

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
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

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) Room/suite
3011 W GRAND BLVD SUITE 500

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

F Name and address of principal officer:
DR DARIENNE D HUDSON E
3011 W GRAND BLVD SUITE 500
DETROIT, MI 48202

G Gross receipts \$ 101,451,102

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)	3	42
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	186
6 Total number of volunteers (estimate if necessary)	6	6,995
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	62,942,406	92,741,920
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,571,129	956,123
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	862,531	1,092,625
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,376,066	94,790,668
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,782,685	52,700,684
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,688,911	13,293,254
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,259,516		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,140,005	8,028,710
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	73,611,601	74,022,648
19 Revenue less expenses. Subtract line 18 from line 12	-8,235,535	20,768,020

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	65,606,753	91,867,146
21 Total liabilities (Part X, line 26)	28,057,630	25,836,443
22 Net assets or fund balances. Subtract line 21 from line 20	37,549,123	66,030,703

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 2022-02-28

STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2022-02-28 Check if self-employed PTIN P00904574

Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951

Firm's address ▶ 3000 TOWN CENTER SUITE 100 SOUTHFIELD, MI 48075 Phone no. (248) 352-2500

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

Part III Statement of Program Service Accomplishments

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

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 \$ 11,611,981 including grants of \$ 8,241,298) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 19,051,750 including grants of \$ 15,029,760) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 18,011,000 including grants of \$ 7,186,480) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 18,213,790 including grants of \$ 22,243,146) (Revenue \$ 781,477)
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 \$ 18,213,790 including grants of \$ 22,243,146) (Revenue \$ 781,477)

4e Total program service expenses ▶ 66,888,521

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 and backup withholding rules.

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

Table with 16 main rows and multiple sub-rows (a, b, c, etc.). Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations. Includes sub-sections 10a-10b, 11a-11b, and 13a-13c.

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 (42), 1b (42), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its 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.
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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	2,013,296	0	210,127

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **17**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRIGHTSTREET GROUP LLC 6545 TANGELWOOD DR SE GRAND RAPIDS, MI 49546	PROGRAM CONSULTING SERVICES	572,324
APEX DIGITAL SOLUTIONS 1000 TOWN CENTER DR STE 200 SOUTHFIELD, MI 48075	OUTSOURCED IT SERVICES	421,260
EARLYWORKS LLC 175 ASHLAND ST DETROIT, MI 48215	PROGRAM CONSULTING SERVICES	389,000
GRYPHON PLACE 3245 SOUTH 8TH ST KALAMAZOO, MI 49009	OUTSOURCED CALL CENTER	225,952
SYSTEMS TECHNOLOGY GROUP INC 3001 WEST BIG BEAVER RD STE 500 TROY, MI 48084	OUTSOURCED TECNOLOGY CONSULTING SERVICES	202,104

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **13**

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	12,500				
	d Related organizations	1d					
	e Government grants (contributions)	1e	18,350,175				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	74,379,245				
	g Noncash contributions included in lines 1a - 1f:\$	1g	597,802				
	h Total. Add lines 1a-1f			92,741,920			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,514,547			1,514,547	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses		6,078,658			
		7c Gain or (loss)		6,637,082			
		d Net gain or (loss)		-558,424			-558,424
	8a Gross income from fundraising events (not including \$ 12,500 of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses		334,500			
		c Net income or (loss) from fundraising events		23,352			311,148
	9a Gross income from gaming activities. See Part IV, line 19						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a OTHER FEES FOR SERVICE		900099	447,585	447,585			
b ADMIN & COST RECOVERY FEES		900099	333,892	333,892			
c							
d All other revenue							
e Total. Add lines 11a-11d			781,477				
12 Total revenue. See instructions			94,790,668	781,477	0	1,267,271	

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	44,080,074	44,080,074		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,620,610	8,620,610		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,346,446	539,984	687,319	119,143
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	9,576,562	6,447,694	1,306,228	1,822,640
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,509,305	1,140,323	309,048	59,934
10 Payroll taxes	860,941	491,487	141,471	227,983
11 Fees for services (non-employees):				
a Management				
b Legal	54,433	4,030	48,442	1,961
c Accounting	103,019	19,420	83,599	
d Lobbying	245,700		245,700	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	80,154		80,154	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,617,000	2,944,958	170,482	501,560
12 Advertising and promotion	381,888	263,482	72,909	45,497
13 Office expenses	846,962	430,381	330,128	86,453
14 Information technology				
15 Royalties				
16 Occupancy	1,029,758	657,454	187,478	184,826
17 Travel	6,778	1,597	855	4,326
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	160,525	82,647	71,520	6,358
20 Interest				
21 Payments to affiliates	766,176	719,374	12,492	34,310
22 Depreciation, depletion, and amortization	259,071	165,805	46,633	46,633
23 Insurance	63,580	34,782	11,252	17,546
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	236,205	181,868	45,281	9,056
b MISCELLANEOUS	162,116	55,369	21,000	85,747
c MEMBERSHIP DUES	15,345	7,182	2,620	5,543
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	74,022,648	66,888,521	3,874,611	3,259,516
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	22,697,193	2	18,001,943
	3 Pledges and grants receivable, net	9,588,063	3	14,148,804
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	766,079	9	831,436
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,297,672		
	b Less: accumulated depreciation	10b 3,608,680	807,563	10c 688,992
	11 Investments—publicly traded securities	30,594,066	11	56,771,894
	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	1,153,789	15	1,424,077
16 Total assets. Add lines 1 through 15 (must equal line 33)	65,606,753	16	91,867,146	
Liabilities	17 Accounts payable and accrued expenses	4,006,344	17	4,174,027
	18 Grants payable	20,199,678	18	13,585,294
	19 Deferred revenue	1,237,059	19	514,064
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	598,158	23	0
	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	2,016,391	25	7,563,058
	26 Total liabilities. Add lines 17 through 25	28,057,630	26	25,836,443
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,965,476	27	53,919,682
	28 Net assets with donor restrictions	8,583,647	28	12,111,021
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	37,549,123	32	66,030,703	
33 Total liabilities and net assets/fund balances	65,606,753	33	91,867,146	

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	94,790,668
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,022,648
3	Revenue less expenses. Subtract line 2 from line 1	3	20,768,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,549,123
5	Net unrealized gains (losses) on investments	5	6,308,194
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,405,366
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 32, column (B))	10	66,030,703

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 (2020)

Form 990, Part III, Line 4a:

EDUCATIONWE WORK TO SUPPORT LIFELONG LEARNING AND LITERACY. AS THE CLASSROOM SHIFTED TO A VIRTUAL SETTING, WE CONTINUED OUR EFFORTS TO CONNECT STUDENTS WITH TECHNOLOGY AND CLOSE THE DIGITAL DIVIDE. AND, IN A VIRTUAL WORLD, WE HOSTED VIRTUAL LITERACY RESOURCE FAIRS TO CONNECT PARENTS WITH THE SUPPORT THEY NEED TO HELP THEIR CHILDREN FROM PRE-KINDERGARTEN THROUGH 12TH GRADE.

Form 990, Part III, Line 4b:

CRISIS RELIEF & RECOVERY SINCE THE PANDEMIC BEGAN IN MARCH 2020, UNITED WAY DEDICATED ITSELF TO PROVIDING IMMEDIATE AND CRUCIAL SUPPORT TO SOUTHEASTERN MICHIGAN ORGANIZATIONS, NONPROFITS, SCHOOLS AND CHILD CARE FACILITIES. WITH THE SUPPORT OF DOZENS OF CORPORATE AND FOUNDATION PARTNERS, AS WELL AS INDIVIDUALS, WE LAUNCHED THE COVID-19 COMMUNITY RESPONSE FUND TO AID IN FRONT-LINE EFFORTS TO SUPPORT FAMILIES AFFECTED BY THIS CRISIS. UNITED, WE ARE COMBATTING THE NEGATIVE IMPACTS OF THE COVID-19 PANDEMIC AND RESULTING SCHOOL AND BUSINESS SHUTDOWNS.

Form 990, Part III, Line 4c:

BASIC NEEDS EVERY YEAR, UNITED WAY FUNDS AND SUPPORTS HUNDREDS OF PARTNERS THAT ENSURE FAMILIES IN OUR REGION CAN MEET THEIR MOST BASIC NEEDS LIKE FOOD, SHELTER AND HEALTH CARE. WITH ONE IN THREE MICHIGAN FAMILIES STRUGGLING TO MAKE ENDS MEET, THIS SUPPORT IS CRUCIAL.

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			
DR DARIENNE D HUDSON PRESIDENT AND CEO	50.00 0.00			X				356,327	0	17,874
CHRISTOPHER PERRY CHIEF MARKETING OFFICER	50.00 0.00			X				277,807	0	27,635
STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	50.00 0.00			X				258,688	0	25,518
TONYA ADAIR CHIEF PEOPLE, EQUITY & ENGAGEMENT OFFICER	50.00 0.00			X				244,538	0	27,160
ERIC DAVIS VP, BASIC NEEDS, HEALTH & OUTREACH	50.00 0.00				X			210,341	0	23,731
DENISE FLECKENSTEIN MAJOR GIFTS OFFICER	50.00 0.00					X		147,662	0	23,474
JEFFERY MILES SENIOR DIRECTOR, EARLY CHILDHOOD	50.00 0.00					X		143,646	0	23,391
PETER GUMBLETON SENIOR ACCOUNTING MANAGER	50.00 0.00					X		124,820	0	18,443
BRANDON LEE VP, STRATEGY & TRANSFORMATION	50.00 0.00					X		130,462	0	12,204
TAMARA BOLDEN SENIOR DIRECTOR, CALL CENTER OPERATIONS	50.00 0.00					X		119,005	0	10,697

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 0.00	X		X				0	0	0
MARK PETROFF IMMEDIATE PAST CHAIR	1.00 0.00	X		X				0	0	0
MARK STIERS VICE CHAIR	3.00 0.00	X		X				0	0	0
ELIZABETH ALVAREZ TREASURER	3.00 0.00	X		X				0	0	0
LYNDA ROSSI SECRETARY	3.00 0.00	X		X				0	0	0
TONYA ALLEN RESIGNED 21221 DIRECTOR - PART YEAR	1.00 0.00	X						0	0	0
WENDELL ANTHONY DIRECTOR	1.00 0.00	X						0	0	0
CHUCK BROWING DIRECTOR	1.00 0.00	X						0	0	0
JOHN CASSIDY DIRECTOR	1.00 0.00	X						0	0	0
WANDA COOK-ROBINSON 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			
JEFF DONOFRIO DIRECTOR	1.00 0.00	X						0	0	0
MARIA DWYER DIRECTOR	1.00 0.00	X						0	0	0
ANDREW ECHT DIRECTOR	1.00 0.00	X						0	0	0
BILL EMERSON DIRECTOR	1.00 0.00	X						0	0	0
LUANNE EWALD DIRECTOR	1.00 0.00	X						0	0	0
SAM FOGLEMAN DIRECTOR	1.00 0.00	X						0	0	0
SCOTT GARBERDING DIRECTOR	1.00 0.00	X						0	0	0
PANCHO HALL DIRECTOR	1.00 0.00	X						0	0	0
IAN HOGAN DIRECTOR	1.00 0.00	X						0	0	0
JOCELYN HOWARD 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			
KELLE ILITCH 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
GARY JOHNSON DIRECTOR	1.00 0.00	X						0	0	0
HARRY KEMP DIRECTOR	1.00 0.00	X						0	0	0
DEBORAH MACON DIRECTOR	1.00 0.00	X						0	0	0
ALYCIA MERIWEATHER DIRECTOR	1.00 0.00	X						0	0	0
MARK MORENO DIRECTOR	1.00 0.00	X						0	0	0
FAYE NELSON DIRECTOR	1.00 0.00	X						0	0	0
DARYL NEWMAN 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			
DAVID PARENT DIRECTOR	1.00 0.00	X						0	0	0
CINDY PASKY DIRECTOR	1.00 0.00	X						0	0	0
ORA PESCOVITZ 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
JOHN RAKOLTA III DIRECTOR	1.00 0.00	X						0	0	0
ANGELA REYES DIRECTOR	1.00 0.00	X						0	0	0
TERRY RHADIGAN DIRECTOR	1.00 0.00	X						0	0	0
JIM ROBINSON DIRECTOR	1.00 0.00	X						0	0	0
MELISSA ROY 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			
ED SIAJE DIRECTOR	1.00 0.00	X						0	0	0
KRISTIN SMALLWOOD DIRECTOR	1.00 0.00	X						0	0	0
KEN WHIPPLE DIRECTOR	1.00 0.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047
2020
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	55,681,483	58,854,983	58,451,324	62,942,406	92,741,920	328,672,116
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	55,681,483	58,854,983	58,451,324	62,942,406	92,741,920	328,672,116
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). . .						46,756,520
6	Public support. Subtract line 5 from line 4.						281,915,596

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	55,681,483	58,854,983	58,451,324	62,942,406	92,741,920	328,672,116
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	910,190	1,217,278	1,431,816	1,853,936	1,514,547	6,927,767
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.). . .	3,395,599	413,738		145,575	334,500	4,289,412
11	Total support. Add lines 7 through 10						339,889,295
12	Gross receipts from related activities, etc. (see instructions)					12	3,384,003

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	82.940 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	81.670 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

2020
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
--	--

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

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

226,700	
19,000	
245,700	
66,642,821	
66,888,521	
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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -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?

250,000	
0	
0	

Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	140,750	143,100	140,500	245,700	670,050
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	77,050	61,600	107,200	226,700	472,550

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number 20-3099071

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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:
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,237,672	25,172,600	24,260,078	22,888,734	20,864,474
b Contributions					
c Net investment earnings, gains, and losses	7,104,471	-34,928	942,579	1,418,260	2,087,777
d Grants or scholarships					
e Other expenditures for facilities and programs	710,000	1,900,000			
f Administrative expenses	493,853		30,057	46,916	63,517
g End of year balance	29,138,290	23,237,672	25,172,600	24,260,078	22,888,734

- 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** Term endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

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

- 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	62,075	230,564
d Equipment		4,005,033	3,546,605	458,428
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				688,992

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE - UNDISTRIBUTED PLEDGES	7,563,058
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,563,058

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	95,298,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,308,194	
b	Donated services and use of facilities	2b	1,985,173	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 8,293,367
3	Subtract line 2e from line 1			3 87,005,090
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	7,785,578	
c	Add lines 4a and 4b			4c 7,785,578
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 94,790,668

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

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

1	Total expenses and losses per audited financial statements		1	68,222,243
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,985,173	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 1,985,173
3	Subtract line 2e from line 1			3 66,237,070
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	7,785,578	
c	Add lines 4a and 4b			4c 7,785,578
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 74,022,648

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 80,154. ON BEHALF OF ITS DONORS, UWSEM PROCESSED D ESIGNATIONS TO OTHER NON PROFIT ORGANIZATIONS 7,705,424.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES INCLUDED IN REVENUE 80,154. ON BEHALF OF ITS DONORS, UWSEM PROCESSED DESIGNATIONS TO OTHER NON PROFIT ORGANIZATIONS 7,705,424.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FORD GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	347,000			347,000
2	Less: Contributions	12,500			12,500
3	Gross income (line 1 minus line 2)	334,500			334,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,835			4,835
	6 Rent/facility costs	8,120			8,120
	7 Food and beverages	6,993			6,993
	8 Entertainment				
	9 Other direct expenses	3,404			3,404
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,352
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				311,148

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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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

2020

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.

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 noncash 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. 236
3 Enter total number of other organizations listed in the line 1 table. 0

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	45	101,294		N/A	N/A
(2) SCHOLORSHIP PROGRAM	3	3,000		N/A	N/A
(3) LSP PROGRAM-UTILITY ASSISTANCE	8691	8,516,316		N/A	N/A
(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
482 FORWARD 1211 TRUMBULL ST DETROIT, MI 48216	47-3537426	501(C)3	50,000		N/A	N/A	GRANT
ABIGAYLE MINISTRIES 12313 NINETEEN MILE RD STERLING HEIGHTS, MI 48313	38-3365877	501(C)3	20,000		N/A	N/A	GRANT

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
ACCENT PONTIAC 32666 OLD POST RD BEVERLY HILL, MI 48025	81-4608180	501(C)3	25,000		N/A	N/A	GRANT
ACCOUNTING AID SOCIETY 3031 W GRAND BLVD STE 470 DETROIT, MI 48202	23-7310753	501(C)3	322,500		N/A	N/A	GRANT

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
ALKEBU LAN VILLAGE 7701 HARPER AVENUE DETROIT, MI 48213	38-3073923	501(C)3	72,000		N/A	N/A	GRANT
ALL THINGS WOMEN INC 20304 ANGLING LIVONIA, MI 48152	82-4973764	501(C)3	30,000		N/A	N/A	GRANT

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
ALLIANCE FOR HOUSING OAKLAND COUNTY 1 N SAGINAW SUITE 208 PONTIAC, MI 48342	46-1549875	501(C)3	100,000		N/A	N/A	GRANT
ALTERNATIVES FOR GIRLS 903 W GRAND BLVD DETROIT, MI 48208	38-2766412	501(C)3	149,065		N/A	N/A	GRANT

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
AMERICAN ARAB CHAMBER OF COMMERCE 12740 W WARREN STE 300 DEARBORN, MI 48126	38-3057964	501(C)3	50,000		N/A	N/A	GRANT
AMERICAN RED CROSS OF SE MICHIGAN 7800 W OUTER DR SUITE 205 DETROIT, MI 48235	53-0196605	501(C)3	130,000		N/A	N/A	GRANT

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 COMMUNITY CENTER FOR ECON & SOCIAL SCVS 2651 SAULINO CT DEARBORN, MI 48120	23-7444497	501(C)3	690,628		N/A	N/A	GRANT
ARC OF NW WAYNE COUNTY 26049 FIVE MILE ROAD REDFORD, MI 48239	38-6056677	501(C)3	25,000		N/A	N/A	GRANT

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
AREA AGENCY ON AGING 1-B 29100 NORTHWESTERN HWY STE 400 SOUTHFIELD, MI 48034	38-2729505	501(C)3	100,000		N/A	N/A	GRANT
ARK OF DELIVERANCE CHURCH 5440 TIREMAN AVE DETROIT, MI 48204	38-6099694	501(C)3	10,000		N/A	N/A	GRANT

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

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ATLANTIC IMPACT PO BOX 32035 DETROIT, MI 48232	27-4688366	501(C)3	20,000		N/A	N/A	GRANT
BALDWIN CENTER THE PO BOX 420700 PONTIAC, MI 483420700	20-3890194	501(C)3	25,000		N/A	N/A	GRANT

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 DETROIT, MI 48202	38-6112533	501(C)3	50,000		N/A	N/A	GRANT
BIG GREEN 1637 PEARL ST UNIT 201 BOULDER, CO 80302	27-5083595	501(C)3	25,000		N/A	N/A	GRANT

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
BLACK FAMILY DEVELOPMENT INC 2995 E GRAND BLVD DETROIT, MI 48202	38-2248479	501(C)3	190,721		N/A	N/A	GRANT
BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN 26777 HALSTEAD RD STE 100 FARMINGTON HILLS, MI 48331	38-1387123	501(C)3	62,000		N/A	N/A	GRANT

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
BRIDGING COMMUNITIES INC 6900 MCGRAW DETROIT, MI 48210	38-3434841	501(C)3	155,000		N/A	N/A	GRANT
BRILLIANT DETROIT 5675 LARKINS STREET DETROIT, MI 48210	47-3446334	501(C)3	253,550		N/A	N/A	GRANT

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

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CALEBS KIDS 22200 W ELEVEN MILE RD 3663 SOUTHFIELD, MI 48037	82-1699542	501(C)3	25,000		N/A	N/A	GRANT
CAMP CASEY CORPORATION 25882 ORCHARD LAKE SUITE 207 FARMINGTON HILLS, MI 48336	43-2058251	501(C)3	87,310		N/A	N/A	GRANT

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
CAPSTONE ACADEMY CHARTER SCHOOL 3500 JOHN R DETROIT, MI 48201	46-0648793	501(C)3	22,400		N/A	N/A	GRANT
CARE OF SOUTHEASTERN MICHIGAN 31900 UTICA RD FRASER, MI 48026	38-2175274	501(C)3	150,000		N/A	N/A	GRANT

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

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CASS COMMUNITY SOCIAL SERVICES 11745 ROSA PARKS BLVD DETROIT, MI 48220	38-3429921	501(C)3	25,000		N/A	N/A	GRANT
C-ASSIST 24513 FORD ROAD DEARBORN, MI 48128	81-3386484	501(C)3	20,000		N/A	N/A	GRANT

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	170,000		N/A	N/A	GRANT
CENTER FOR EMPLOYMENT OPPORTUNITIES INC 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	13-3843322	501(C)3	20,000		N/A	N/A	GRANT

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

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CENTER FOR SUCCESS NETWORK 1600 EAST GRAND BLVD DETROIT, MI 48211	46-3792734	501(C)3	202,000		N/A	N/A	GRANT
CESAR CHAVEZ ACADEMY 1761 WATERMAN ST DETROIT, MI 48209	38-3306380	501(C)3	173,000		N/A	N/A	GRANT

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

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CHALDEAN AMERICAN LADIES OF CHARITY 2033 AUSTIN DRIVE TROY, MI 48083	38-2336363	501(C)3	25,000		N/A	N/A	GRANT
CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)3	25,000		N/A	N/A	GRANT

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

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CHALKBEAT INC 1250 BROADWAY NEW YORK, NY 10001	90-9015846	501(C)3	12,000		N/A	N/A	GRANT
CHILD CARE NETWORK WASHTENAW 4 C 3941 RESEARCH PARK DRIVE SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)3	983,615		N/A	N/A	GRANT

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

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CHILDREN'S CENTER OF WAYNE COUNTY INC 79 W ALEXANDRINE ST DETROIT, MI 48201	38-1359505	501(C)3	25,000		N/A	N/A	GRANT
CITY COVENANT CHURCH 13624 STOUT DETROIT, MI 48223	35-2369948	501(C)3	20,000		N/A	N/A	GRANT

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
CITY OF DETROIT 2 WOODWARD AVENUE DETROIT, MI 48226	38-6004606	GOVERNMENTAL	66,000		N/A	N/A	GRANT
CLEARY UNIVERSITY 3750 CLEARY DRIVE HOWELL, MI 48843	38-1393841	501(C)3	52,000		N/A	N/A	GRANT

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	140,000		N/A	N/A	GRANT
COMMUNITIES IN SCHOOLS OF MICHIGAN INC 721 N CAPITOL SUITE 100 LANSING, MI 48906	45-3736821	501(C)3	44,920		N/A	N/A	GRANT

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 & HOME SUPPORTS 2111 WOODWARD AVE STE 608 DETROIT, MI 48201	26-3365037	501(C)3	25,000		N/A	N/A	GRANT
COMMUNITY DEVELOPMENT ADVOCATES OF DETROIT 440 BURROUGHS ST STE 201 DETROIT, MI 48202	38-3465670	501(C)3	30,000		N/A	N/A	GRANT

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 HOUSING NETWORK 570 KIRTS BLVD STE 231 TROY, MI 48084	38-3372734	501(C)3	100,000		N/A	N/A	GRANT
COMPASSIONATE SENIOR CARE SERVICES INC 2499 LONGFELLOW ST DETROIT, MI 48206	46-5265687	501(C)3	15,000		N/A	N/A	GRANT

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
CONGREGATION BETH CHABAD 14100 W NINE MILE RD OAK PARK, MI 48237	38-2288004	501(C)3	20,000		N/A	N/A	GRANT
CONGREGATION BETH CHABAD OF GREATER DOWNTOWN DETROIT 278 MACK AVE DETROIT, MI 48201	46-3290012	501(C)3	15,000		N/A	N/A	GRANT

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
CORNERSTONE EDUCATION GROUP 306 E 4TH STREET ROYAL OAK, MI 48067	27-0634528	501(C)3	101,400		N/A	N/A	GRANT
COVENANT HOUSE ACADEMY DETROIT 1450 25TH DETROIT, MI 48216	30-0334703	501(C)3	109,000		N/A	N/A	GRANT

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

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COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)3	25,000		N/A	N/A	GRANT
CROWN OF GLORY INTERNATIONAL MINISTRIES 9270 WYOMING AVE DETROIT, MI 48204	20-0265980	501(C)3	7,000		N/A	N/A	GRANT

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

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DABO-DETROIT ASSOC OF BLACK ORGANIZATIONS INC 12048 GRAND RIVER AVE DETROIT, MI 48204	47-3081843	501(C)3	197,300		N/A	N/A	GRANT
DETROIT 90-90 610 ANTOINETTE ST DETROIT, MI 48202	45-4722161	501(C)3	380,600		N/A	N/A	GRANT

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

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DETROIT ACHIEVEMENT 7000 W OUTER DRIVE DETROIT, MI 48235	46-1938618	501(C)3	24,000		N/A	N/A	GRANT
DETROIT AREA AGENCY ON AGING 1333 BREWERY PARK BLVD STE 200 DETROIT, MI 48207	38-2320421	501(C)3	150,000		N/A	N/A	GRANT

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

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DETROIT CHRISTO REY HIGH SCHOOL 5679 W VERNOR HWY DETROIT, MI 48209	26-3176934	501(C)3	50,000		N/A	N/A	GRANT
DETROIT COMMUNITY SCHOOLS A PUBLIC SCHOOL ACADEMY 12675 BURT ROAD DETROIT, MI 48223	38-3342949	GOVERNMENTAL	76,200		N/A	N/A	GRANT

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 EAST MEDICAL CONTROL AUTHORITY INC 10200 ERWIN DETROIT, MI 48234	61-1694870	501(C)3	20,000		N/A	N/A	GRANT
DETROIT EDISON PUBLIC SCHOOL ACADEMY 1903 WILKINS DETROIT, MI 48207	38-3417883	501(C)3	241,800		N/A	N/A	GRANT

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DETROIT EMPLOYMENT SOLUTIONS CORPORATION 115 ERSKINE 2ND FLOOR DETROIT, MI 48201	38-3353746	501(C)3	801,645		N/A	N/A	GRANT
DETROIT FAMILY HOME INC 17356 W 12 MILE RD STE 202 SOUTHFIELD, MI 48076	47-4310178	501(C)3	20,000		N/A	N/A	GRANT

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DETROIT FRIENDSHIP HOUSE 9540 CONANT HAMTRAMCK, MI 48212	38-2023758	501(C)3	20,000		N/A	N/A	GRANT
DETROIT HISPANIC DEVELOPMENT 1211 TRUMBULL AVE DETROIT, MI 48216	38-3355698	501(C)3	50,000		N/A	N/A	GRANT

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DETROIT IMPACT INC 9930 GREENFIELD DETROIT, MI 48227	38-3063817	501(C)3	60,000		N/A	N/A	GRANT
DETROIT PUBLIC SAFETY ACADEMY 1250 ROSA PARKS BLVD DETROIT, MI 48216	46-1113336	501(C)3	50,800		N/A	N/A	GRANT

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DETROIT PUBLIC SAFETY FOUNDATION 1301 THIRD SUITE 548 DETROIT, MI 48236	30-0056848	501(C)3	45,000		N/A	N/A	GRANT
DETROIT PUBLIC SCHOOLS FOUNDATION 3011 W GRAND BLVD STE 1004 DETROIT, MI 48202	30-0135450	501(C)3	130,000		N/A	N/A	GRANT

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DETROIT REVIVAL ENGAGING AMERICAN MUSLIMS PO BOX 38152 DETROIT, MI 48238	46-4246696	501(C)3	10,000		N/A	N/A	GRANT
DEVELOPING KIDS 19321 W CHICAGO ST 107 DETROIT, MI 48228	01-0893642	501(C)3	25,000		N/A	N/A	GRANT

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

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DIVERSIFIED COMMUNITY SERVICES 28231 PEPPERMILL RD FARMINGTON HILLS, MI 48331	47-4907105	501(C)3	251,791		N/A	N/A	GRANT
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HWY DETROIT, MI 48207	27-5106242	501(C)3	55,000		N/A	N/A	GRANT

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EBENEZER COMMUNITY AND CULTURAL CENTER 5151 W CHICAGO BLVD DETROIT, MI 48204	90-0601443	501(C)3	10,000		N/A	N/A	GRANT
ECOWORKS 4835 MICHIGAN AVE DETROIT, MI 48210	38-2412482	501(C)3	269,980		N/A	N/A	GRANT

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ENNIS CENTER FOR CHILDREN INC 129 E THIRD STREET FLINT, MI 48502	38-2222428	501(C)3	20,000		N/A	N/A	GRANT
ENTERPRISE COMMUNITY PARTNERS 70 CORPORATE CENTER COLUMBIA, MD 21044	52-1231931	501(C)3	111,100		N/A	N/A	GRANT

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EQUITY EDUCATION 13600 VIRGIL STREET DETROIT, MI 48223	46-3626223	501(C)3	67,000		N/A	N/A	GRANT
EXCELLENT SCHOOLS DETROIT 18100 MEYERS RD UPPER LEVEL DETROIT, MI 48201	27-4616034	501(C)3	180,000		N/A	N/A	GRANT

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FAIR FOOD NETWORK 1250 NORTH MAIN ST ANN ARBOR, MI 48104	26-4143394	501(C)3	100,000		N/A	N/A	GRANT
FAMILY ASSISTANCE FOR RENAISSANCE MEN 8701 GRAND RIVER 173 DETROIT, MI 48223	37-1738498	501(C)3	15,000		N/A	N/A	GRANT

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FELLOWSHIP CHAPEL 7707 W OUTER DRIVE DETROIT, MI 48235	38-1841992	501(C)3	71,600		N/A	N/A	GRANT
FENKELL GOSPEL TEMPLE 2600 FENKELL AVE DETROIT, MI 48238	38-3784992	501(C)3	10,000		N/A	N/A	GRANT

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FERN CARE FREE CLINIC INC 751 E NINE MILE RD SUITE 2 FERNDALE, MI 48220	32-0246843	501(C)3	25,000		N/A	N/A	GRANT
FII-NATIONAL 663 13TH ST SUITE 200 OAKLAND, CA 94612	02-0784790	501(C)3	4,964,124		N/A	N/A	GRANT

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FIRST STEP 44567 PINETREE DR PLYMOUTH, MI 48170	38-2208980	501(C)3	50,000		N/A	N/A	GRANT
FISH & LOAVES COMMUNITY FOOD PANTRY 25670 NORTHLINE RD TAYLOR, MI 48180	20-5865585	501(C)3	75,000		N/A	N/A	GRANT

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FOCUS HOPE 1200 OAKMAN BLVD DETROIT, MI 48238	38-1948285	501(C)3	715,000		N/A	N/A	GRANT
FOCUS NORTH AMERICA 600 N BELL AVE STE 115 CARNEGIE, PA 15106	26-4427803	501(C)3	10,000		N/A	N/A	GRANT

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FOR THE SEVENTH GENERATION 5555 CONNOR STREET 62 DETROIT, MI 48213	82-1210877	501(C)3	10,000		N/A	N/A	GRANT
FORGOTTEN HARVEST 21800 GREENFIELD RD OAK PARK, MI 48237	38-2926476	501(C)3	350,000		N/A	N/A	GRANT

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FORT STREET PRESBYTERIAN CHURCH OF DETROIT 631 W FORT STREET DETROIT, MI 48226	38-1369602	501(C)3	10,000		N/A	N/A	GRANT
FRANKLIN WRIGHT SETTLEMENTS 3360 CHARLEVOIX AVE DETROIT, MI 48207	38-1845857	501(C)3	309,625		N/A	N/A	GRANT

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FRATERNITE NOTRE DAME 13640 VAN DYKE AVE DETROIT, MI 48234	13-3600714	501(C)3	20,000		N/A	N/A	GRANT
FRIENDS OF THE CHILDREN 7375 WOODWARD AVE DETROIT, MI 48202	82-1577991	501(C)3	25,000		N/A	N/A	GRANT

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FRONTIER INTERNATIONAL ACADEMY 13200 CONANT ST DETROIT, MI 48212	20-1277970	501(C)3	60,000		N/A	N/A	GRANT
FURNITURE BANK OF SOUTHEASTERN MI 333 NORTH PERRY PONTIAC, MI 48342	38-1914651	501(C)3	75,000		N/A	N/A	GRANT

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GIRL SCOUTS OF SOUTHEASTERN MICHIGAN 42800 GARFIELD RD CHARTER TWP OF CLINTON, MI 48038	38-1598947	501(C)3	25,000		N/A	N/A	GRANT
GLEANERS COMMUNITY FOOD BANK OF SOUTHEAST MICHIGAN 2131 BEAUFIT ST DETROIT, MI 48207	38-2156255	501(C)3	421,500		N/A	N/A	GRANT

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GOD LAND UNITY CHURCH 22450 SCHOOLCRAFT DETROIT, MI 48223	38-3260389	501(C)3	10,000		N/A	N/A	GRANT
GOODWILL INDUSTRIES OF GREATER DET 3111 GRAND RIVER AVE DETROIT, MI 48208	38-1362823	501(C)3	80,000		N/A	N/A	GRANT

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GREAT FAITH MINISTRIES 10735 GRAND RIVER AVE DETROIT, MI 48204	38-2976411	501(C)3	20,000		N/A	N/A	GRANT
GREATER GRACE TEMPLE 23500 W SEVEN MILE RD DETROIT, MI 48219	38-2994871	501(C)3	20,000		N/A	N/A	GRANT

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GREATER PENTECOSTAL TEMPLE 15932 E WARREN DETROIT, MI 48224	80-0809499	501(C)3	51,600		N/A	N/A	GRANT
GREATER SOUTHERN BAPTIST CHURCH 8000 FULLERTON AVE DETROIT, MI 48238	38-3020874	501(C)3	10,000		N/A	N/A	GRANT

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GREEN LIVING SCIENCE 1331 HOLDEN STREET DETROIT, MI 48202	27-4304259	501(C)3	10,000		N/A	N/A	GRANT
GROWTH WORKS INC 271 SOUTH MAIN STREET PLYMOUTH, MI 48170	38-2036653	501(C)3	20,000		N/A	N/A	GRANT

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HABITAT FOR HUMANITY OF OAKLAND COUNTY INC 150 OSMUN ST PONTIAC, MI 48342	38-3244099	501(C)3	200,000		N/A	N/A	GRANT
HAMLETT TEMPLE CENTRAL METHODIST EPISCOPAL CHURCH 13600 WYOMING AVE DETROIT, MI 48238	80-0244300	501(C)3	7,000		N/A	N/A	GRANT

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HATCH DETROIT 440 BURROUGHS ST 173 DETROIT, MI 48202	45-2450389	501(C)3	20,000		N/A	N/A	GRANT
HAVEN 801 VANGUARD DR PONTIAC, MI 48343	38-2426175	501(C)3	150,000		N/A	N/A	GRANT

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HAZEL PARK SCHOOLS 1620 EAST ELZA AVE HAZEL PARK, MI 48030	38-6003088	GOVERNMENTAL	225,000		N/A	N/A	GRANT
HEALTHY KIDZ R US ATHLETIC LEAGUE 10301 W SEVEN MILE DETROIT, MI 48221	20-3347549	501(C)3	52,000		N/A	N/A	GRANT

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HERE TO HELP FOUNDATION 25866 SALEM ROAD HUNTINGTON WOODS, MI 48070	20-8057969	501(C)3	145,000		N/A	N/A	GRANT
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD SUITE 101 DETROIT, MI 48201	38-3315978	501(C)3	100,000		N/A	N/A	GRANT

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HOMESTART 105 CHAUNCY ST BOSTON, MA 02111	04-3311270	501(C)3	20,000		N/A	N/A	GRANT
HOPE HOSPITALITY & WARMING CENTER 249 BALDWIN AVE PONTIAC, MI 48342	38-3571989	501(C)3	88,200		N/A	N/A	GRANT

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HOSPITALITY HOUSE 2075 E WEST MAPLE RD STE B204 COMMERCE TWP, MI 48390	38-3635226	501(C)3	25,000		N/A	N/A	GRANT
INDEPENDENT BUSINESS ASSOC DETROIT 19410 LIVERNOIS AVE DETROIT, MI 48221	27-2608310	501(C)3	20,000		N/A	N/A	GRANT

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INNER CITY YOUTH GROUP 5555 CONNER ST STE 3237 DETROIT, MI 48213	26-4720264	501(C)3	10,000		N/A	N/A	GRANT
INTERNATIONAL INSTITUTE OF METRO DETROIT INC 111 E KIRBY DETROIT, MI 482024003	38-1358200	501(C)3	100,000		N/A	N/A	GRANT

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ISLAMIC INSTITUTE OF KNOWLEDGE 6345 SCHAEFER DEARBORN, MI 48126	38-2414342	501(C)3	20,000		N/A	N/A	GRANT
J DREW SHEARD MINISTRY 14190 SCHAEFER HWY DETROIT, MI 48235	27-5140671	501(C)3	20,000		N/A	N/A	GRANT

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JEWISH FAMILY SERVICE OF METRO 6555 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	38-0691329	501(C)3	85,000		N/A	N/A	GRANT
JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORP 18917 JOY ROAD DETROIT, MI 48228	38-3622930	501(C)3	20,000		N/A	N/A	GRANT

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JSL (JEWISH SENIOR LIFE) FOUNDATION 15000 W TEN MILE RD OAK PARK, MI 48237	38-2693397	501(C)3	550,580		N/A	N/A	GRANT
JUNIOR ACHIEVEMENT OF SE MICHIGAN 577 EAST LARNED STREET DETROIT, MI 48226	38-1348535	501(C)3	25,000		N/A	N/A	GRANT

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KEN'S KREW INC PO BOX 174 WAYNE, PA 19087	23-2965789	501(C)3	20,000		N/A	N/A	GRANT
LFE LEADERS INC 420 LEXINGTON AVE SUITE 250 NEW YORK, NY 10170	83-2198567	501(C)3	15,000		N/A	N/A	GRANT

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LACASA CENTER 2895 W GRAND RIVER AVE HOWELL, MI 48843	38-2370824	501(C)3	10,000		N/A	N/A	GRANT
LAHC-LEADERS ADVANCING AND HELPING COMMUNITIES 5275 KENILWORTH DEARBORN, MI 48126	38-3081799	501(C)3	25,000		N/A	N/A	GRANT

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LAKERIDGE VILLAGE INC 15941 FAIRFIELD ST DETROIT, MI 48238	20-4986314	501(C)3	10,000		N/A	N/A	GRANT
LAKESHORE LEGAL AID 32 MARKET ST MOUNT CLEMENS, MI 480435640	38-1850908	501(C)3	100,000		N/A	N/A	GRANT

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
LEAPS & BOUNDS FAMILY SERVICES 8129 PACKARD AVE WARREN, MI 48089	38-2854143	501(C)3	482,686		N/A	N/A	GRANT
LEARN FRESH EDUCATION CO 3461 RINGSBY COURT SUITE 315 DENVER, CO 80216	45-1059457	501(C)3	25,000		N/A	N/A	GRANT

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LEGAL AID & DEFENDER ASSOCIATION 613 ABBOTT STREET DETROIT, MI 48226	38-1358203	501(C)3	168,000		N/A	N/A	GRANT
LELAND COMMUNITY AFFAIRS INC 22420 FENKELL AVE DETROIT, MI 48223	38-3632312	501(C)3	15,000		N/A	N/A	GRANT

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LIBERTY TEMPLE BAPTIST CHURCH 17188 GREENFIELD RD DETROIT, MI 48235	38-2352009	501(C)3	10,000		N/A	N/A	GRANT
LIFE REMODELED PO BOX 285085 DETROIT, MI 48228	27-5020487	501(C)3	97,000		N/A	N/A	GRANT

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LIVING ARTS 8701 W VERNOR STE 301 DETROIT, MI 48209	43-1950379	501(C)3	135,000		N/A	N/A	GRANT
LIVING WATERS COMMUNITY DEVELOPMENT CORPORATION 933 WEST SEVEN MILE RD DETROIT, MI 48203	47-3005050	501(C)3	15,000		N/A	N/A	GRANT

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LOYOLA HIGH SCHOOL 15325 PINEHURST DETROIT, MI 48238	38-3107318	501(C)3	37,000		N/A	N/A	GRANT
MACOMB COMMUNITY ACTION AGENCY 21885 DUNHAM RD STE 10 CLINTON TWP, MI 48036	38-6004868	GOVERNMENTAL	252,213		N/A	N/A	GRANT

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MACOMB COUNTY ROTATING EMERGENCY SH 20415 ERIN ROSEVILLE, MI 48066	38-2842494	501(C)3	68,000		N/A	N/A	GRANT
MACOMB FAMILY SERVICES INC 124 W GATES ROMEEO, MI 48065	38-2315965	501(C)3	75,000		N/A	N/A	GRANT

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MALTA DENTAL AND MEDICAL CLINIC 31698 SOUTHVIEW ST BEVERLY HILLS, MI 48025	47-2493707	501(C)3	7,000		N/A	N/A	GRANT
MARINERS INN 445 LEPYARD ST DETROIT, MI 48201	38-2136488	501(C)3	25,000		N/A	N/A	GRANT

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

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MATH CORPS 261 E MAPLE ROAD BIRMINGHAM, MI 48009	82-4958844	501(C)3	25,000		N/A	N/A	GRANT
MATRIX HUMAN SERVICES 1400 WOODBRIDGE ST DETROIT, MI 48207	38-1358015	501(C)3	832,021		N/A	N/A	GRANT

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MERCY EDUCATION PROJECT 1450 HOWARD ST DETROIT, MI 48216	38-3209556	501(C)3	25,000		N/A	N/A	GRANT
METRO SOLUTIONS 18000 WEST NINE MILE RD SOUTHFIELD, MI 48075	20-0156511	501(C)3	52,000		N/A	N/A	GRANT

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METROPOLITAN DETROIT AFL-CIO 115 W WILLIS ST DETROIT, MI 48201	38-1587001	501(C)3	75,000		N/A	N/A	GRANT
MICHIGAN ASSOCIATION OF UNITED WAYS 330 MARSHALL ST STE 211 LANSING, MI 48912	38-1359596	501(C)3	1,707,748		N/A	N/A	GRANT

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

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MICHIGAN COLLEGE ACCESS NETWORK 200 NORTH WASHINGTON SQUARE LANSING, MI 48933	36-4619621	501(C)3	25,000		N/A	N/A	GRANT
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET LANSING, MI 48906	38-1360557	501(C)3	145,000		N/A	N/A	GRANT

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MICHIGAN UNITED 4405 WESSON ST DETROIT, MI 48210	38-3058190	501(C)3	20,000		N/A	N/A	GRANT
MIDNIGHT GOLF PROGRAM 30100 TELEGRAPH RD SUITE 47B BINGHAM FARMS, MI 48025	38-3580432	501(C)3	20,000		N/A	N/A	GRANT

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MOTHERING JUSTICE 622 WALNUT AVE ROYAL OAK, MI 48073	45-3740989	501(C)3	30,000		N/A	N/A	GRANT
MT ZION CHURCH OF DELIVERANCE 2263 S FORT STREET DETROIT, MI 48217	38-2300677	501(C)3	10,000		N/A	N/A	GRANT

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

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NATIONAL KIDNEY FOUNDATION OF MICHIGAN 1169 OAK VALLEY DR ANN ARBOR, MI 48108	38-1559941	501(C)3	209,870		N/A	N/A	GRANT
NEW PARADIGM FOR EDUCATION INC 3403 ST AUBIN DETROIT, MI 48207	27-2059007	501(C)3	62,200		N/A	N/A	GRANT

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NEW PROVIDENCE BAPTIST CHURCH 18211 PLYMOUTH DETROIT, MI 48228	38-2097515	501(C)3	20,000		N/A	N/A	GRANT
NEW ST MARK BAPTIST CHURCH 24331 W EIGHT MILE RD DETROIT, MI 48219	38-3407865	501(C)3	10,000		N/A	N/A	GRANT

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NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FL NEW YORK, NY 10004	13-3238657	501(C)3	175,000		N/A	N/A	GRANT
OAKLAND FAMILY SERVICES 114 ORCHARD LAKE RD PONTIAC, MI 48341	38-1358388	501(C)3	599,905		N/A	N/A	GRANT

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OAKLAND LITERACY COUNCIL 43700 WOODWARD AVE SUITE 20 BLOOMFIELD HILLS, MI 48302	38-2839173	501(C)3	90,000		N/A	N/A	GRANT
OAKLAND LIVINGSTON HUMAN SVD AGENCY PO BOX 430598 PONTIAC, MI 483430598	38-1785665	501(C)3	200,000		N/A	N/A	GRANT

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ONE CHURCH DETROIT 19115 W MCNICHOLS DETROIT, MI 48221	81-1836136	501(C)3	10,000		N/A	N/A	GRANT
OPERATION HOPE INC 191 PEACHTREE ST SUITE 3840 ATLANTA, GA 30303	95-4378084	501(C)3	20,000		N/A	N/A	GRANT

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OPERATION REFUGE 27717 CARLYSLE INKSTER, MI 48141	26-1752073	501(C)3	60,000		N/A	N/A	GRANT
PARTNERS 4 HEALTH 882 OAKMAN BLVD SUITE C DETROIT, MI 48238	47-1961543	501(C)3	150,000		N/A	N/A	GRANT

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PATHWAYS ACADEMY 11340 E JEFFERSON AVE DETROIT, MI 482143331	47-1965047	501(C)3	5,180		N/A	N/A	GRANT
PERFECTING COMMUNITY DEVELOPMENT CORP 7616 E NEVADA ST DETROIT, MI 48234	38-3174969	501(C)3	51,600		N/A	N/A	GRANT

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PERRY OUTREACH CENTER OF SS ANDREW & BENEDICT 2430 SOUTH BEATRICE STREET DETROIT, MI 482171631	38-1420252	501(C)3	10,000		N/A	N/A	GRANT
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)3	25,000		N/A	N/A	GRANT

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POPE FRANCIS CENTER 438 ST ANTOINE DETROIT, MI 48226	81-2516039	501(C)3	20,000		N/A	N/A	GRANT
POWER COMPANY KIDS CLUB PO BOX 432126 PONTIAC, MI 48343	20-2383454	501(C)3	20,000		N/A	N/A	GRANT

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PR KIDS 12679 LONGTIN SOUTHGATE, MI 48195	81-4145666	501(C)3	20,000		N/A	N/A	GRANT
PROJECT UNITY COMMUNITY DEVELOPMENT CORPORATION 7361 LINWOOD AVE DETROIT, MI 48206	47-2251503	501(C)3	15,000		N/A	N/A	GRANT

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PURE HEART FOUNDATION 13500 E MCNICHOLS DETROIT, MI 48205	45-2164800	501(C)3	25,000		N/A	N/A	GRANT
RACQUET UP DETROIT PO BOX 11404 DETROIT, MI 48211	27-2620275	501(C)3	25,000		N/A	N/A	GRANT

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REDFORD INTERFAITH RELIEF 18499 BEECH DALY RD REDFORD, MI 482401804	38-3390350	501(C)3	25,000		N/A	N/A	GRANT
REGENTS OF UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER S STATE STREET, MI 48211	38-6006309	501(C)3	300,000		N/A	N/A	GRANT

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RHEMA CHURCH OF THE LIVING GOD LLC 4719 CADIEUX RD DETROIT, MI 48224	38-2884861	501(C)3	10,000		N/A	N/A	GRANT
RIVER ROUGE SCHOOL DISTRICT 1460 W COOLIDGE HWY RIVER ROUGE, MI 48218	38-6004161	GOVERNMENTAL	225,000		N/A	N/A	GRANT

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RUTH ELLIS CENTER 77 VICTOR ST HIGHLAND PARK, MI 48203	38-3501697	501(C)3	78,000		N/A	N/A	GRANT
SALVATION ARMY EASTERN MICHIGAN DIVISIONAL HQT 16130 NORTHLAND DR SOUTHFIELD, MI 48075	38-1370971	501(C)3	150,000		N/A	N/A	GRANT

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SAVE A GIRL SAVE A WORLD 19702 FLEETWOOD DRIVE HARPER WOODS, MI 48225	46-3680673	501(C)3	10,000		N/A	N/A	GRANT
SCHOOL DISTRICT OF THE CITY OF PONTIAC 47200 WOODWARD AVE PONTIAC, MI 48342	38-6003035	GOVERNMENTAL	475,000		N/A	N/A	GRANT

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SECOND EBENEZER BAPTIST CHURCH 14601 DEQUINDRE RD DETROIT, MI 48212	23-7294577	501(C)3	71,600		N/A	N/A	GRANT
SENIORS IN MOTION 20433 GARDENDALE DETROIT, MI 48221	47-5146371	501(C)3	20,000		N/A	N/A	GRANT

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SER METRO DETROIT FOR JOB PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 48210	38-2080820	501(C)3	385,000		N/A	N/A	GRANT
SHARON MISSIONARY BAPTIST CHURCH 3532 ROSA PARKS DETROIT, MI 48208	38-3349348	501(C)3	7,000		N/A	N/A	GRANT

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SINAI-GRACE GUILD COMMUNITY DEVELOPMENT CORP 6071 W OUTER DR STE L145 DETROIT, MI 48235	38-6092104	501(C)3	20,000		N/A	N/A	GRANT
SOCIETY OF ST VINCENT DE PAUL 4329 CENTRAL ST DETROIT, MI 48210	38-1359592	501(C)3	18,000		N/A	N/A	GRANT

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SON OF DAVID MINISTRIES 6100 14TH STREET DETROIT, MI 48208	45-3519169	501(C)3	51,600		N/A	N/A	GRANT
SOUTH OAKLAND SHELTER 46156 WOODWARD AVE PONTIAC, MI 48243	38-2847849	501(C)3	250,000		N/A	N/A	GRANT

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SOUTHEAST MICHIGAN COMMUNITY ALLIANCE INC 25363 EUREKA TAYLOR, MI 48180	38-2675191	501(C)3	25,000		N/A	N/A	GRANT
SOUTHEAST MICHIGAN SENIOR REGIONAL COLLABORATIVE 6900 MCGRAW AVE DETROIT, MI 48210	81-3546780	501(C)3	90,000		N/A	N/A	GRANT

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SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION 3011 W GRAND BLVD STE 200 DETROIT, MI 48202	38-1671500	501(C)3	20,000		N/A	N/A	GRANT
SOUTHFIELD PUBLIC SCHOOLS 24661 LAHSER ROAD SOUTHFIELD, MI 48033	38-6003094	GOVERNMENTAL	320,063		N/A	N/A	GRANT

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SOUTHWEST COUNSELING SOLUTIONS INC 5716 MICHIGAN AVE DETROIT, MI 48210	38-2042021	501(C)3	100,000		N/A	N/A	GRANT
SOUTHWEST DETROIT COMMUNITY JUSTICE CENTER 2026 LAWDALE DETROIT, MI 48209	46-2780452	501(C)3	25,000		N/A	N/A	GRANT

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SOUTHWEST DETROIT ENVIRONMENTAL VISION 2525 CLARK ST DETROIT, MI 482091337	38-3068006	501(C)3	20,000		N/A	N/A	GRANT
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY DETROIT, MI 48216	46-2252476	501(C)3	225,000		N/A	N/A	GRANT

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SPECTRUM HUMAN SERVICES (OP ABLE) 4750 WOODWARD 201 DETROIT, MI 48201	51-0154248	501(C)3	100,000		N/A	N/A	GRANT
SPIRITUAL ISRAEL COMMUNITY OUTREACH PROGRAM 2727 SECOND AVE STE 108 DETROIT, MI 48235	38-3362593	501(C)3	10,000		N/A	N/A	GRANT

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
ST JOHN THE GREAT CATHEDRAL BAPTIST CHURCH 16101 SCHAEFER HWY DETROIT, MI 48235	38-3464691	501(C)3	10,000		N/A	N/A	GRANT
ST PATRICK SENIOR CENTER INC 58 PARSONS DETROIT, MI 48201	38-2953534	501(C)3	25,000		N/A	N/A	GRANT

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
ST ALOYSIUS NEIGHBORHOOD SERVICES 1234 WASHINGTON BLVD DETROIT, MI 48226	80-0623179	501(C)3	10,000		N/A	N/A	GRANT
ST SUZANNE CODY ROUGE COMMUNITY RESOURCE CTR 19321 WEST CHICAGO DETROIT, MI 48228	38-1359292	501(C)3	104,000		N/A	N/A	GRANT

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
STARFISH FAMILY SERVICES 30000 HIVELEY INKSTER, MI 48141	38-2230416	501(C)3	100,000		N/A	N/A	GRANT
STRAIGHT GATE INTERNATIONAL CHURCH 10100 GRAND RIVER AVE DETROIT, MI 48204	38-2311012	501(C)3	20,000		N/A	N/A	GRANT

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
TEACH FOR AMERICA 1938 FRANKLIN ST SUITE 111 DETROIT, MI 48207	13-3541913	501(C)3	92,000		N/A	N/A	GRANT
THE BOULEVARD HARAMBEE 231 E GRAND BLVD DETROIT, MI 48207	38-3100064	501(C)3	7,000		N/A	N/A	GRANT

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
THE EMPOWERMENT PLAN 7640 KERCHEVAL AVE DETROIT, MI 48214	45-3265365	501(C)3	25,000		N/A	N/A	GRANT
THE MASTER'S COMMISSION 23500 W SEVEN MILE RD DETROIT, MI 48219	38-3457157	501(C)3	51,600		N/A	N/A	GRANT

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
THE YUNION INC 1129 OAKMAN BLVD DETROIT, MI 48238	81-2507397	501(C)3	54,587		N/A	N/A	GRANT
TRANSFORMATION LIFE CENTER 3232 JOY RD DETROIT, MI 48206	83-3355586	501(C)3	115,000		N/A	N/A	GRANT

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
TRI UNITY COMMUNITY DEVELOPMENT CORP 11630 STEEL DETROIT, MI 48227	55-0914671	501(C)3	71,600		N/A	N/A	GRANT
TURNING POINT INC 158 S MAIN MT CLEMENS, MI 48043	38-2292020	501(C)3	50,000		N/A	N/A	GRANT

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 COMMUNITY HOUSING COALITION 2727 2ND AVE DETROIT, MI 482012657	38-2142140	501(C)3	2,265,000		N/A	N/A	GRANT
UNITED WAY OF MONROE COUNTY (MI) 216 NORTH MONROE STREET MONROE, MI 48162	38-1437937	501(C)3	55,000		N/A	N/A	GRANT

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 WASHTENAW COUNTY 2305 PLATT RD ANN ARBOR, MI 48104	38-1951024	501(C)3	128,291		N/A	N/A	GRANT
UNIVERSAL ACADEMY 4833 OGDEN DETROIT, MI 48210	38-3433092	501(C)3	56,000		N/A	N/A	GRANT

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
URBAN NEIGHBORHOOD INITIATIVES 8300 LONGWORTH DETROIT, MI 48209	38-3417161	501(C)3	150,000		N/A	N/A	GRANT
VICTORY IN THE FAMILY MINISTRIES INC 8627 WOODWARD AVE DETROIT, MI 48202	75-3114074	501(C)3	15,000		N/A	N/A	GRANT

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
VOICES FOR EARTH JUSTICE 15894 GREYDALE ST DETROIT, MI 48223	45-0480344	501(C)3	15,000		N/A	N/A	GRANT
VOYAGEUR ACADEMY 4321 N MILITARY DETROIT, MI 48210	38-3423648	501(C)3	101,600		N/A	N/A	GRANT

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
W-A-Y WIDENING ADVANCEMENTS FOR YOUTH 369 MAIN STREET BELLEVILLE, MI 48111	27-3319122	501(C)3	43,600		N/A	N/A	GRANT
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY 7310 WOODWARD STE 800 DETROIT, MI 48202	38-1976979	501(C)3	1,043,500		N/A	N/A	GRANT

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
WAYNE STATE UNIVERSITY 3990 JOHN R 4 BRUSH SOUTH DETROIT, MI 48201	38-6028429	501(C)3	1,673,998		N/A	N/A	GRANT
WINNING FUTURES 27500 COSGROVE WARREN, MI 48092	20-2263860	501(C)3	25,000		N/A	N/A	GRANT

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
WORD ENCOUNTER CHURCH 2039 EAST 7 MILE RD DETROIT, MI 48213	83-1708395	501(C)3	7,000		N/A	N/A	GRANT
WORLD MEDICAL RELIEF 21725 MELROSE AVE SOUTHFIELD, MI 48075	38-1575570	501(C)3	70,000		N/A	N/A	GRANT

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
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY SUITE 3A DETROIT, MI 48226	38-1358055	501(C)3	346,000		N/A	N/A	GRANT
ZAMAN INTERNATIONAL 26091 TROWBRIDGE ST INKSTER, MI 48141	20-1946065	501(C)3	66,500		N/A	N/A	GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number
20-3099071

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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 checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
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 on Line 1a?	2 Yes	
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.		
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR DARIENNE D HUDSON PRESIDENT AND CEO	(i)	329,337	26,990	0	5,700	12,174	374,201	0
	(ii)	0	0	0	0	0	0	0
2 CHRISTOPHER PERRY CHIEF MARKETING OFFICER	(i)	245,740	0	32,067	5,092	22,543	305,442	0
	(ii)	0	0	0	0	0	0	0
3 STEVEN SCHWARTZ CHIEF FINANCIAL OFFICER	(i)	247,113	11,575	0	4,772	20,746	284,206	0
	(ii)	0	0	0	0	0	0	0
4 TONYA ADAIR CHIEF PEOPLE, EQUITY & ENGAGEMENT OF	(i)	228,890	15,648	0	4,891	22,269	271,698	0
	(ii)	0	0	0	0	0	0	0
5 ERIC DAVIS VP, BASIC NEEDS, HEALTH & OUTREACH	(i)	203,341	7,000	0	3,916	19,815	234,072	0
	(ii)	0	0	0	0	0	0	0
6 DENISE FLECKENSTEIN MAJOR GIFTS OFFICER	(i)	146,662	1,000	0	2,953	20,521	171,136	0
	(ii)	0	0	0	0	0	0	0
7 JEFFERY MILES SENIOR DIRECTOR, EARLY CHILDHOOD	(i)	140,192	3,454	0	2,820	20,571	167,037	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAYS THE DUES FOR A DETROIT ATHLETIC CLUB MEMBERSHIP FOR THE CEO. THE DETROIT ATHLETIC CLUB'S FACILITIES INCLUDE DINING ROOMS AND MEETING ROOMS AND IS UTILIZED BY MANY INDIVIDUALS AND ORGANIZATIONS IN THE DETROIT BUSINESS COMMUNITY. THE CEO USES THE MEMBERSHIP PRIMARILY TO CONDUCT BUISNESS MEETINGS THROUGHOUT THE YEAR.
PART II COLUMN I BASE COMPENSATION:	FOR COMPARABILITY PURPOSES IT SHOULD BE NOTED THAT IN 2020 THERE WERE 27 PAYDAYS VERSUS THE NORMAL 26. THIS RESULTS IN THE REPORTED BASE COMPENSATION BEING 3.85% HIGHER THAN THE ANNUAL SALARY.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ 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 instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
UNITED WAY FOR SOUTHEASTERN MICHIGAN

Employer identification number
20-3099071

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
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	7,700,838	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)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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.**

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 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	6	55,603	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 ▶ (COMPUTER EQUIPMENT)	X	2	495,292	RETAIL VALUE
26 Other ▶ (PERSONAL PROTECTION EQUIPMENT)	X	1	46,907	RETAIL VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		Yes	No
	b If "Yes," describe the arrangement in Part II.			No
	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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER REPORTED IS THE NUMBER OF CONTRIBUTORS.
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.

OMB No. 1545-0047

2020**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 USWEM AND OTHER ORGANIZATIONS BASED ON ORGANIZATION SIZE (REVENUE, ASSETS, NUMBER OF EMPLOYEES, ETC.). IN ADDITION, THE COMMITTEE UTILIZED COMPENSATION STUDIES AND OUTSIDE CONSULTANTS TO REVIEW THE CEO'S COMPENSATION. THE COMMITTEE EVALUATED THE CEO'S GENERAL MANAGEMENT AND LEADERSHIP COMPETENCIES AS WELL AS HIS 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.