

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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): 3011 W GRAND BLVD SUITE 500 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: DETROIT, MI 48202

D Employer identification number: 20-3099071
E Telephone number: (313) 226-9200
G Gross receipts \$ 62,971,646

F Name and address of principal officer: DR DARLENNE B DRIVER HU, 3011 W GRAND BLVD SUITE 500, DETROIT, MI 48202

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.LIVEUNITEDSEM.ORG

K Form of organization: Corporation Trust Association 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 INDIVIDUAL LIVES IN MEASURABLE AND LASTING WAYS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	33
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	230
6 Total number of volunteers (estimate if necessary)	11,810
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	58,854,983	58,451,324
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,218,514	1,689,029
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	515,750	941,635
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,589,247	61,081,988
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,862,249	40,169,745
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,627,771	14,363,498
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,602,834		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,244,522	9,237,964
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	63,734,542	63,771,207
19 Revenue less expenses Subtract line 18 from line 12	-3,145,295	-2,689,219

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	75,197,238	65,971,892
21 Total liabilities (Part X, line 26)	24,746,885	18,766,659
22 Net assets or fund balances Subtract line 21 from line 20	50,450,353	47,205,233

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2020-05-05
 STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-05-05
 Check if self-employed PTIN: P00053811
 Firm's name: ▶ PLANTE & MORAN PLLC Firm's EIN: ▶ 38-1357951
 Firm's address: ▶ 27400 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48034 Phone no: (248) 352-2500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 16,246,906 including grants of \$ 7,506,124) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 3,734,805 including grants of \$ 1,780,304) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 28,305,836 including grants of \$ 24,069,320) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 6,813,997 including grants of \$ 6,813,997) (Revenue \$ 941,635)
OTHER PROGRAM SERVICES DESIGNATIONS PAID OUT TO OTHER NONPROFIT AGENCIES UNITED WAY FOR SOUTHEASTERN MICHIGAN PROVIDES GRANTS AND PAYS DESIGNATIONS TO OVER 120 NONPROFIT AGENCIES THAT PROVIDE DIRECT SERVICE TO THE COMMUNITIES OF SOUTHEASTERN MICHIGAN OVER 1 MILLION PEOPLE ARE IMPACTED THROUGH THE INVESTMENT OF RESOURCES IN EDUCATION, INCOME, AND BASIC NEEDS

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,813,997 including grants of \$ 6,813,997) (Revenue \$ 941,635)

4e Total program service expenses ▶ 55,101,544

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	230		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVEN SCHWARTZ 3011 W GRAND BLVD STE 500 DETROIT, MI 48202 (313) 226-9200

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	11,764,617		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	46,686,707		
	g Noncash contributions included in lines 1a - 1f \$ _____		51,812		
	h Total. Add lines 1a-1f		58,451,324		

Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
9 Total. Add lines 2a-2f							

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,431,816			1,431,816
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,146,871					
	b Less cost or other basis and sales expenses	1,874,326	15,332				
	c Gain or (loss)	272,545	-15,332				
	d Net gain or (loss)			257,213			257,213
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a ADMIN & COST RECOVERY FEES		900099	715,435	715,435			
b OTHER FEES FOR SERVICE		900099	158,371	158,371			
c MISCELLANEOUS REVENUE		900099	67,829	67,829			
d All other revenue							
e Total. Add lines 11a-11d			941,635				
12 Total revenue. See Instructions			61,081,988	941,635	0	1,689,029	

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	24,478,071	24,478,071		
2 Grants and other assistance to domestic individuals See Part IV, line 22	15,681,170	15,681,170		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	10,504	10,504		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,026,293	771,367	846,465	408,461
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	9,120,096	6,504,210	1,026,667	1,589,219
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	2,290,673	1,516,125	407,658	366,890
10 Payroll taxes	926,436	534,445	243,368	148,623
11 Fees for services (non-employees)				
a Management				
b Legal	138,733	2,082	136,651	
c Accounting	90,540		90,540	
d Lobbying	143,100	143,100		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	83,640		83,640	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,501,213	2,556,435	648,203	296,575
12 Advertising and promotion	419,918	132,769	215,185	71,964
13 Office expenses	928,192	463,138	123,991	341,063
14 Information technology				
15 Royalties				
16 Occupancy	1,052,145	952,278	46,814	53,053
17 Travel	105,372	87,153	6,205	12,014
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,333,011	157,298	49,701	1,126,012
20 Interest				
21 Payments to affiliates	700,231	665,219	21,007	14,005
22 Depreciation, depletion, and amortization	399,326	264,287	67,546	67,493
23 Insurance	98,585	33,748	23,280	41,557
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATION	133,218	70,535	9,570	53,113
b MISCELLANEOUS	102,849	74,801	16,065	11,983
c MEMBERSHIP DUES	7,891	2,809	4,273	809
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	63,771,207	55,101,544	4,066,829	4,602,834
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	21,129,413	2	12,596,934
	3 Pledges and grants receivable, net	18,146,729	3	16,113,061
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	604,318	9	708,114
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,996,336		
	b Less accumulated depreciation	3,091,545	700,609	10c 904,791
	11 Investments—publicly traded securities	33,428,089	11	34,453,954
	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	1,188,080	15	1,195,038
16 Total assets. Add lines 1 through 15 (must equal line 34)	75,197,238	16	65,971,892	
Liabilities	17 Accounts payable and accrued expenses	7,357,989	17	5,380,299
	18 Grants payable	9,888,776	18	9,304,081
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	7,500,120	25	4,082,279
	26 Total liabilities. Add lines 17 through 25	24,746,885	26	18,766,659
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	35,241,603	27	35,235,798
	28 Temporarily restricted net assets	14,420,895	28	11,181,580
	29 Permanently restricted net assets	787,855	29	787,855
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	50,450,353	33	47,205,233	
34 Total liabilities and net assets/fund balances	75,197,238	34	65,971,892	

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	61,081,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,771,207
3	Revenue less expenses Subtract line 2 from line 1	3	-2,689,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,450,353
5	Net unrealized gains (losses) on investments	5	-555,901
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,205,233

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 20-3099071

Name: UNITED WAY FOR SOUTHEASTERN MICHIGAN

Form 990 (2018)

Form 990, Part III, Line 4a:

EDUCATIONWE STRIVE TO EXPAND ACCESS TO QUALITY CHILD CARE ONE WAY WE SUCCEED IN THIS EXPANSION IS THROUGH THE CHILD DEVELOPMENT ASSOCIATE PROGRAM, WHICH CONNECTS CHILD CAREGIVERS WITH FREE TRAINING ONCE THESE CAREGIVERS ARE CERTIFIED, THEY CAN CARE FOR MORE CHILDREN, PROVIDE IMPROVED CARE FOR THEM AND EARN MORE MONEY FIFTY CAREGIVERS COMPLETED THIS TRAINING IN FISCAL YEAR 2018-19 WE'VE ALSO EXPANDED OUR LITTLE STEPS PROGRAM, WHICH PROVIDES BOOKS TO NEW PARENTS TO HELP SPARK A LOVE OF LEARNING FOR THEIR CHILDREN A TOTAL OF 6,550 BOOKS WERE DISTRIBUTED IN FY 2018-19, BRINGING THE OVERALL TOTAL TO AT LEAST 35,000 FREE BOOKS TO PARENTS SINCE THE PROGRAM'S INCEPTION IN 2013 ANOTHER TOOL THAT'S AVAILABLE FOR PARENTS IS READY4K THIS FREE TEXT MESSAGE SERVICE SENDS FACTS AND TIPS THAT CAN HELP PARENTS TURN MUNDANE TASKS INTO LEARNING MOMENTS A TOTAL OF 2,091 FAMILIES ENROLLED IN FY 2018-19 AS KIDS GET OLDER, WE'RE STILL THERE TO SUPPORT THEM WE HOST MULTIPLE CAREER FAIRS EACH YEAR TO HELP HIGH SCHOOL STUDENTS DISCOVER WHAT THEY'D LIKE TO DO AFTER GRADUATION BETWEEN NOVEMBER'S FIND YOUR FUTURE CAREER EXPLORATION FAIR AND MAY'S SUMMER CAREER CONNECTIONS FAIR, 2,071 STUDENTS GOT A GLIMPSE OF THEIR FUTURE IN FY 2018-19

Form 990, Part III, Line 4b:

ECONOMIC PROSPERITY WITH OUR PARTNERS AT ACCOUNTING AID SOCIETY AND WAYNE METROPOLITAN COMMUNITY ACTION AGENCY, WE HELPED 18,729 PEOPLE IN WAYNE, OAKLAND AND MACOMB COUNTIES FILE THEIR TAXES FOR FREE. THEY RECEIVED A COMBINED \$24.1 MILLION IN TAX REFUNDS. WE ONCE AGAIN JOINED THE CITY OF DETROIT AND ACCOUNTING AID SOCIETY TO MAKE SURE ELIGIBLE DETROITERS FILED FOR THE EARNED INCOME TAX CREDIT (EITC) AN EFFECTIVE ANTI-POVERTY MEASURE TO HELP WORKING FAMILIES WITH LOW TO MODERATE INCOME. OF THE 18,729 PEOPLE WHO FILED THROUGH OUR FREE TAX PROGRAMS, 4,154 PEOPLE CLAIMED THE EITC, EARNING A COMBINED \$5.8 MILLION FROM THE CREDIT. BETWEEN TAX PREPARATION, FINANCIAL COACHING AND JOB TRAINING, A TOTAL OF 32,731 PEOPLE RECEIVED HELP THROUGH OUR ECONOMIC PROSPERITY WORK IN FY 2018-19.

Form 990, Part III, Line 4c:

BASIC NEEDS AS A DIRECT RESULT OF OUR GRANT FUNDING, TECHNICAL ASSISTANCE AND OUTREACH, WE INCREASED THE NUMBER OF SUMMER MEALS SERVED THROUGH MEET UP AND EAT UP IN FY 2018-19 A TOTAL OF 1,313,677 MEALS WERE SERVED ACROSS 1,808 SITES IN WAYNE, OAKLAND AND MACOMB COUNTIES WE HELPED TEACH HEALTHY EATING HABITS THROUGH OUR FEEDING, EATING AND SUCCEEDING TOGETHER PROGRAM A TOTAL OF 229 PARENTS AND CAREGIVERS PARTICIPATED IN THIS PROGRAM IN FY 2018-19, CREATING HEALTHY HABITS THAT WILL LAST A LIFETIME WE ALSO HELPED ENSURE MORE KIDS HAD A HEALTHY BREAKFAST TO START THE DAY SO THEY COULD FOCUS ON LEARNING RATHER THAN HUNGER THROUGH PARTNERSHIPS WITH 22 LOCAL SCHOOLS, OUR BETTER WITH BREAKFAST PROGRAM HELPED 1,164 STUDENTS ACCESS A FREE HEALTHY BREAKFAST EVERY SCHOOL DAY DURING THE FISCAL YEAR THROUGH OUR 2-1-1 HELPLINE, WE CONNECTED NEARLY 200,000 PEOPLE WITH ASSISTANCE FOR UTILITIES, FOOD, SHELTER AND MORE AND ADVOCATES FROM ACROSS OUR COMMUNITY TOOK ACTION IN SUPPORT OF THE CAUSES THEY ARE PASSIONATE ABOUT, SENDING 648 LETTERS TO LAWMAKERS FOR CAMPAIGNS FOCUSED ON CAUSES LIKE PROTECTING NUTRITION AND INCREASING THE EARNED INCOME TAX CREDIT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID FOLTYN CHAIR	3 00	X		X				0	0	0
MARK STIERS VICE CHAIR	3 00	X		X				0	0	0
ELIZABETH ALVAREZ TREASURER	3 00	X		X				0	0	0
LYNDA ROSSI SECRETARY	3 00	X		X				0	0	0
MARK PETROFF IMMEDIATE FORMER CHAIR	1 00	X						0	0	0
TONYA ALLEN DIRECTOR	1 00	X						0	0	0
DEBORAH MACON DIRECTOR	1 00	X						0	0	0
BRYAN C BARNHILL II DIRECTOR	1 00	X						0	0	0
JOHN CASSIDY DIRECTOR	1 00	X						0	0	0
WANDA COOK-ROBINSON DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK DAVIDOFF DIRECTOR	1 00 0 00	X						0	0	0
ANDREW ECHT DIRECTOR	1 00 0 00	X						0	0	0
SAM FOGLEMAN DIRECTOR	1 00 0 00	X						0	0	0
JEFF DONOFRIO DIRECTOR	1 00 0 00	X						0	0	0
MARIA DWYER DIRECTOR	1 00 0 00	X						0	0	0
LUEANNE EWALD DIRECTOR	1 00 0 00	X						0	0	0
SCOTT GARBERDING DIRECTOR	1 00 0 00	X						0	0	0
IAN HOGAN DIRECTOR	1 00 0 00	X						0	0	0
HASSAN JABER DIRECTOR	1 00 0 00	X						0	0	0
JAMES JACOBS PHD DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY RHADIGAN DIRECTOR	1 00 0 00	X						0	0	0
HARRY KEMP DIRECTOR	1 00 0 00	X						0	0	0
DARYL NEWMAN DIRECTOR	1 00 0 00	X						0	0	0
KRISTIN SMALLWOOD DIRECTOR	1 00 0 00	X						0	0	0
SANDRA E PIERCE DIRECTOR	1 00 0 00	X						0	0	0
CINDY PASKY DIRECTOR	1 00 0 00	X						0	0	0
ED SIAJE DIRECTOR	1 00 0 00	X						0	0	0
ANUP POPAT DIRECTOR	1 00 0 00	X						0	0	0
RHONDA POWELL DIRECTOR	1 00 0 00	X						0	0	0
KEN WHIPPLE DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NIKOLA VITTI DIRECTOR	1 00 0 00	X						0	0	0
JIM ROBINSON DIRECTOR	1 00 0 00	X						0	0	0
JOHN RAKOLTA III DIRECTOR	1 00 0 00	X						0	0	0
RICK BLOCKER DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
BETH CHAPPELL DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
LISA FORD DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
JENEANNE HANLEY DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
CHARLES E HALL DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
BRIAN D HARLOW DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
SRIKANT INAMPUDI DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE A MURPHY DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
MICHAEL T RICHIE DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
REGINALD TURNER DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
JAMES G VELLA DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
LIZABETH ARDISANA DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
TERRENCE GEORGE DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
MICHAEL PARKER DIRECTOR - PARTIAL YEAR	1 00 0 00	X						0	0	0
TANYA HEIDELBERG-YOPP COO	50 00 0 00			X				310,546	0	17,132
DARIENNE DRIVER HUDSON PRESIDENT AND CEO	50 00 0 00			X				164,268	0	11,908
GLORIA LARKINS CFO - PARTIAL YEAR	50 00 0 00			X				199,981	0	27,285

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN SCHWARTZ CFO	50 00 0 00			X				0	0	0
TONYA ADAIR CHIEF IMPACT OFFICER	50 00 0 00			X				28,308	0	1,203
TAMARA JONES VICE PRESIDENT	50 00 0 00				X			179,104	0	18,985
ERIC DAVIS VICE PRESIDENT	50 00 0 00				X			189,893	0	27,831
SUSAN E DUNCAN-MURPHY VICE PRESIDENT	50 00 0 00				X			205,873	0	29,708
CHRISTOPHER PERRY VICE PRESIDENT	50 00 0 00				X			230,714	0	36,394
DONNA SATTERFIELD VICE PRESIDENT - PARTIAL YEAR	50 00 0 00				X			159,192	0	11,248
CLARINDA BARNETT-HARRISON DIRECTOR, ECONOMIC PROSPERITY	50 00 0 00					X		166,811	0	30,758
PAUL DALPIAZ SENIOR DIRECTOR, INFORMATI	50 00 0 00					X		135,912	0	25,181
KERRI GENTRY DIRECTOR, UW PARTNER NETWORK - PARTIAL YEAR	50 00 0 00					X		139,277	0	18,014

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DENISE FLECKENSTEIN DIRECTOR, GIFT PLANNING	50 00 0 00					X		138,033	0	25,431	
DEIRDRE YOUNG VICE PRESIDENT - PARTIAL YEAR	50 00 0 00					X		141,726	0	25,356	

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	56,031,323	47,077,187	55,681,483	58,854,983	58,451,324	276,096,300
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	56,031,323	47,077,187	55,681,483	58,854,983	58,451,324	276,096,300
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)						36,050,944
6 Public support. Subtract line 5 from line 4						240,045,356

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	56,031,323	47,077,187	55,681,483	58,854,983	58,451,324	276,096,300
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	961,605	955,153	910,190	1,217,278	1,431,816	5,476,042
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.)	3,925,926	3,955,192	3,395,599	1,289,802	941,635	13,508,154
11 Total support. Add lines 7 through 10						295,080,496

12 Gross receipts from related activities, etc (see instructions) **12** 50,588

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.350 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	83.360 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME FEES FOR SERVICE FUNDRAISING INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN	Employer identification number 20-3099071
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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 (grass roots lobbying)	61,600													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	81,500													
c	Total lobbying expenditures (add lines 1a and 1b)	143,100													
d	Other exempt purpose expenditures	54,958,444													
e	Total exempt purpose expenditures (add lines 1c and 1d)	55,101,544													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	110,300	139,150	140,750	143,100	533,300
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	46,800	56,700	77,050	61,600	242,150

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 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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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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 the latest information.

OMB No 1545-0047
2018
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 (e g , recreation or education) Preservation of an 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 Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,260,078	22,888,734	20,864,474	21,051,278	24,053,322
b Contributions					174,224
c Net investment earnings, gains, and losses	942,579	1,418,260	2,087,777	-143,286	-238,272
d Grants or scholarships					
e Other expenditures for facilities and programs					2,837,855
f Administrative expenses	30,057	46,916	63,517	43,518	100,141
g End of year balance	25,172,600	24,260,078	22,888,734	20,864,474	21,051,278

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 97 000 %
 - b** Permanent endowment ▶ 3 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		292,639	8,868	283,771
d Equipment		3,703,697	3,082,677	621,020
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ 904,791

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DESIGNATED PAYABLE - UNDISTRIBUTED PLEDGES	4,082,279
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	4,082,279

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	54,159,505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-555,901
b	Donated services and use of facilities	2b	531,054
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-24,847
3	Subtract line 2e from line 1	3	54,184,352
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	6,897,636
c	Add lines 4a and 4b	4c	6,897,636
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	61,081,988

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	57,404,625
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	531,054
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	531,054
3	Subtract line 2e from line 1	3	56,873,571
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	6,897,636
c	Add lines 4a and 4b	4c	6,897,636
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	63,771,207

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 20-3099071

Name: UNITED WAY FOR SOUTHEASTERN MICHIGAN

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES INCLUDED IN REVENUE 83,640 ON BEHALF OF ITS DONORS, UWSEM PROCESSED DESIGNATIONS TO OTHER NON PROFIT ORGANIZATIONS 6,813,996

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES INCLUDED IN REVENUE 83,640 ON BEHALF OF ITS DONORS, UWSEM PROCESSED D ESIGNATIONS TO OTHER NON PROFIT ORGANIZATIONS 6,813,996

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number
20-3099071

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	COMMUNITY INVESTMENT	10,504	CHECK	0	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1

3 Enter total number of other organizations or entities ▶ 0

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY 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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 189
3 Enter total number of other organizations listed in the line 1 table 2

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL STABILITY MICRO GRANTS	52	80,058			
(2) SCHOLARSHIP PROGRAMS	3	3,000			
(3) LSP PROGRAM - UTILITY ASSISTANCE	21256	15,598,112			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE GRANT AWARD PROCESS BEGINS WITH A REQUEST FOR PROPOSAL PROCESS BASED ON A REVIEW OF THE PROPOSALS, GRANTS ARE AWARDED TO AGENCIES THROUGHOUT THE YEAR, AGENCIES ARE REQUIRED TO SUBMIT PROGRESS REPORTS ON THE PROJECTS THAT WERE FUNDED THROUGH THE GRANT AWARD PROCESS UWSEM ALSO REVIEWS THE AUDITED FINANCIAL STATEMENTS FOR THE AGENCIES THAT HAVE BEEN AWARDED GRANTS IN ADDITION, UWSEM STAFF CONDUCT ON-SITE VISITS OF AGENCIES TO REVIEW PROGRESS ON GRANT ACTIVITIES DURING THE YEAR FOR DONOR DESIGNATIONS, UWSEM VERIFIED THAT THE AGENCY IS A 501(C)(3) NON-PROFIT ORGANIZATION AND THAT THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

Additional Data

Software ID:
Software Version:
EIN: 20-3099071
Name: UNITED WAY FOR SOUTHEASTERN MICHIGAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
482FORWARD 1211 TRUMBULL ST DETROIT, MI 48216	47-3537426	501(C)(3)	130,693		N/A	N/A	COMMUNITY INVESTMENT
ACCOUNTING AID SOCIETY 3031 W GRAND BLVD STE 470 DETROIT, MI 48202	23-7310753	501(C)(3)	183,187		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT NETWORK ONE BEACON ST BOSTON, MA 02108	20-3289870	501(C)(3)	100,000		N/A	N/A	COMMUNITY INVESTMENT
ALIGNMENT NASHVILLE 21 WHITE BRIDGE PIKE STE 201 NASHVILLE, TN 34205	45-0549393	501(C)(3)	30,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES FOR GIRLS 903 W GRAND BLVD DETROIT, MI 48208	38-2766412	501(C)(3)	163,860		N/A	N/A	COMMUNITY INVESTMENT
AMERICAN RED CROSS 6912 GEORGE WASHINGTON MEMORIAL HWY YORKTOWN, VA 23692	53-0196605	501(C)(3)	119,468		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARAB AMERICAN & CHALDEAN COUNCIL 363 W BIG BEAVER RD STE 300 TROY, MI 48084	38-2311840	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT
ARAB COMMUNITY CENTER FOR ECON & SOCIAL SCVS 2651 SAULINO COURT DEARBORN, MI 48120	23-7444497	501(C)(3)	928,934		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC IMPACT PO BOX 32035 DETROIT, MI 48232	27-4688366	501(C)(3)	85,000		N/A	N/A	COMMUNITY INVESTMENT
AT BAT INC 25901 W 10 MILE RD STE 114 SOUTHFIELD, MI 48033	47-5494939	501(C)(3)	5,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACK ALLEY BIKES 3611 CASS AVE DETROIT, MI 48201	80-0838047	501(C)(3)	46,150		N/A	N/A	COMMUNITY INVESTMENT
BALDWIN CENTER THE PO BOX 420700 PONTIAC, MI 48342	20-3890194	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF METROPOLITAN DETROIT 7700 SECOND AVE STE 602 DETROIT, MI 48202	38-6112533	501(C)(3)	151,609		N/A	N/A	COMMUNITY INVESTMENT
BIG GREEN 1637 PEARL ST UNIT 201 BOULDER, CO 80302	27-5083595	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BING YOUTH INSTITUTE 151 WEST JEFFERSON DETROIT, MI 48226	47-2393025	501(C)(3)	15,000		N/A	N/A	COMMUNITY INVESTMENT
BLACK FAMILY DEVELOPMENT INC 2995 E GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)(3)	449,784		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKNOOK 344 THOMAS L BERKELY WAY STE 102 OAKLAND, CA 94612	81-9140324	501(C)(3)	75,000		N/A	N/A	COMMUNITY INVESTMENT
BOYS & GIRLS CLUB OF SE MICHIGAN 26777 HALSTED ROAD SUITE 100 FARMINGTON HILLS, MI 48331	38-1387123	501(C)(3)	210,639		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRILLIANT DETROIT 5675 LARKINS ST DETROIT, MI 48210	47-3446334	501(C)(3)	200,000		N/A	N/A	COMMUNITY INVESTMENT
BUILD ON P O BOX 16741 STAMFORD, CT 06905	22-3128648	501(C)(3)	105,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR BLACK MALE ACHIEVEMENT 570 LEXINGTON AVE 5TH FLOOR NEW YORK, NY 10022	47-2532282	501(C)(3)	80,000		N/A	N/A	COMMUNITY INVESTMENT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD FRASER, MI 48026	38-2175274	501(C)(3)	454,425		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SE MICHIGAN 15945 CANAL RD CLINTON TOWNSHIP, MI 48038	45-3623184	501(C)(3)	265,280		N/A	N/A	COMMUNITY INVESTMENT
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HGTS, MI 48310	20-3963417	501(C)(3)	25,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALKBEAT INC 1250 BROADWAY 30 FL NEW YORK, NY 10001	90-9015846	501(C)(3)	12,000		N/A	N/A	COMMUNITY INVESTMENT
CLASS ACT DETROIT 20501 LIVERNOIS AVE DETROIT, MI 48221	82-2035354	501(C)(3)	8,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION ON TEMPORARY SHELTER 26 PETERBORO ST DETROIT, MI 48201	38-2420565	501(C)(3)	171,679		N/A	N/A	COMMUNITY INVESTMENT
COMMUNITY HOUSING NETWORK 570 KIRTS BLVD STE 231 TROY, MI 48084	38-3372734	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INITIATIVES 1000 BROADWAY ST STE 480 OAKLAND, CA 94607	94-3255070	501(C)(3)	105,000		N/A	N/A	COMMUNITY INVESTMENT
CONNECTED 2150 SHATTUCK AVE STE 1200 BERKELEY, CA 94704	20-4781979	501(C)(3)	236,651		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT BLACK COMMUNITY FOOD SECURITY NETWORK 11000 W MCNICHOLS STE 103 DETROIT, MI 48221	33-1140762	501(C)(3)	25,000		N/A	N/A	COMMUNITY INVESTMENT
DETROIT COLLEGE ACCESS NETWORK 1 WOODWARD AVE DETROIT, MI 48226	36-4619621	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT ECONOMIC GROWTH 500 GRISWOLD ST STE 2200 DETROIT, MI 48226	38-2433720	501(C)(3)	100,000		N/A	N/A	COMMUNITY INVESTMENT
DETROIT EMPLOYMENT SOLUTIONS CORPORATION 440 E CONGRESS STE 400 DETROIT, MI 48226	38-3353746	501(C)(3)	175,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT FOOD AND ENTREPRENEURSHIP ACADEMY 4444 SECOND AVE DETROIT, MI 48201	46-2408286	501(C)(3)	77,468		N/A	N/A	COMMUNITY INVESTMENT
DETROIT FOOD POLICY COUNCIL 1420 WASHINGTON BLVD STE 230 DETROIT, MI 48216	80-0651401	501(C)(3)	8,000		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT HISPANIC DEVELOPMENT 1211 TRUMBULL AVE DETROIT, MI 48216	38-3355698	501(C)(3)	70,000		N/A	N/A	COMMUNITY INVESTMENT
DETROIT IMPACT INC 9930 GREENFIELD DETROIT, MI 48227	38-3063817	501(C)(3)	45,000		N/A	N/A	COMMUNITY INVESTMENT

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DETROIT JAZZ FOUNDATION 19908 HARPER AVE HARPER WOODS, MI 48225	02-0754855	501(C)(3)	60,000		N/A	N/A	COMMUNITY INVESTMENT
DETROIT PARENT NETWORK 726 LOTHROP RD DETROIT, MI 48202	33-1054423	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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DETROIT PUBLIC SCHOOLS FOUNDATION 3011 W GRAND BLVD DETROIT, MI 48202	30-0135450	501(C)(3)	737,282		N/A	N/A	COMMUNITY INVESTMENT
DEVELOPMENT CENTERS 17421 TELEGRAPH RD DETROIT, MI 48219	38-2440204	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD DETROIT, MI 48331	47-4907105	501(C)(3)	78,306		N/A	N/A	COMMUNITY INVESTMENT
DOING DEVELOPMENT DIFFERENTLY 4750 WOODWARD AVE STE 401 DETROIT, MI 48201	47-3288292	501(C)(3)	30,000		N/A	N/A	COMMUNITY INVESTMENT

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ECOWORKS 4835 MICHIGAN AVE DETROIT, MI 48210	38-2412482	501(C)(3)	19,833		N/A	N/A	COMMUNITY INVESTMENT
EDUCATIONAL DATA SYSTEMS 15300 COMMERCE DR N STE 200 DEARBORN, MI 48120	38-2272565	501(C)(3)	300,000		N/A	N/A	COMMUNITY INVESTMENT

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EVERYBODY READY 13305 REECK CT SUITE 120 SOUTHGATE, MI 48195	38-3610120	501(C)(3)	98,536		N/A	N/A	COMMUNITY INVESTMENT
FAIR FOOD NETWORK 1250 N MAIN ST ANN ARBOR, MI 48104	26-4143394	501(C)(3)	75,000		N/A	N/A	COMMUNITY INVESTMENT

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FAMILY INDEPENDENCE INITIATIVE 1201 MARTIN LUTHER KING JR WAY STE 100 OAKLAND, CA 94612	02-0784790	501(C)(3)	100,000		N/A	N/A	COMMUNITY INVESTMENT
FIRST STEP 44567 PINETREE DR PLYMOUTH, MI 48170	38-2208980	501(C)(3)	71,850		N/A	N/A	COMMUNITY INVESTMENT

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FOCUS HOPE 1355 OAKMAN BLVD DETROIT, MI 48238	38-1948285	501(C)(3)	260,279		N/A	N/A	COMMUNITY INVESTMENT
FORGOTTEN HARVEST 21800 GREENFIELD ROAD OAK PARK, MI 48237	38-2926476	501(C)(3)	224,193		N/A	N/A	COMMUNITY INVESTMENT

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FORUM FOR YOUTH INVESTMENT 7064 EASTERN AVE WASHINGTON, DC 20012	52-2242472	501(C)(3)	496,500		N/A	N/A	COMMUNITY INVESTMENT
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOIX AVE DETROIT, MI 48207	38-1845857	501(C)(3)	120,819		N/A	N/A	COMMUNITY INVESTMENT

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FURNITURE BANK OF SOUTHEASTERN MI 333 NORTH PERRY PONTIAC, MI 48342	38-1914651	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT
GLEANERS COMMUNITY FOOD BANK 2131 BEAUFIT DETROIT, MI 48207	38-2156255	501(C)(3)	541,086		N/A	N/A	COMMUNITY INVESTMENT

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GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE DETROIT, MI 48208	38-1362823	501(C)(3)	87,345		N/A	N/A	COMMUNITY INVESTMENT
GREATER DETROIT AGENCY FOR THE BLIND AND VISUALLY IMPAIRED 16625 GRAND RIVER DETROIT, MI 48227	38-1683860	501(C)(3)	45,042		N/A	N/A	COMMUNITY INVESTMENT

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GUIDANCE CENTER THE 13101 ALLEN RD SOUTHGATE, MI 48195	38-1621700	501(C)(3)	56,251		N/A	N/A	COMMUNITY INVESTMENT
HENRY FORD HEALTH 1 FORD PLACE 5B DETROIT, MI 48202	38-1357020	501(C)(3)	141,050		N/A	N/A	COMMUNITY INVESTMENT

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HOLY TEMPLE CHURCH OF THE LIVING GOD 8500 ESPER ST DETROIT, MI 48204	23-7318304	501(C)(3)	15,000		N/A	N/A	COMMUNITY INVESTMENT
INTERNATIONAL INSTOF METRO DETROIT 111 E KIRBY DETROIT, MI 48202	38-1358200	501(C)(3)	80,000		N/A	N/A	COMMUNITY INVESTMENT

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JEWISH FAMILY SERVICE OF METRO 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)(3)	90,013		N/A	N/A	COMMUNITY INVESTMENT
JOURNI 490 BURROUGHS ST STE 153 DETROIT, MI 48202	47-4047149	501(C)(3)	131,945		N/A	N/A	COMMUNITY INVESTMENT

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KENS KREW 555 MADISON AVE 19 FL NEW YORK, NY 10022	23-2965789	501(C)(3)	305,000		N/A	N/A	COMMUNITY INVESTMENT
LAKESHORE LEGAL AID 21885 DUNHAM RD SUITE 4 CLINTON TOWNSHIP, MI 48036	38-1850908	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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LATIN AMERICAN SOC & ECONOMIC DEV 4138 W VERNOR STE 301 DETROIT, MI 48209	38-1892670	501(C)(3)	80,743		N/A	N/A	COMMUNITY INVESTMENT
LEADERS ADVANCING AND HELPING COMMUNITIES 5275 KENIWORTH DEARBORN, MI 48126	38-3081799	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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LEAPS & BOUNDS FAMILY SERVICES 8129 PACKARD AVENUE WARREN, MI 48089	38-2854143	501(C)(3)	922,235		N/A	N/A	COMMUNITY INVESTMENT
LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)(3)	60,583		N/A	N/A	COMMUNITY INVESTMENT

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LIVING ARTS 8701 W VERNOR DETROIT, MI 48209	43-1950379	501(C)(3)	110,000		N/A	N/A	COMMUNITY INVESTMENT
LOMAS BROWN JR FOUNDATION 974 STRATTON DR WATERFORD, MI 48328	38-3137179	501(C)(3)	48,267		N/A	N/A	COMMUNITY INVESTMENT

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MACOMB CHILDEN'S HEALTHCAE ACCESS PROGRAM 11370 HUPP AVE WARREN, MI 48089	37-1848185	501(C)(3)	100,286		N/A	N/A	COMMUNITY INVESTMENT
MACOMB FAMILY SERVICES INC 124 W GATES ROMEEO, MI 48065	38-2315965	501(C)(3)	114,966		N/A	N/A	COMMUNITY INVESTMENT

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MACOMB HOMELESS COALITION PO BOX 856 MT CLEMENS, MI 48046	38-2719602	501(C)(3)	55,201		N/A	N/A	COMMUNITY INVESTMENT
MACOMB INTERMEDIATE SCHOOL DISTRICT 44001 GARFIELD ROAD CLINTON TOWNSHIP, MI 48038	38-1714601	501(C)(3)	65,056		N/A	N/A	COMMUNITY INVESTMENT

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MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST DETROIT, MI 48207	38-1358015	501(C)(3)	789,331		N/A	N/A	COMMUNITY INVESTMENT
MICHIGAN COLLEGE ACCESS NETWORK 222 N CHESTNUT ST STE 200 LANSING, MI 48933	36-4619621	501(C)(3)	115,000		N/A	N/A	COMMUNITY INVESTMENT

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MICHIGAN STATE AFL-CIO HR DEVELOPMENT INC 419 S WASHINGTON AVE LANSING, MI 48937	38-2795791	501(C)(3)	49,673		N/A	N/A	COMMUNITY INVESTMENT
NATIONAL ACADEMY FOUNDATION 218 W 40 ST 5TH FLOOR NEW YORK, NY 10018	13-3480246	501(C)(3)	37,500		N/A	N/A	COMMUNITY INVESTMENT

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NATIONAL KIDNEY FOUNDATION OF MICHIGAN 1169 OAK VALLEY ANN ARBOR, MI 48108	38-1559941	501(C)(3)	449,860		N/A	N/A	COMMUNITY INVESTMENT
NEIGHBORHOOD LEGAL SERVICES 7310 WOODWARD AVE STE 300 DETROIT, MI 482023164	38-1818068	501(C)(3)	408,333		N/A	N/A	COMMUNITY INVESTMENT

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NEIGHBORHOOD SERVICE ORGANIZATION 9641 HARPER AVENUE DETROIT, MI 48213	38-1561624	501(C)(3)	75,000		N/A	N/A	COMMUNITY INVESTMENT
NON-PROFIT FINANCE FUND 89 SOUTH ST SUITE 402 BOSTON, MA 02111	13-3238657	501(C)(3)	200,000		N/A	N/A	COMMUNITY INVESTMENT

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OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 48341	38-1358388	501(C)(3)	730,699		N/A	N/A	COMMUNITY INVESTMENT
OAKLAND LIVINGSTON HUMAN SVS AGENCY 196 CESAR E CHAVEZ AVE PONTIAC, MI 483430598	38-1785665	501(C)(3)	215,000		N/A	N/A	COMMUNITY INVESTMENT

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OAKLAND SCHOOLS 2111 PONTIAC LAKE RD WATERFORD, MI 48328	38-1713563	GOVT	64,465		N/A	N/A	COMMUNITY INVESTMENT
OLYMPIA ENERTAINMENT 2525 WOODWARD AVE DETROIT, MI 48201	47-1555001	FOR PROFIT	70,313		N/A	N/A	COMMUNITY INVESTMENT

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OPERATION ABLE OF MICHIGAN 4750 WOODWARD AVE STE 201 DETROIT, MI 48201	38-2861705	501(C)(3)	100,000		N/A	N/A	COMMUNITY INVESTMENT
PARENT POWERED PUBLIC 10 MULBERRY CT SUITE 3 BELMONT, CA 94002	20-2207418	501(C)(3)	179,415		N/A	N/A	COMMUNITY INVESTMENT

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READ TO A CHILD 20 WILLIAM ST G25 WELLESLEY, MA 02481	20-3526239	501(C)(3)	40,000		N/A	N/A	COMMUNITY INVESTMENT
RUTH ELLIS CENTER INC 77 VICTOR ST HIGHLAND PARK, MI 48203	38-3501697	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT

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SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT 16130 NORTHLAND DR SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	220,218		N/A	N/A	COMMUNITY INVESTMENT
SER METRO DETROIT 9301 MICHIGAN AVENUE DETROIT, MI 48210	38-2080820	501(C)(3)	465,000		N/A	N/A	COMMUNITY INVESTMENT

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SHERIFF PAL 1200 N TELEGRAPH RD PONTIAC, MI 48341	47-3158769	501(C)(3)	88,300		N/A	N/A	COMMUNITY INVESTMENT
SOUTH OAKLAND SHELTER 18505 WEST 12 MILE ROAD LATHRUP VILLAGE, MI 48076	38-2847849	501(C)(3)	250,000		N/A	N/A	COMMUNITY INVESTMENT

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SOUTHEAST MICHIGAN COMM ALLIANCE 25363 EUREKA RD TAYLOR, MI 48180	38-2675191	501(C)(3)	60,000		N/A	N/A	COMMUNITY INVESTMENT
SOUTHWEST COUNSELING SOLUTIONS INC 5716 MICHIGAN AVE DETROIT, MI 48210	38-2042021	501(C)(3)	480,191		N/A	N/A	COMMUNITY INVESTMENT

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STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)(3)	473,891		N/A	N/A	COMMUNITY INVESTMENT
ST SUZANNE'S CODY ROUGE COMMUNITY RESOURCE CTR 19321 W CHICAGO DETROIT, MI 48228	38-1359292	501(C)(3)	20,000		N/A	N/A	COMMUNITY INVESTMENT

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ST VINCENT & SARAH FISHER CENTER 16800 TRINITY DETROIT, MI 48219	38-1359589	501(C)(3)	73,476		N/A	N/A	COMMUNITY INVESTMENT
TEA 1951 CHICAGO BLVD DETROIT, MI 48206	81-2507397	501(C)(3)	22,500		N/A	N/A	COMMUNITY INVESTMENT

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THE EMPOWERMENT PLAN 7640 KERCHEVAL DETROIT, MI 48214	45-3265365	501(C)(3)	25,000		N/A	N/A	COMMUNITY INVESTMENT
THE YUNION 111 E KIRBY DETROIT, MI 48202	81-2507397	501(C)(3)	63,650		N/A	N/A	COMMUNITY INVESTMENT

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TIDES FOUNDATION PO BOX 29907 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	100,000		N/A	N/A	COMMUNITY INVESTMENT
TURNING POINT INC P O BOX 1123 MT CLEMENS, MI 48043	38-2292020	501(C)(3)	99,438		N/A	N/A	COMMUNITY INVESTMENT

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

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UNITED COMMUNITY HOUSING COALITION 2727 2ND AVE STE 313 DETROIT, MI 482012657	38-2142140	501(C)(3)	255,000		N/A	N/A	COMMUNITY INVESTMENT
VISTA MARIA 20651 W WARREN AVE DEARBORN, MI 48127	38-1359265	501(C)(3)	59,990		N/A	N/A	COMMUNITY INVESTMENT

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WARREN CONSOLIDATED SCHOOLS 31950 MOUND ROAD WARREN, MI 48092	38-6002567	GOVT	8,602		N/A	N/A	COMMUNITY INVESTMENT
WALKER-MILLER ENERGY SERVICES 8045 2ND AVE DETROIT, MI 48202	38-3381940	FOR PROFIT	102,744		N/A	N/A	COMMUNITY INVESTMENT

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WAYNE CHILDREN'S HEALTHCARE ACCESS PROGRAM 3031 W GRAND BLVD STE 650 DETROIT, MI 48202	45-4949783	501(C)(3)	462,550		N/A	N/A	COMMUNITY INVESTMENT
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY 7310 WOODWARD STE 800 DETROIT, MI 48202	38-1976979	501(C)(3)	625,000		N/A	N/A	COMMUNITY INVESTMENT

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WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	120,000		N/A	N/A	COMMUNITY INVESTMENT
WOMEN WHO WELD 1300 E LAFAYETTE ST UNIT 1105 DETROIT, MI 48207	81-1245739	501(C)(3)	60,000		N/A	N/A	COMMUNITY INVESTMENT

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WORLD MEDICAL RELIEF INC 21725 MELROSE AVE SOUTHFIELD, MI 48075	38-1575570	501(C)(3)	50,000		N/A	N/A	COMMUNITY INVESTMENT
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)(3)	128,454		N/A	N/A	COMMUNITY INVESTMENT

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ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST INKSTER, MI 48141	20-1946065	501(C)(3)	56,490		N/A	N/A	COMMUNITY INVESTMENT
AFFIRMATIONS LESBIAN & GAY COMM CENTER 290 W NINE MILE RD FERNDALE, MI 48220	38-2882823	501(C)(3)	9,752		N/A	N/A	COMMUNITY INVESTMENT

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AIDS PARTNERSHIP MICHIGAN 3011 W GRAND BLVD STE 230 DETROIT, MI 48202	38-2464851	501(C)(3)	15,388		N/A	N/A	COMMUNITY INVESTMENT
ALZHEIMER'S ASSOCIATION - GREATER MICHIGAN CHAPTER 25200 TELEGRAPH RD SOUTHFIELD, MI 48033	38-2378032	501(C)(3)	113,651		N/A	N/A	COMMUNITY INVESTMENT

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AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DR SOUTHFIELD, MI 48076	38-2823451	501(C)(3)	15,731		N/A	N/A	COMMUNITY INVESTMENT
AMERICAN DIABETES ASSOCIATION 300 GALLERIA OFFICE CENTER STE 111 SOUTHFIELD, MI 48834	13-1623888	501(C)(3)	133,099		N/A	N/A	COMMUNITY INVESTMENT

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AMERICAN LUNG ASSOC OF MICHIGAN 1475 E 12 MILE RD MADISON HGTS, MI 48071	38-3054176	501(C)(3)	37,672		N/A	N/A	COMMUNITY INVESTMENT
ARC DOWNRIVER 1028 OAK ST WYANDOTTE, MI 48192	38-1586700	501(C)(3)	7,707		N/A	N/A	COMMUNITY INVESTMENT

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THE ARC MICHIGAN 1325 S WASHINGTON AVE LANSING, MI 48910	38-1536920	501(C)(3)	5,723		N/A	N/A	COMMUNITY INVESTMENT
THE ARC NW WAYNE COUNTY 26049 FIVE MILE RD REDFORD, MI 48239	38-6056677	501(C)(3)	8,260		N/A	N/A	COMMUNITY INVESTMENT

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THE ARC OF OAKLAND COUNTY 1641 W BIG BEAVER RD TROY, MI 48084	38-1869548	501(C)(3)	8,405		N/A	N/A	COMMUNITY INVESTMENT
ARTHRITIS FOUNDATION-MI CHAPTER 888 W BIG BEAVER RD STE 305 TROY, MI 48084	38-1366904	501(C)(3)	27,674		N/A	N/A	COMMUNITY INVESTMENT

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AUTISM ALLIANCE OF MICHIGAN 30100 TELEGRAPH RD STE 250 BINGHAM FARMS, MI 48025	27-0472137	501(C)(3)	6,335		N/A	N/A	COMMUNITY INVESTMENT
AUTISM SOCIETY OF MICHIGAN 2178 COMMON PARKWAY OKEMOS, MI 48864	38-3034552	501(C)(3)	63,951		N/A	N/A	COMMUNITY INVESTMENT

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BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	38-1613280	501(C)(3)	228,812		N/A	N/A	COMMUNITY INVESTMENT
CAPITAL AREA UNITED WAY - MI 330 MARSHALL ST STE 203 LANSING, MI 48912	38-1363572	501(C)(3)	11,384		N/A	N/A	COMMUNITY INVESTMENT

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CARE HOUSE 44765 N WOODWARD AVE PONTIAC, MI 48341	38-2305297	501(C)(3)	31,188		N/A	N/A	COMMUNITY INVESTMENT
CATHOLIC SOCIAL SERVICES OF WAYNE COUNTY 1424 E 11 MILE RD ROYAL OAK, MI 48067	38-1554661	501(C)(3)	44,163		N/A	N/A	COMMUNITY INVESTMENT

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CATHOLIC YOUTH ORGANIZATION 305 MICHIGAN AVE DETROIT, MI 48226	38-1359504	501(C)(3)	78,708		N/A	N/A	COMMUNITY INVESTMENT
CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION 3901 BEAUBIEN DETROIT, MI 48201	38-1357994	501(C)(3)	156,747		N/A	N/A	COMMUNITY INVESTMENT

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CHILDREN'S LEUKEMIA FOUNDATION OF MICHIGAN 1421 E 12 MILE RD MADISON HGTS, MI 48071	38-1682300	501(C)(3)	119,767		N/A	N/A	COMMUNITY INVESTMENT
COMMON GROUND SANCTUARY 1410 S TELEGRAPH BLOOMFIELD HILLS, MI 48302	38-1997712	501(C)(3)	6,087		N/A	N/A	COMMUNITY INVESTMENT

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CROSSROADS FOR YOUTH 930 E DRAHNER RD OXFORD, MI 48371	38-1443363	501(C)(3)	5,883		N/A	N/A	COMMUNITY INVESTMENT
CROSSROADS OF MICHIGAN 2424 W GRAND BLVD DETROIT, MI 48208	38-2539852	501(C)(3)	7,573		N/A	N/A	COMMUNITY INVESTMENT

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DEAF COMMUNITY ADVOCACY NETWORK 2111 ORCHARD LAKE RD SYLVAN LAKE, MI 48320	38-2427067	501(C)(3)	7,425		N/A	N/A	COMMUNITY INVESTMENT
DETROIT 90-90 610 ANTOINETTE ST DETROIT, MI 48202	45-4722161	501(C)(3)	128,000		N/A	N/A	COMMUNITY INVESTMENT

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DETROIT AREA COUNCIL BOY SCOUTS OF AMERICA 1776 W WARREN AVE DETROIT, MI 48205	38-1359086	501(C)(3)	95,777		N/A	N/A	COMMUNITY INVESTMENT
DETROIT INSTITUTE FOR CHILDREN 2075 WEST MAPLE RD STE B203 COMMERCE TWP, MI 48390	38-1359511	501(C)(3)	17,760		N/A	N/A	COMMUNITY INVESTMENT

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EPILEPSY FOUNDATION OF MICHIGAN 25200 TELEGRAPH RD STE 110 SOUTHFIELD, MI 48033	38-1508581	501(C)(3)	13,894		N/A	N/A	COMMUNITY INVESTMENT
GIRL SCOUTS OF SOUTHEASTERN MICHIGAN 3011 W GRAND BLVD STE 200 DETROIT, MI 48202	38-1598947	501(C)(3)	24,083		N/A	N/A	COMMUNITY INVESTMENT

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GREATER TWIN CITIES UNITED WAY P O BOX 2949 MINNEAPOLIS, MN 55402	41-1973442	501(C)(3)	6,243		N/A	N/A	COMMUNITY INVESTMENT
HAVEN 801 VANGUARD DR PONTIAC, MI 48341	38-2426175	501(C)(3)	82,957		N/A	N/A	COMMUNITY INVESTMENT

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HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW STE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	5,719		N/A	N/A	COMMUNITY INVESTMENT
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 W MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501(C)(3)	6,007		N/A	N/A	COMMUNITY INVESTMENT

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HOMES FOR BLACK CHILDREN 511 E LARNED DETROIT, MI 48226	23-7133965	501(C)(3)	48,853		N/A	N/A	COMMUNITY INVESTMENT
JEWISH COMMUNITY CENTER OF METRO DETROIT 6600 W MAPLE RD W BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	8,548		N/A	N/A	COMMUNITY INVESTMENT

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JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 LARNED ST DETROIT, MI 48226	38-1348535	501(C)(3)	5,270		N/A	N/A	COMMUNITY INVESTMENT
JEWISH VOCATIONAL SERVICES 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501(C)(3)	9,187		N/A	N/A	COMMUNITY INVESTMENT

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LAKE ORION COMM EDUCATION 21885 DUNHAM RD STE 4 CLINTON TWP, MI 48036	38-1850908	501(C)(3)	9,076		N/A	N/A	COMMUNITY INVESTMENT
LIFE REMODELED 2470 COLLINGWOOD ST DETROIT, MI 48206	27-5020487	501(C)(3)	5,113		N/A	N/A	COMMUNITY INVESTMENT

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LIGHTHOUSE OF OAKLAND CTY 46156 WOODWARD AVE PONTIAC, MI 48342	38-3327797	501(C)(3)	29,394		N/A	N/A	COMMUNITY INVESTMENT
LIVINGSTON COUNTY UNITED WAY 2980 DORR RD BRIGHTON, MI 48116	38-2174453	501(C)(3)	71,437		N/A	N/A	COMMUNITY INVESTMENT

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SAMARITAS 8161 E JEFFERSON AVE DETROIT, MI 48214	38-1360553	501(C)(3)	27,613		N/A	N/A	COMMUNITY INVESTMENT
MENTAL HEALTH ASSOC OF MICH 30233 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358207	501(C)(3)	20,303		N/A	N/A	COMMUNITY INVESTMENT

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METHODIST CHILDREN'S HOME SOCIETY 26645 W SIX MILE RD REDFORD, MI 48240	38-1240951	501(C)(3)	21,620		N/A	N/A	COMMUNITY INVESTMENT
METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	6,463		N/A	N/A	COMMUNITY INVESTMENT

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MICHIGAN 4-H FOUNDATION 240 SPARTAN WAY EAST LANSING, MI 48824	38-1539997	501(C)(3)	6,279		N/A	N/A	COMMUNITY INVESTMENT
MICHIGAN ROUNDTABLE FOR DIVERSITY & INCLUSION 3031 W GRAND BLVD DETROIT, MI 48202	20-3122770	501(C)(3)	35,971		N/A	N/A	COMMUNITY INVESTMENT

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MILE HIGH UNITED WAY 711 PARK AVE W DENVER, CO 80205	84-0404235	501(C)(3)	5,426		N/A	N/A	COMMUNITY INVESTMENT
NATIONAL MULTIPLE SCLEROSIS SOCIETY OF MI 21311 CIVIC CENTER DR SOUTHFIELD, MI 48076	38-1410476	501(C)(3)	50,308		N/A	N/A	COMMUNITY INVESTMENT

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PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 48348	38-2370342	501(C)(3)	290,835		N/A	N/A	COMMUNITY INVESTMENT
PLYMOUTH COMMUNITY UNITED WAY PO BOX 6356 PLYMOUTH, MI 48170	23-7327248	501(C)(3)	99,061		N/A	N/A	COMMUNITY INVESTMENT

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REHABILITATION INSTITUTE OF MICHIGAN FOUNDATION 261 MACK BLVD DETROIT, MI 48201	23-7390927	501(C)(3)	5,062		N/A	N/A	COMMUNITY INVESTMENT
SICKLE CELL DISEASE OF AMERICA 18516 JAMES COUZENS DETROIT, MI 48235	38-1963640	501(C)(3)	26,576		N/A	N/A	COMMUNITY INVESTMENT

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THINK DETROIT POLICE ATHLETIC LEAGUE 1680 MICHIGAN AVE DETROIT, MI 48216	38-3314318	501(C)(3)	8,104		N/A	N/A	COMMUNITY INVESTMENT
UNITED NEGRO COLLEGE FUND INC (UNCF) 3031 W GRAND BLVD STE 531 DETROIT, MI 48202	38-1387884	501(C)(3)	75,265		N/A	N/A	COMMUNITY INVESTMENT

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UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVE BUFFALO, NY 14209	16-0743969	501(C)(3)	6,042		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF CENTRAL INDIANA 2955 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	7,003		N/A	N/A	COMMUNITY INVESTMENT

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UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202	31-0537502	501(C)(3)	9,004		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	9,146		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500 KANSAS CITY, MO 64112	44-0545812	501(C)(3)	6,519		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF GREATER ST LOUIS INC 910 N 11TH ST ST LOUIS, MO 63101	43-0714167	501(C)(3)	7,326		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO 424 JACKSON ST TOLEDO, OH 43604	15-0543356	501(C)(3)	16,847		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF GENESEE COUNTY PO BOX 949 FLINT, MI 48501	38-1359516	501(C)(3)	37,479		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HOWARD COUNTY 210 W WALNUT ST KOKOMO, IN 46901	35-0877579	501(C)(3)	22,082		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF LAPEER COUNTY 3333 JOHN CONLEY DR STE 102 LAPEER, MI 48446	38-3509445	501(C)(3)	18,945		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MONROELENAWEE COUNTIES INC 216 N MONROE ST MONROE, MI 48162	38-1437937	501(C)(3)	45,240		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PKWY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	5,049		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY ST PORT HURON, MI 48060	38-1357996	501(C)(3)	44,730		N/A	N/A	COMMUNITY INVESTMENT
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	38-1951024	501(C)(3)	199,946		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIP MENTORING 28 W ADAMS ST DETROIT, MI 48226	38-2311813	501(C)(3)	14,868		N/A	N/A	COMMUNITY INVESTMENT
WELLSPRING LUTHERAN SERVICES 3089 S US ROUTE 42 STE 1 LEBANON, OH 45036	23-7132362	501(C)(3)	33,584		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN OF TOMORROW 37580 COSGROVE WARREN, MI 48092	20-2263860	501(C)(3)	5,488		N/A	N/A	COMMUNITY INVESTMENT
COVENANT HOUSE 2959 MARTIN LUTHER KING DETROIT, MI 48208	38-3351777	501(C)(3)	12,492		N/A	N/A	COMMUNITY INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSN OF MI 4970 NORTHWIND DR STE 102 EAST LANSING, MI 48823	38-1387884	501(C)(3)	5,543		N/A	N/A	COMMUNITY INVESTMENT

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

2018

Open to Public Inspection

Name of the organization
UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number
20-3099071

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>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.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>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:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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.

Additional Data

Software ID:

Software Version:

EIN: 20-3099071

Name: UNITED WAY FOR SOUTHEASTERN MICHIGAN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TANYA HEIDELBERG-YOPP COO	(i)	310,546	0	0	11,776	5,356	327,678	0
	(ii)	0	0	0	0	0	0	0
DARIENNE DRIVER HUDSON PRESIDENT AND CEO	(i)	164,268	0	0	7,606	4,302	176,176	0
	(ii)	0	0	0	0	0	0	0
GLORIA LARKINS CFO - PARTIAL YEAR	(i)	199,981	0	0	9,999	17,286	227,266	0
	(ii)	0	0	0	0	0	0	0
TAMARA JONES VICE PRESIDENT	(i)	179,104	0	0	8,955	10,030	198,089	0
	(ii)	0	0	0	0	0	0	0
ERIC DAVIS VICE PRESIDENT	(i)	189,893	0	0	9,495	18,336	217,724	0
	(ii)	0	0	0	0	0	0	0
SUSAN E DUNCAN-MURPHY VICE PRESIDENT	(i)	205,873	0	0	9,979	19,729	235,581	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER PERRY VICE PRESIDENT	(i)	230,714	0	0	11,536	24,858	267,108	0
	(ii)	0	0	0	0	0	0	0
DONNA SATTERFIELD VICE PRESIDENT - PARTIAL YEAR	(i)	159,192	0	0	2,798	8,450	170,440	0
	(ii)	0	0	0	0	0	0	0
CLARINDA BARNETT- HARRISON DIRECTOR, ECONOMIC PROSPERITY	(i)	166,811	0	0	8,341	22,417	197,569	0
	(ii)	0	0	0	0	0	0	0
PAUL DALPIAZ SENIOR DIRECTOR, INFORMATI	(i)	135,912	0	0	6,796	18,385	161,093	0
	(ii)	0	0	0	0	0	0	0
KERRI GENTRY DIRECTOR, UW PARTNER NETWORK - PARTI	(i)	139,277	0	0	5,367	12,647	157,291	0
	(ii)	0	0	0	0	0	0	0
DENISE FLECKENSTEIN DIRECTOR, GIFT PLANNING	(i)	138,033	0	0	6,902	18,529	163,464	0
	(ii)	0	0	0	0	0	0	0
DEIRDRE YOUNG VICE PRESIDENT - PARTIAL YEAR	(i)	141,726	0	0	6,739	18,617	167,082	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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Open to Public Inspection

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 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	15,585,457	PAYMENTS FOR GRANTS AND PROGRAMS FOR INDIVIDUALS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

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	51,812	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			No
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?	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes		
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER REPORTED IS BOTH THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS CONTRIBUTED
PART I, LINE 32B	UNITED WAY FOR SOUTHEASTERN MICHIGAN USES THE SERVICES OF A BROKERAGE FIRM TO SELL DONATED SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM 990 IS REVIEWED BY STAFF INTERNALLY BEFORE FINALIZING THE 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<p>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 CONSISTENT WITH UWSEM'S MISSION - MAINTAIN A PROCESS THAT IS FREE FROM CONFLICTS OF INTEREST AND IN COMPLIANCE WITH RELEVANT REGULATIONS - ENSURE TRANSPARENCY IN ITS COMPENSATION DECISIONS GOVERNANCE & OVERSIGHT UNITED WAY FOR SOUTHEASTERN MICHIGAN'S BYLAWS PROVIDE FOR THE EXECUTIVE COMMITTEE TO DETERMINE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE COMMITTEE BASES ITS DECISIONS, IN PART, ON APPROPRIATE COMPENSATION COMPARABILITY DATA COMPARISONS ARE MADE BETWEEN UWSEM AND OTHER ORGANIZATIONS BASED ON ORGANIZATION SIZE (REVENUE, ASSETS, NUMBER OF EMPLOYEES, ETC) IN ADDITION, THE COMMITTEE UTILIZED COMPENSATION STUDIES AND OUTSIDE CONSULTANTS TO REVIEW THE CEO'S COMPENSATION THE COMMITTEE EVALUATED THE CEO'S GENERAL MANAGEMENT AND LEADERSHIP COMPETENCIES AS WELL AS THEIR PERFORMANCE AGAINST THE KEY OBJECTIVES SET AT THE BEGINNING OF THE YEAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT PROCESS HAS NOT CHANGED FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number

20-3099071

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LINKED LEARNING DETROIT L3C 600 WOODWARD AVENUE SUITE 300 DETROIT, MI 48226 35-2522123	SUPPORT AND PROMOTE EDUCATIONAL PROGRAMS	MI	0	0	UNITED WAY FOR SOUTHEASTERN MICHIGAN

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation