914.	798,626.
d Grassroots nontaxable amount	250,000.	250,000.	137,263.	250,000.	887,263.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,330,895.
f Grassroots lobbying expenditures	226,700.	292,625.	2,002.	164,048.	685,375.

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to 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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

PART II-A COLUMN (C)

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

SCHEDULE 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

2022

Open to Public
Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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	22,189,104.	23,773,769.	29,138,290.	23,237,672.	25,172,600.
b Contributions					
c Net investment earnings, gains, and losses	2,905,660.	-1,389,665.	-3,752,521.	7,104,471.	-34,928.
d Grants or scholarships					
e Other expenditures for facilities and programs	782,000.	195,000.	1,612,000.	710,000.	1,900,000.
f Administrative expenses				493,853.	
g End of year balance	24,312,764.	22,189,104.	23,773,769.	29,138,290.	23,237,672.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 97.0000 %
 - b Permanent endowment 3.0000 %
 - 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.	123,324.	177,000.
d Equipment		1,832,656.	1,525,381.	307,275.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				484,275.

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) BENEFICAL INTEREST	1,221,111.
(2) RIGHT OF USE ASSET	5,687,277.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,908,388.

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	2,481,192.
(4) LEASE LIABILITY	6,221,991.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,703,183.

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	47,871,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,330,119.
b	Donated services and use of facilities	2b	539,060.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,869,179.
3	Subtract line 2e from line 1	3	45,002,028.
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	6,186,511.
c	Add lines 4a and 4b	4c	6,186,511.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	51,188,539.

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

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

1	Total expenses and losses per audited financial statements	1	57,039,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	539,060.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	539,060.
3	Subtract line 2e from line 1	3	56,500,769.
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	6,186,511.
c	Add lines 4a and 4b	4c	6,186,511.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	62,687,280.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	5,527,062.
INVESTMENT MANAGEMENT FEES	83,653.
GLWA GRANT REVENUE	575,796.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,186,511.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	5,527,062.
INVESTMENT MANAGEMENT FEES	83,653.
GLWA GRANT REVENUE	575,796.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,186,511.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FORD GOLF OUTING	WOMEN OF INFLUENCE	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	758,500.	267,623.	1,026,123.
	2	Less: Contributions	578,500.	217,212.	795,712.
	3	Gross income (line 1 minus line 2)	180,000.	50,411.	230,411.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	27,011.	27,477.	54,488.
	6	Rent/facility costs	9,600.	24,018.	33,618.
	7	Food and beverages	8,120.	15,417.	23,537.
	8	Entertainment		26,532.	26,532.
	9	Other direct expenses	2,068.	8,109.	10,177.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			148,352.
11	Net income summary. Subtract line 10 from line 3, column (d)			82,059.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

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

2022

**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
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3)	2,157,206.	0.	N/A	N/A	GRANT
CHILD CARE NETWORK WASHTENAW 4 C 3941 RESEARCH PARK DRIVE SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	860,450.	0.	N/A	N/A	GRANT
LEAPS & BOUNDS FAMILY SERVICES 8129 PACKARD AVE. WARREN, MI 48089	38-2854143	501(C)(3)	768,519.	0.	N/A	N/A	GRANT
SER METRO DETROIT - JOBS FOR PROGRESS, INC. - 9301 MICHIGAN AVENUE - DETROIT, MI 48210	38-2080820	501(C)(3)	570,000.	0.	N/A	N/A	GRANT
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST. DETROIT, MI 48207	38-1358015	501(C)(3)	561,585.	0.	N/A	N/A	GRANT
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY - 7310 WOODWARD, STE 800 - DETROIT, MI 48202	38-1976979	501(C)(3)	560,000.	0.	N/A	N/A	GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **303.**

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD. PONTIAC, MI 48235-2507	38-1358388	501(C)(3)	478,074.	0.	N/A	N/A	GRANT
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOIX AVE DETROIT, MI 48207	38-1845857	501(C)(3)	442,231.	0.	N/A	N/A	GRANT
CATHOLIC CHARITIES OF SE MICHIGAN 24445 NORTHWESTERN HWY., STE. 200 SOUTHFIELD, MI 48075-2437	45-3623184	501(C)(3)	421,471.	0.	N/A	N/A	GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN - 2131 BEAUFIT ST. - DETROIT, MI 48207-3410	38-2156255	501(C)(3)	366,460.	0.	N/A	N/A	GRANT
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	340,000.	0.	N/A	N/A	GRANT
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY DETROIT, MI 48216	46-2252476	501(C)(3)	297,000.	0.	N/A	N/A	GRANT
JEWISH FAMILY SERVICE OF METRO DETROIT - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	278,087.	0.	N/A	N/A	GRANT
DOING DEVELOPMENT DIFFERENTLY IN METRO DETROIT - 4750 WOODWARD, STE 401 - DETROIT, MI 48201	47-3288292	501(C)(3)	275,618.	0.	N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	250,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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CENTRO MULTICULTURAL LA FAMILIA, INC. - 35 W. HURON ST., SUITE 100 - PONTIAC, MI 48342	20-8900737	501(C)(3)	250,000.	0.	N/A	N/A	GRANT
EASTERSEALS MICHIGAN, INC. 2399 E. WALTON BLVD AUBURN HILLS, MI 48326	38-1402860	501(C)(3)	249,999.	0.	N/A	N/A	GRANT
PROGRESSIVE LIFESTYLES, INC. 6600 HIGHLAND RD, STE 11A WATERFORD, MI 48327	38-2455152	501(C)(3)	249,998.	0.	N/A	N/A	GRANT
SCHOOL DISTRICT OF THE CITY OF HAZEL PARK - 431 W. JARVIS - HAZEL PARK, MI 48030	38-6003088	GOVERNMENTAL	243,750.	0.	N/A	N/A	GRANT
LIFELAB KIDS FOUNDATION 3178 HILTON FERNDAL, MI 48220	81-1334117	501(C)(3)	222,306.	0.	N/A	N/A	GRANT
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3)	221,427.	0.	N/A	N/A	GRANT
DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD FARMINGTON HILLS, MI 48331	47-4907105	501(C)(3)	213,021.	0.	N/A	N/A	GRANT
MACOMB COUNTY 120 NORTH MAIN STREET, 2ND FLOOR MT. CLEMENS, MI 48043	38-6004868	GOVERNMENTAL	208,391.	0.	N/A	N/A	GRANT
COMMUNITIES FIRST, INC. 415 W. COURT ST. FLINT, MI 48503	27-3600343	501(C)(3)	200,000.	0.	N/A	N/A	GRANT

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DABO-DETROIT ASSOC OF BLACK ORGANIZATIONS, INC. - 12048 GRAND RIVER AVE - DETROIT, MI 48204	47-3081843	501(C)(3)	193,702.	0.	N/A	N/A	GRANT
DETROIT GREENWAYS COALITION PO BOX 32013 DETROIT, MI 48232	46-4885673	501(C)(3)	180,000.	0.	N/A	N/A	GRANT
GREENPATH INNOVATION & DESIGN 36500 CORPORATE DR. FARMINGTON HILLS, MI 48331-3457	92-3340798	501(C)(3)	160,000.	0.	N/A	N/A	GRANT
SOUTHFIELD PUBLIC SCHOOLS 24661 LAHSER ROAD SOUTHFIELD, MI 48033	38-6003094	GOVERNMENTAL	150,000.	0.	N/A	N/A	GRANT
RIVER ROUGE SCHOOL DISTRICT 1460 W. COOLIDGE HWY RIVER ROUGE, MI 48218	38-6004161	GOVERNMENTAL	150,000.	0.	N/A	N/A	GRANT
SOUTH OAKLAND SHELTER 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)(3)	150,000.	0.	N/A	N/A	GRANT
CITY OF PONTIAC PO BOX 805046 CHICAGO, IL 60680	38-6005034	GOVERNMENTAL	147,188.	0.	N/A	N/A	GRANT
THE YUNION, INC 1129 OAKMAN BLVD DETROIT, MI 48238	81-2507397	501(C)(3)	146,812.	0.	N/A	N/A	GRANT
AFFIRMATIONS LESBIAN AND GAY COMMUNITY CENTER - 290 W. 9 MILLE RD. - FERNDALE, MI 48220	38-2882823	501(C)(3)	145,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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OAKLAND UNIVERSITY GIFT ACCOUNTING DEPARTMENT - FRANCES M. MOCERI HOUSE - AUBURN HILLS, MI 48326	38-1714400	501(C)(3)	144,375.	0.	N/A	N/A	GRANT
DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROYAL OAK, MI 48067	38-6027356	501(C)(3)	143,970.	0.	N/A	N/A	GRANT
OAKLAND LIVINGSTON HUMAN SVD AGENCY - PO BOX 430598 - PONTIAC, MI 48343-0598	38-1785665	501(C)(3)	140,000.	0.	N/A	N/A	GRANT
HAVEN 801 VANGUARD DR. PONTIAC, MI, MI 48343-1045	38-2426175	501(C)(3)	131,761.	0.	N/A	N/A	GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109-1288	38-6006309	501(C)(3)	130,000.	0.	N/A	N/A	GRANT
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	123,960.	0.	N/A	N/A	GRANT
ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST. INKSTER, MI 48141	20-1946065	501(C)(3)	115,000.	0.	N/A	N/A	GRANT
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	47-3446334	501(C)(3)	110,000.	0.	N/A	N/A	GRANT
NEIGHBORHOOD SERVICE ORGANIZATION 882 OAKMAN BLVD, STE C DETROIT, MI 48238-4019	38-1561624	501(C)(3)	110,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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CENTER FOR SUCCESS NETWORK-FIDUCIARY FOR THE PONTIAC UNITED - 1600 EAST GRAND BLVD - DETROIT, MI 48211	46-3792734	501(C)(3)	109,500.	0.	N/A	N/A	GRANT
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
MACOMB FAMILY SERVICES INC 124 W. GATES ROMEO, MI 48065	38-2315965	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
TURNING POINT INC 158 S. MAIN MT CLEMENS, MI 48043	38-2292020	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
ALLIANCE FOR HOUSING OAKLAND COUNTY - 1 N. SAGINAW, SUITE 208 - PONTIAC, MI 48342	46-1549875	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD. FRASER, MI 48026	38-2175274	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
COMMUNITY HOUSING NETWORK 570 KIRTS BLVD STE# 231 TROY, MI 48084	38-3372734	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
LAKESHORE LEGAL AID 32 MARKET ST. MOUNT CLEMENS, MI 48043-5640	38-1850908	501(C)(3)	100,000.	0.	N/A	N/A	GRANT

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MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET LANSING, MI 48906	38-1360557	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
TEACH FOR AMERICA DETROIT 1938 FRANKLIN ST, SUITE 111 DETROIT, MI 48207	13-3541913	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
TRAINING & TREATMENT INNOVATIONS, INC. - 1450 S. LAPEER RD. - OXFORD, MI 48371	38-2740431	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
DETROIT PARKS COALITION 2937 E GRAND BLVD DETROIT, MI 48202	92-0926568	501(C)(3)	100,000.	0.	N/A	N/A	GRANT
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	93,750.	0.	N/A	N/A	GRANT
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTED RD. STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	92,500.	0.	N/A	N/A	GRANT
CITY YEAR DETROIT 2937 E. GRAND BLVD, 4TH FLOOR DETROIT, MI 48202	22-2882549	501(C)(3)	92,500.	0.	N/A	N/A	GRANT
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD HILLS, MI 48303-0801	38-2015048	501(C)(3)	91,763.	0.	N/A	N/A	GRANT
FOCUS HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3)	90,000.	0.	N/A	N/A	GRANT

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INTERNATIONAL INSTITUTE OF METRO DETROIT INC. - 111 E. KIRBY - DETROIT, MI 48202-4003	38-1358200	501(C)(3)	90,000.	0.	N/A	N/A	GRANT
LAWRENCE TECHNOLOGICAL UNIVERSITY 21000 W. 10 MILE RD. SOUTHFIELD, MI 48075	38-1369604	501(C)(3)	90,000.	0.	N/A	N/A	GRANT
MICHIGAN UNITED 4405 WESSON ST DETROIT, MI 48210	38-3058190	501(C)(3)	90,000.	0.	N/A	N/A	GRANT
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST. - DETROIT, MI 48206-1500	38-6112533	501(C)(3)	87,675.	0.	N/A	N/A	GRANT
FIRST BAPTIST INSTITUTIONAL CHURCH 17101 W SEVEN MILE RD. DETROIT, MI 48235	38-1947025	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
RUTH ELLIS CENTER 95 VICTOR ST. HIGHLAND PARK, MI 48203-3129	38-3501697	501(C)(3)	85,000.	0.	N/A	N/A	GRANT
WEST BLOOMFIELD SCHOOL DISTRICT 5810 COMMERCE RD WEST BLOOMFIELD, MI 48324	38-6007700	GOVERNMENTAL	81,300.	0.	N/A	N/A	GRANT
EMPOWER MY FUTURE 30310 LUND WARREN, MI 48093	35-2428343	501(C)(3)	80,000.	0.	N/A	N/A	GRANT
GRANDMONT ROSEDALE DEVELOPMENT CORPORATION - 19800 GRAND RIVER AVE. - DETROIT, MI 48223	38-2885952	501(C)(3)	80,000.	0.	N/A	N/A	GRANT

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BRIDGING COMMUNITIES INC. 6900 MCGRAW DETROIT, MI 48210	38-3434841	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
FAIR FOOD NETWORK 1250 NORTH MAIN ST. ANN ARBOR, MI 48104	26-4143394	501(C)(3)	75,000.	0.	N/A	N/A	GRANT
HEALTHY KIDZ, INC. 10301 W. SEVEN MILE DETROIT, MI 48221	20-3347549	501(C)(3)	72,268.	0.	N/A	N/A	GRANT
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3)	70,000.	0.	N/A	N/A	GRANT
ALLIED MEDIA PROJECTS 4731 GRAND RIVER AVE SUITE 400 DETROIT, MI 48208	01-0559608	501(C)(3)	66,500.	0.	N/A	N/A	GRANT
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	65,000.	0.	N/A	N/A	GRANT
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)(3)	65,000.	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)	65,000.	0.	N/A	N/A	GRANT
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	60,000.	0.	N/A	N/A	GRANT

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CHALDEAN AMERICAN LADIES OF CHARITY - 2033 AUSTIN DRIVE - TROY, MI 48083	38-2336363	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
COMMUNITY & HOME SUPPORTS 2111 WOODWARD AVE, STE 608 DETROIT, MI 48201	26-3365037	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
MACOMB COUNTY ROTATING EMERGENCY SH - 215 S. MAIN ST. - MT. CLEMENS, MI 48043	38-2842494	501(C)(3)	60,000.	0.	N/A	N/A	GRANT
FERNDALE SCHOOLS 871 PINECREST DR. FERNDALE, MI 48220	38-6003089	GOVERNMENTAL	58,323.	0.	N/A	N/A	GRANT
FRIENDSHIP CIRCLE 6892 W. MAPLE ROAD WEST BLOOMFIELD, MI 48322	38-3613944	501(C)(3)	57,250.	0.	N/A	N/A	GRANT
EASTSIDE COMMUNITY NETWORK 4401 CONNER ST. DETROIT, MI 48215	38-2561225	501(C)(3)	55,000.	0.	N/A	N/A	GRANT
HOPE HOSPITALITY & WARMING CENTER 249 BALDWIN AVE PONTIAC, MI 48342	38-3571989	501(C)(3)	55,000.	0.	N/A	N/A	GRANT
CODE313, INC 2987 FRANKLIN ST. DETROIT, MI 48207	83-3348532	501(C)(3)	54,600.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD SUITE 547 DETROIT, MI 48226	30-0056848	501(C)(3)	53,880.	0.	N/A	N/A	GRANT

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SCHOOL DISTRICT OF THE CITY OF PONTIAC - 47200 WOODWARD AVE - PONTIAC, MI 48342	38-6003035	GOVERNMENTAL	50,000.	0.	N/A	N/A	GRANT
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
BAILEY PARK PROJECT, THE 2200 HUNT ST, #411 DETROIT, MI 48207	46-2725559	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
FURNITURE BANK OF SOUTHEASTERN MI 333 NORTH PERRY PONTIAC, MI 48342	38-1914651	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD, SUITE 101 DETROIT, MI 48201	38-3315978	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
KEEP GROWING DETROIT 1445 ADELAIDE STREET DETROIT, MI 48207	80-0892277	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT, #296 LANSING, MI 48912	26-4308289	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
NEW DETROIT INC. 3031 W. GRAND BLVD. DETROIT, MI 48202	38-6159215	501(C)(3)	50,000.	0.	N/A	N/A	GRANT

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NEW E.R.A. COMMUNITY GROUP, INC. 9706 NARDIN PARK, UNIT A DETROIT, MI 48204	46-1985684	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
NPOWER INC. 55 WASHINGTON ST, STE 560 BROOKLYN, NY 11201	13-4145441	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
PER SCHOLAS, INC. 804E 138TH ST, 2FL BRONX, NY 10454	04-3252955	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
REDFORD INTERFAITH RELIEF 18499 BEECH DALY RD REDFORD, MI 48240-1804	38-3390350	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
STRATEGIC COMMUNITY PARTNERS, LLC 10240 WEST MCNICHOLS DETROIT, MI 48221	84-4629738	501(C)(3)	50,000.	0.	N/A	N/A	GRANT
SVDP - ST. STEPHEN FOOD PANTRY 4329 CENTRAL ST. DETROIT, MI 48210	38-1359592	501(C)(3)	47,500.	0.	N/A	N/A	GRANT
CENTRAL UNITED METHODIST CHURCH OF DETROIT - 23 EAST ADAMS - DETROIT, MI 48226	45-0510041	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
GAY ELDERS OF METRO DETROIT 290 W NINE MILE ROAD FERNDAL, MI 48220	47-3464425	501(C)(3)	45,000.	0.	N/A	N/A	GRANT
UNITED COMMUNITY HOUSING COALITION 2727 2ND AVE. DETROIT, MI 48201-2657	38-2142140	501(C)(3)	45,000.	0.	N/A	N/A	GRANT

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SOUND MIND SOUND BODY FOUNDATION 5575 CONNER ST, STE. 205 DETROIT, MI 48213	47-3868584	501(C)(3)	42,750.	0.	N/A	N/A	GRANT
AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR, SUITE 205 DETROIT, MI 48235	53-0196605	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
LATIN AMERICAN SOC & ECONOMIC DEV 4138 W VERNOR DETROIT, MI 48209	38-1892670	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
BLACK MALE EDUCATORS ALLIANCE 1550 TAYLOR ST. DETROIT, MI 48206	82-3283296	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS - PO BOX 38152 - DETROIT, MI 48238	46-4246696	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E. VERNOR HWY DETROIT, MI 48207	27-5106242	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
LIVE6 ALLIANCE 7426 W. MCNICHOLS DETROIT, MI 48221	81-2649383	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
LIVING ARTS 8701 W. VERNOR STE. 301 DETROIT, MI 48209	43-1950379	501(C)(3)	40,000.	0.	N/A	N/A	GRANT

Schedule I (Form 990)

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

(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
MACK AVENUE COMMUNITY CHURCH COMMUNITY DEVELOPMENT CORP - 7900 MACK AVE - DETROIT, MI 48214	27-2810691	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
OSBORN NEIGHBORHOOD ALLIANCE 13560 E. MCNICHOLS DETROIT, MI 48205	81-4399151	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
SPECTRUM HUMAN SERVICES (OP ABLE) 4750 WOODWARD # 201 DETROIT, MI 48201	51-0154248	501(C)(3)	40,000.	0.	N/A	N/A	GRANT
CONNECTING THROUGH THE ARTS & EDUCATION - 25423 WOODWARD AVE - ROYAL OAK, MI 48067	46-5403764	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
HERE TO HELP FOUNDATION 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070	20-8057969	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
ACADEMY OF THE SACRED HEART 1250 KENSINGTON RD BLOOMFIELD HILLS, MI 48304	38-1358173	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
BOYS & GIRLS CLUB OF TROY 3670 JOHN R TROY, MI 48083	23-7390931	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
DETROIT AREA PRE COLLEGE ENGINEERING - 100 FARNSWORTH # 245 - DETROIT, MI 48202	38-2451827	501(C)(3)	37,500.	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

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POPE FRANCIS CENTER 438 ST. ANTOINE DETROIT, MI 48226	81-2516039	501(C)(3)	37,500.	0.	N/A	N/A	GRANT
AUTISM SUPPORT SERVICES CENTER 21280 8 1/2 MILE RD. SOUTHFIELD, MI 48075	46-5094835	501(C)(3)	37,100.	0.	N/A	N/A	GRANT
CHILDREN'S CENTER OF WAYNE COUNTY, INC. - 79 W. ALEXANDRINE ST. - DETROIT, MI 48201	38-1359505	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
DETROIT IMPACT INC 9930 GREENFIELD DETROIT, MI 48227	38-3063817	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
WORLD MEDICAL RELIEF 21725 MELROSE AVE. SOUTHFIELD, MI 48075	38-1575570	501(C)(3)	35,000.	0.	N/A	N/A	GRANT
MICHIGAN COLLEGE ACCESS NETWORK 200 NORTH WASHINGTON SQUARE LANSING, MI 48933	36-4619621	501(C)(3)	33,000.	0.	N/A	N/A	GRANT
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD. SUITE 47B BINGHAM FARMS, MI 48025	38-3580432	501(C)(3)	32,934.	0.	N/A	N/A	GRANT
CODY ROUGE COMMUNITY ACTION ALLIANCE - 19321 W. CHICAGO - DETROIT, MI 48228	27-1841875	501(C)(3)	32,124.	0.	N/A	N/A	GRANT
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET DETROIT, MI 48226	38-1348535	501(C)(3)	30,985.	0.	N/A	N/A	GRANT

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ACCENT PONTIAC 32666 OLD POST RD BEVERLY HILL, MI 48025	81-4608180	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
LAHC-LEADERS ADVANCING AND HELPING COMMUNITIES - 5275 KENILWORTH - DEARBORN, MI 48126	38-3081799	501(C)(3)	30,000.	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
OPERATION REFUGE 27717 CARLYSLE INKSTER, MI 48141	26-1752073	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
ST PATRICK SENIOR CENTER, INC. 58 PARSONS DETROIT, MI 48201	38-2953534	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
URBAN NEIGHBORHOOD INITIATIVES 8300 LONGWORTH DETROIT, MI 48209	38-3417161	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
VISION UNFOLD PO BOX 1963 BELLVILLE, MI 48112	27-2474635	501(C)(3)	30,000.	0.	N/A	N/A	GRANT
SECOND EBENEZER BAPTIST CHURCH 14601 DEQUINDRE RD DETROIT, MI 48212	23-7294577	501(C)(3)	29,750.	0.	N/A	N/A	GRANT
ADVANCING MACOMB FOUNDATION, INC. 24300 LITTLE MACK ST. CLAIR SHORES, MI 48080	46-2344176	501(C)(3)	28,500.	0.	N/A	N/A	GRANT

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ENNIS CENTER FOR CHILDREN INC 129 E THIRD STREET FLINT, MI 48502	38-2222428	501(C)(3)	27,799.	0.	N/A	N/A	GRANT
URBAN LEAGUE OF DETROIT 208 MACK AVE DETROIT, MI 48201	38-1358387	501(C)(3)	26,250.	0.	N/A	N/A	GRANT
ON MY OWN OF MICHIGAN, INC. 1250 KIRTS BLVD, SUITE 300 TROY, MI 48084	38-3366049	501(C)(3)	25,776.	0.	N/A	N/A	GRANT
GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE. DETROIT, MI 48208	38-1362823	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
ST. VINCENT & SARAH FISHER CENTER 14061 LAPPIN ST. DETROIT, MI 48205	38-1359589	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
BLACK MOTHERS BREASTFEEDING ASSOCIATION - 19750 BURT RD, STE. #205 - DETROIT, MI 48076	74-3235491	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
BLUEGREEN ALLIANCE FOUNDATION 2701 UNIVERSITY AVE. SE, # 209 MINNEAPOLIS, MN 55414	20-3477309	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
EBENEZER COMMUNITY AND CULTURAL CENTER - 5151 W. CHICAGO BLVD. - DETROIT, MI 48204	90-0601443	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
MATH CORPS 261 E. MAPLE ROAD BIRMINGHAM, MI 48009	82-4958844	501(C)(3)	25,000.	0.	N/A	N/A	GRANT

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

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MICHIGAN DISABILITY RIGHTS COALITION - 3498 E LAKE LANSING RD, # 100 - EAST LANSING, MI 48823	38-2435517	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
MICHIGAN WOMENS FOUNDATION 333 W FORT ST DETROIT, MI 48226	38-2689979	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PERFECTING COMMUNITY DEVELOPMENT CORP - 7616 E. NEVADA ST. - DETROIT, MI 48234	38-3174969	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
PURE HEART FOUNDATION 13500 E. MCNICHOLS DETROIT, MI 48205	45-2164800	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
SHARNESE MARSHALL 19736 WESTMORELAND DETROIT, MI 48219	84-2853022	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
SOUTHEAST MICHIGAN COMMUNITY ALLIANCE, INC. - 25363 EUREKA - TAYLOR, MI 48180	38-2675191	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
THE EMPOWERMENT PLAN 7640 KERCHEVAL AVE. DETROIT, MI 48214	45-3265365	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
TRI UNITY COMMUNITY DEVELOPMENT CORP - 11630 STEEL - DETROIT, MI 48227	55-0914671	501(C)(3)	25,000.	0.	N/A	N/A	GRANT
WAYNE COUNTY SAFE PROGRAM 2727 2ND AVENUE, SUITE 300 DETROIT, MI 48201	20-0631006	501(C)(3)	22,500.	0.	N/A	N/A	GRANT

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GIRL SCOUTS OF SOUTHEASTERN MICHIGAN - 42800 GARFIELD RD - CHARTER TWP OF CLINTON, MI 48038	38-1598947	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ARC OF NW WAYNE COUNTY 7170 N. HAGGERTY RD. CANTON, MI 48187	38-6056677	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
CROSSROADS OF MICHIGAN 2424 WEST GRAND BOULEVARD DETROIT, MI 48208	38-2539852	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DETROIT FOOD AND ENTREPRENEURSHIP ACADEMY - 4444 SECOND AVE. - DETROIT, MI 48201	46-2408286	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DETROIT PHOENIX CENTER 1420 WASHINGTON BLVD STE 301 DETROIT, MI 48226	82-1262148	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DETROIT RESCUE MISSION MINISTRIES 150 STIMSON DETROIT, MI 48201	38-1459371	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
DEVELOPING K.I.D.S. 19321 W. CHICAGO ST. DETROIT, MI 48228	01-0893642	501(C)(3)	20,000.	0.	N/A	N/A	GRANT

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HABITAT FOR HUMANITY OF OAKLAND COUNTY, INC. - 150 OSMUN ST. - PONTIAC, MI 48342	38-3244099	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
HCB HUMAN CARE 35555 GARFIELD RD., STE 3B CLINTON TOWNSHIP, MI 48035	87-3200340	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MERCY EDUCATION PROJECT 1450 HOWARD ST. DETROIT, MI 48216	38-3209556	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
MICHIGAN VETERANS FOUNDATION, INC 4626 GRAND RIVER AVE DETROIT, MI 48208	38-2857628	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
RACQUET UP DETROIT P.O. BOX 11404 DETROIT, MI 48211	27-2620275	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
ST. SUZANNE CODY ROUGE COMMUNITY RESOURCE CTR - 19321 WEST CHICAGO - DETROIT, MI 48228	83-3262979	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
STUDENT ADVOCACY CENTER OF MICHIGAN - 124 PEARL ST. - YPSILANTI, MI 48197	38-2058667	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
THE SHUL 6920 ORCHARD LAKE RD. WEST BLOOMFIELD, MI 48322	20-1370223	501(C)(3)	20,000.	0.	N/A	N/A	GRANT
E-COMMUNITY OUTREACH SERVICES 245 RUNDELL PONTIAC, MI 48342	84-4232489	501(C)(3)	19,500.	0.	N/A	N/A	GRANT

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CLEARY UNIVERSITY 3750 CLEARY DRIVE HOWELL, MI 48843	38-1393841	501(C)(3)	18,500.	0.	N/A	N/A	GRANT
REPLAY CAFE LLC 6545 ST. ANTOINE, STE 104 DETROIT, MI 48202	84-2918331		15,000.	0.	N/A	N/A	GRANT
HOLY TEMPLE CHURCH OF THE LIVING GOD IN JESUS - 8590 ESPER STREET - DETROIT, MI 48204	23-7318304	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
DETROIT POLICE ATHLETIC LEAGUE INC 1680 MICHIGAN AVE. DETROIT, MI 48216	38-3314318	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
CENTRAL DETROIT CHRISTIAN COMMUNITY DEVELOPMENT CORPORATION - 1550 TAYLOR ST. - DETROIT, MI 48206	38-3128822	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
DESTINED FOR GREATNESS MENTORING INITIATIVE - 5555 CONNER ST. - DETROIT, MI 48213	82-4708846	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
DETROIT HISPANIC DEVELOPMENT 1211 TRUMBULL AVE DETROIT, MI 48216	38-3355698	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS FOUNDATION 3011 W. GRAND BLVD. STE 1004 DETROIT, MI 48202	30-0135450	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
FRIENDS OF THE CHILDREN 7375 WOODWARD AVE DETROIT, MI 48202	82-1577991	501(C)(3)	15,000.	0.	N/A	N/A	GRANT

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GREEN LIVING SCIENCE 1331 HOLDEN STREET DETROIT, MI 48202	27-4304259	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
LIFE REMODELED PO BOX 28508 DETROIT, MI 48228	27-5020487	501(C)(3)	15,000.	0.	N/A	N/A	GRANT
HOLLY AREA SCHOOL DISTRICT 920 BAIRD STREET HOLLY, MI 48442	38-6008212	GOVERNMENTAL	14,823.	0.	N/A	N/A	GRANT
CIVIC NEWS COMPANY 450 7TH AVE, FL. 32 NEW YORK, NY 10123-3299	90-0915846	501(C)(3)	12,500.	0.	N/A	N/A	GRANT
COLOR OF AUTISM 425 E 14 MILE RD BIRMINGHAM, MI 48009	26-4664321	501(C)(3)	11,250.	0.	N/A	N/A	GRANT
D.R.I.V.E. ONE 15900 COMMON RD. ROSSEVILLE, MI 48066	61-1707440	501(C)(3)	11,250.	0.	N/A	N/A	GRANT
READ TO A CHILD INC. 20 WILLIAM STREET, G25 WELLESLEY, MA 02481	20-3526239	501(C)(3)	11,250.	0.	N/A	N/A	GRANT
ARC SERVICES OF MACOMB INC 44050 GRATIOT CLINTON TOWNSHIP, MI 48036-1308	38-1738601	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DANNYS MIRACLE ANGEL NETWORK 1701 NORTHFIELD DRIVE ROCHESTER HILLS, MI 48309	27-1758495	501(C)(3)	10,000.	0.	N/A	N/A	GRANT

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DEAF COMMUNITY ADVOCACY NETWORK 2111 ORCHARD LAKE RD. STE. # 101 SYLVAN LAKE, MI 48320	38-2427067	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
DISABILITY NETWORK WAYNE COUNTY DETROIT - 5555 CONNER STREET - DETROIT, MI 48213	32-0171869	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
SAFE & SOUND MINISTRIES 2840 W CLARKSTON RD LAKE ORION, MI 48362	83-3723112	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
TRANSGENDER MICHIGAN 563 W. 9 MILE RD, 309 HAZEL PARK, MI 48030	75-3060029	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
VOLUNTEERS OF AMERICA MICHIGAN, INC. - 21415 CIVIC CENTER DR - SOUTHFIELD, MI 48076	38-1566662	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
REVIVE CITY COMMUNITY DEVELOPMENT CORPORATION - 61060 PREAKNESS BLVD. - SOUTH LYON, MI 48178	85-2552869	501(C)(3)	10,000.	0.	N/A	N/A	GRANT
COMMUNITY DEVELOPMENT ADVOCATES OF DETROIT - 440 BURROUGHS ST, STE# 201 - DETROIT, MI 48202	38-3465670	501(C)(3)	7,500.	0.	N/A	N/A	GRANT
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	226,395.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	154,856.	0.	N/A	N/A	DESIGNATION

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BARBARA ANN KARMANOS CANCER INST 24601 NORTHWESTERN HWY SOUTHFIELD, MI 48341	38-1613280	501(C)(3)	123,946.	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)	104,056.	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)	89,764.	0.	N/A	N/A	DESIGNATION
CATHOLIC CHARITIES OF SE MICHIGAN 24445 NORTHWESTERN HWY., STE. 200 SOUTHFIELD, MI 48075-2437	45-3623184	501(C)(3)	83,143.	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)	81,899.	0.	N/A	N/A	DESIGNATION
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	78,772.	0.	N/A	N/A	DESIGNATION
ALZHEIMER'S ASSOCIATION GREATER MICHIGAN CHAPTER - 25200 TELEGRAPH RD. - SOUTHFIELD, MI 48033	13-3039601	501(C)(3)	76,387.	0.	N/A	N/A	DESIGNATION
HAVEN 801 VANGUARD DR. PONTIAC, MI, MI 48343-1045	38-2426175	501(C)(3)	67,561.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GENESEE COUNTY 111 E. COURT ST. STE. #3 FLINT, MI 48502	38-1359516	501(C)(3)	66,100.	0.	N/A	N/A	DESIGNATION

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PLYMOUTH COMMUNITY UNITED WAY P O BOX 6356 PLYMOUTH, MI 48170	23-7327248	501(C)(3)	65,922.	0.	N/A	N/A	DESIGNATION
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE S W GRAND RAPIDS, MI 49503-4106	38-1360923	501(C)(3)	65,731.	0.	N/A	N/A	DESIGNATION
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 48116	38-2174453	501(C)(3)	63,127.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S. WESTNEDGE AVE - KALAMAZOO, MI 49007	38-1359193	501(C)(3)	54,530.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF MONROE COUNTY (MI) 216 NORTH MONROE STREET MONROE, MI 48162	38-1437937	501(C)(3)	53,696.	0.	N/A	N/A	DESIGNATION
UNITED NEGRO COLLEGE FUND 18701 GRAND RIVER AVE. #329 DETROIT, MI 48223	13-1624241	501(C)(3)	50,893.	0.	N/A	N/A	DESIGNATION
FORGOTTEN HARVEST 21800 GREENFIELD RD. OAK PARK, MI 48237	38-2926476	501(C)(3)	50,538.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY STREET PORT HURON, MI 48060	38-1357996	501(C)(3)	46,252.	0.	N/A	N/A	DESIGNATION
BOY SCOUTS OF AMERICA - GREAT LAKES COUNCIL - 1776 W. WARREN - DETROIT, MI 48208	38-1359086	501(C)(3)	45,770.	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
AUTISM SUPPORT OF MICHIGAN PO BOX 45 BANNISTER, MI 48807	38-3034552	501(C)(3)	42,904.	0.	N/A	N/A	DESIGNATION
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT - 2470 COLLINGWOOD ST. - DETROIT, MI 48206-1500	38-6112533	501(C)(3)	41,678.	0.	N/A	N/A	DESIGNATION
CATHOLIC YOUTH ORGANIZATION 12TH STATE ST. DETROIT, MI 48226	38-1359504	501(C)(3)	39,820.	0.	N/A	N/A	DESIGNATION
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST. DETROIT, MI 48201	38-2420565	501(C)(3)	38,861.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF HOWARD COUNTY 210 W. WALNUT ST. KOKOMO, IN 46901	35-0877579	501(C)(3)	38,764.	0.	N/A	N/A	DESIGNATION
HOMES FOR BLACK CHILDREN 1906 25TH ST. DETROIT, MI 48216	23-7133965	501(C)(3)	34,677.	0.	N/A	N/A	DESIGNATION
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT. - 16130 NORTHLAND DR. - SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	34,058.	0.	N/A	N/A	DESIGNATION
BLACK FAMILY DEVELOPMENT, INC. 2995 E. GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	32,619.	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)	31,038.	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.)

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NATIONAL MULTIPLE SCLEROSIS SOCIETY - 29777 TELEGRAPH ROAD, SUITE 1651 - SOUTHFIELD, MI 48034	13-5661935	501(C)(3)	27,427.	0.	N/A	N/A	DESIGNATION
VISTA MARIA 20651 W WARREN AVE DEARBORN HEIGHTS, MI 48127	38-1359262	501(C)(3)	26,327.	0.	N/A	N/A	DESIGNATION
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN - 26777 HALSTED RD. STE# 100 - FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	25,217.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST. OMAHA, NE 68102	47-0376605	501(C)(3)	24,526.	0.	N/A	N/A	DESIGNATION
AMERICAN LUNG ASSOC OF MICHIGAN 26555 EVERGREEN RD, STE, 540 SOUTHFIELD, MI 48076	13-1632524	501(C)(3)	22,958.	0.	N/A	N/A	DESIGNATION
METRO UNITED WAY, INC. PO BOX 950148 LOUISVILLE, KY 40295-0148	61-0444680	501(C)(3)	21,487.	0.	N/A	N/A	DESIGNATION
AMERICAN CANCER SOCIETY PO BOX 10069 DETROIT, MI 48210	13-1788491	501(C)(3)	20,339.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER TOLEDO 1001 MADISON AVE, STE. 100 TOLEDO, OH 43604	34-4427947	501(C)(3)	20,203.	0.	N/A	N/A	DESIGNATION
SICKLE CELL DISEASE ASSOCIATION 18516 JAMES COUZENS DETROIT, MI 48235	38-1963640	501(C)(3)	19,665.	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
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS - 2651 SAULINO CT. - DEARBORN, MI 48120	23-7444497	501(C)(3)	19,642.	0.	N/A	N/A	DESIGNATION
FOCUS HOPE 1400 OAKMAN BLVD. DETROIT, MI 48328	38-1948285	501(C)(3)	19,604.	0.	N/A	N/A	DESIGNATION
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	19,226.	0.	N/A	N/A	DESIGNATION
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	18,853.	0.	N/A	N/A	DESIGNATION
WELLSPRING LUTHERAN SERVICES C&F PO BOX 48 BAY CITY, MI 48707-0048	38-1359524	501(C)(3)	18,527.	0.	N/A	N/A	DESIGNATION
CHILD ABUSE AND NEGLECT COUNCIL 44765 WOODWARD PONTIAC, MI 48341-2983	38-2305297	501(C)(3)	18,396.	0.	N/A	N/A	DESIGNATION
NATIONAL KIDNEY FOUNDATION OF MICHIGAN - 1169 OAK VALLEY DR. - ANN ARBOR, MI 48108	38-1559941	501(C)(3)	18,153.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST SUITE 200 ROCKFORD, IL 61103-6921	36-2167843	501(C)(3)	18,113.	0.	N/A	N/A	DESIGNATION
METHODIST CHILDREN S HOME SOCIETY 26645 W 6 MILE ROAD REDFORD, MI 48240	38-1240951	501(C)(3)	17,949.	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
TURNING POINT INC 158 S. MAIN MT CLEMENS, MI 48043	38-2292020	501(C)(3)	17,721.	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)	15,556.	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)	14,685.	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)	14,564.	0.	N/A	N/A	DESIGNATION
ALTERNATIVES FOR GIRLS 903 W. GRAND BLVD. DETROIT, MI 48208	38-2766412	501(C)(3)	14,498.	0.	N/A	N/A	DESIGNATION
ST. VINCENT & SARAH FISHER CENTER 14061 LAPPIN ST. DETROIT, MI 48205	38-1359589	501(C)(3)	14,441.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF LAPEER COUNTY (MI) 3333 JOHN CONLEY DRIVE LAPEER, MI 48446	38-3509445	501(C)(3)	14,406.	0.	N/A	N/A	DESIGNATION
LIGHTHOUSE OF OAKLAND COUNTY 46156 WOODWARD AVE. PONTIAC, MI 48342	38-2391381	501(C)(3)	13,592.	0.	N/A	N/A	DESIGNATION
SAMARITAS 8131 E. JEFFERSON AVE. DETROIT, MI 48214	38-1360553	501(C)(3)	13,097.	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
THE DETROIT INSTITUTE FOR CHILDREN 2045 E. WEST MAPLE RD COMMERCE TWP, MI 48390-3801	38-1359511	501(C)(3)	12,742.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER ST. LOUIS 910 N. 11TH ST. ST. LOUIS, MO 63101	43-0714167	501(C)(3)	12,737.	0.	N/A	N/A	DESIGNATION
FIRST STEP 44567 PINETREE DR. PLYMOUTH, MI 48170	38-2208980	501(C)(3)	12,525.	0.	N/A	N/A	DESIGNATION
MICHIGAN HISPANIC COLLABORATIVE, INC., THE - 1420 WASHINGTON BLVD. - DETROIT, MI 48226	81-0942886	501(C)(3)	11,834.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 64187	44-0545812	501(C)(3)	11,688.	0.	N/A	N/A	DESIGNATION
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD. PONTIAC, MI 48235-2507	38-1358388	501(C)(3)	11,639.	0.	N/A	N/A	DESIGNATION
MENTAL HEALTH ASSOCIATION IN MICHIGAN - P.O. BOX 11118 - LANSING, MI 48901	38-1358207	501(C)(3)	11,536.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF BUFFALO & ERIE COUNTY - 742 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743969	501(C)(3)	10,897.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	10,858.	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 NORTHWEST MICHIGAN 4075 COPPER RIDGE DR TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	10,747.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF SAGINAW COUNTY 100 S. JEFFERSON AVE SAGINAW, MI 48607	38-1358215	501(C)(3)	10,642.	0.	N/A	N/A	DESIGNATION
THE ARTHRITIS FOUNDATION 1355 PEACHSTREE ST, STE 600 ATLANTA, GA 30309-3234	58-1341679	501(C)(3)	10,494.	0.	N/A	N/A	DESIGNATION
JEWISH FAMILY SERVICE OF METRO DETROIT - 6555 WEST MAPLE RD - WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	10,201.	0.	N/A	N/A	DESIGNATION
AUTISM ALLIANCE OF MICHIGAN 26913 NORTHWESTERN HWY, STE. 520 SOUTHFIELD, MI 48033	27-0472137	501(C)(3)	9,792.	0.	N/A	N/A	DESIGNATION
ACCOUNTING AID SOCIETY 3031 W. GRAND BLVD. STE. # 470 DETROIT, MI 48202	23-7310753	501(C)(3)	9,721.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF CENTRAL INDIANA 2955 N. MERIDIAN ST. # 300 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	9,635.	0.	N/A	N/A	DESIGNATION
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH ROAD BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	8,159.	0.	N/A	N/A	DESIGNATION
EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD SOUTHFIELD, MI 48033	38-1508581	501(C)(3)	7,953.	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
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3)	7,905.	0.	N/A	N/A	DESIGNATION
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)(3)	7,838.	0.	N/A	N/A	DESIGNATION
MACOMB FAMILY SERVICES INC 124 W. GATES ROMEO, MI 48065	38-2315965	501(C)(3)	7,814.	0.	N/A	N/A	DESIGNATION
OAKLAND SCHOOLS EDUCATION FOUNDATION - 2111 PONTIAC LAKE ROAD - WATERFORD, MI 48328-2735	38-3533533	501(C)(3)	7,684.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE. NE ATLANTA, GA 30303	58-0566194	501(C)(3)	7,544.	0.	N/A	N/A	DESIGNATION
BUILDON INC PO BOX 16741 STAMFORD, CT 06905	22-3128648	501(C)(3)	7,500.	0.	N/A	N/A	DESIGNATION
JEWISH COMMUNITY CENTER 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	7,367.	0.	N/A	N/A	DESIGNATION
LAKE ORION COMMUNITY EDUCATION 455 E SCRIPPS LAKE ORION, MI 48360	38-6003075	GOVERNMENTAL	7,216.	0.	N/A	N/A	DESIGNATION
DETROIT POLICE ATHLETIC LEAGUE INC 1680 MICHIGAN AVE. DETROIT, MI 48216	38-3314318	501(C)(3)	7,069.	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 HIV HEALTH AND BEYOND 3968 MT. ELLIOT DETROIT, MI 48207	38-2464851	501(C)(3)	7,036.	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)	6,798.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER CINCINNATI PO BOX 632840 CINCINNATI, OH 45263-2840	31-0537502	501(C)(3)	6,740.	0.	N/A	N/A	DESIGNATION
LATIN AMERICAN SOC & ECONOMIC DEV 4138 W VERNOR DETROIT, MI 48209	38-1892670	501(C)(3)	6,651.	0.	N/A	N/A	DESIGNATION
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET DETROIT, MI 48226	38-1348535	501(C)(3)	6,472.	0.	N/A	N/A	DESIGNATION
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3)	6,468.	0.	N/A	N/A	DESIGNATION
GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED - 26777 CENTRAL PARK BLVD, STE. 150 - SOUTHFIELD, MI 48076	38-1683860	501(C)(3)	6,261.	0.	N/A	N/A	DESIGNATION
ENGINEERING SOCIETY OF DETROIT 20700 CIVIC CENTER DR. SOUTHFIELD, MI 48076	38-1207155	501(C)(3)	6,260.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER DAYTON 409 E MONUMENT AVE SUITE 405 DAYTON, OH 45402	31-0536658	501(C)(3)	6,134.	0.	N/A	N/A	DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVE TAMPA, FL 33629	13-1788491	501(C)(3)	6,002.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER LORAIN COUNTY - 642 BROADWAY AVE. - LORAIN, OH 44052	34-1011104	501(C)(3)	5,999.	0.	N/A	N/A	DESIGNATION
MSU EXTENSION 4 H YOUTH PROGRAM 1200 N TELEGRAPH PONTIAC, MI 48341	38-6005984	501(C)(3)	5,947.	0.	N/A	N/A	DESIGNATION
URBAN LEAGUE OF DETROIT 208 MACK AVE DETROIT, MI 48201	38-1358387	501(C)(3)	5,826.	0.	N/A	N/A	DESIGNATION
RUTH ELLIS CENTER 95 VICTOR ST. HIGHLAND PARK, MI 48203-3129	38-3501697	501(C)(3)	5,803.	0.	N/A	N/A	DESIGNATION
VIP MENTORING 2470 COLLINGWOOD ST, #222 DETROIT, MI 48206-1500	38-2311813	501(C)(3)	5,768.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 333 S. WABASH AVE. CHICAGO, IL 60604	30-0200478	501(C)(3)	5,511.	0.	N/A	N/A	DESIGNATION
GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE. DETROIT, MI 48208	38-1362823	501(C)(3)	5,450.	0.	N/A	N/A	DESIGNATION
UNITED WAY OF GREATER LOS ANGELES 2706 MEDIA CENTER DR. LOS ANGELES, CA 90065	95-2274801	501(C)(3)	5,168.	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 DELAWARE 625 N ORANGE ST LINDEN BLDG 3RD FL WILMINGTON, DE 19801-2296	51-0073399	501(C)(3)	5,015.	0.	N/A	N/A	DESIGNATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UTILITY ASSISTANCE	8340	7,218,898.	0.	N/A	N/A
RIDE UNITED	1555	901,497.	0.	N/A	N/A
FOOD ASSISTANCE	21330	2,005,396.	0.	N/A	N/A
BOOKS	6208	0.	192,975.	PURCHASE PRICE	SCHOLASTIC BOOKS

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

PART I, LINE 2:

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

Part IV Supplemental Information

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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 CHIEF EXECUTIVE OFFICER	(i)	358,407.	41,507.	1,854.	6,100.	19,680.	427,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TONYA ADAIR INTERIM CEO AUG22-DEC22, CHIEF PPL,	(i)	260,900.	13,995.	0.	5,218.	19,341.	299,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	(i)	252,453.	16,148.	0.	5,166.	21,329.	295,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC DAVIS VICE PRESIDENT, COMMUNITY IMPACT - E	(i)	201,945.	10,765.	0.	4,105.	21,598.	238,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRANDON LEE EXECUTIVE VP, STRATEGY & OPERATIONS	(i)	208,281.	10,765.	0.	4,381.	11,345.	234,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KYLE DUBUC EXEC DIRECTOR, ADVOCACY, COMMS, MKTI	(i)	154,500.	5,383.	0.	3,198.	21,212.	184,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH GRUTZA VICE PRESIDENT, CORPORATE RELATIONS	(i)	158,173.	0.	10,000.	2,423.	8,135.	178,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LARA KEATHLEY EXECUTIVE DIRECTOR, PEOPLE & CULTURE	(i)	136,231.	5,383.	0.	2,725.	17,204.	161,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SUSAN MCGUIRE SENIOR DIRECTOR, INFORMATION SERVICE	(i)	149,712.	0.	0.	0.	2,015.	151,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JEFFREY MILES SENIOR DIRECTOR, ECONOMIC MOBILITY A	(i)	139,050.	3,891.	0.	2,863.	5,761.	151,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 7:

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

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,969,010.	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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	5	27,901.	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>COMPUTER EQUIPM</u>)	X	2	6,680.	FAIR MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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Schedule M (Form 990) 2022

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

2022

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. 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. AS PART OF OUR ONGOING EFFORTS TO ADDRESS RACIAL
EQUITY AND OTHER EQUITY-FOCUSED ISSUES, WE CONTINUED TO AWARD RACIAL
EQUITY FUND GRANTS, NOW TOTALING \$3.2 MILLION SINCE THE PROGRAM'S
INCEPTION IN 2022. WE HAVE CONTINUED HOSTING 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. MORE THAN 1
MILLION PEOPLE ARE IMPACTED THROUGH THE INVESTMENT OF RESOURCES IN
EDUCATION, INCOME, AND BASIC NEEDS.
EXPENSES \$ 16,326,343. INCL GRANTS OF \$ 8,316,515. REVENUE \$ 2,085,778.

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

THE DRAFT FORM 990 IS REVIEWED BY STAFF INTERNALLY BEFORE FINALIZING. THE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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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
- DEVELOP COMPENSATION LEVELS THAT ARE CONSISITENT WITH UWSEM'S MISSION

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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- 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 BOARD CHAIR AND VICE CHAIR DETERMINE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE BOARD CHAIR AND VICE CHAIR BASES THEIR 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 BOARD CHAIR AND VICE CHAIR UTILIZED COMPENSATION STUDIES AND OUTSIDE CONSULTANTS TO REVIEW THE CEO'S COMPENSATION. THE BOARD CHAIR AND VICE CHAIR EVALUATED THE CEO'S GENERAL MANAGEMENT AND LEADERSHIP COMPETENCIES AS WELL AS HER PERFORMANCE AGAINST THE KEY OBJECTIVES SET AT THE BEGINNING OF THE YEAR.

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

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