

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
UNITED WAY OF WASHTENAW COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2305 PLATT RD

City or town, state or province, country, and ZIP or foreign postal code
ANN ARBOR, MI 48104

D Employer identification number
38-1951024

E Telephone number
(734) 971-8200

G Gross receipts \$ 6,508,031

F Name and address of principal officer
PAMELA SMITH
2305 PLATT RD
ANN ARBOR, MI 48104

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.UWWASHTENAW.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1972

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CONNECT PEOPLE, RESOURCES & ORGANIZATIONS TOGETHER TO CREATE A THRIVING COMMUNITY FOR EVERYONE

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)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	18
6 Total number of volunteers (estimate if necessary)	115
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,924,902	5,421,089
9 Program service revenue (Part VIII, line 2g)	46,311	77,411
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,288	130,231
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-67,012	-14,063
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,059,489	5,614,668
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,172,119	3,818,542
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)	709,811	1,999,028
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 618,643		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	694,998	670,890
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,576,928	6,488,460
19 Revenue less expenses Subtract line 18 from line 12	482,561	-873,792
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,645,491	8,308,088
21 Total liabilities (Part X, line 26)	2,291,041	1,819,000
22 Net assets or fund balances Subtract line 21 from line 20	6,354,450	6,489,088

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-01-29

PAMELA SMITH PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-01-29 Check if self-employed PTIN: P00589677

Firm's name: ▶ REHMANN ROBSON LLC Firm's EIN: ▶ 38-3635706

Firm's address: ▶ 555 BRIARWOOD CIRCLE STE 300 ANN ARBOR, MI 48108 Phone no: (734) 761-2005

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 CONNECT PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER TO CREATE A THRIVING COMMUNITY FOR EVERYONE

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 \$ 4,851,365 including grants of \$ 3,785,542) (Revenue \$ 81,766)
See Additional Data

4b (Code) (Expenses \$ 110,418 including grants of \$ 1,000) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 80,988 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 91,324 including grants of \$ 32,000) (Revenue \$)

4e Total program service expenses ▶ 5,134,095

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Upon request); 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 (VALERIE KENNINGS 2305 PLATT RD ANN ARBOR, MI 48104 (734) 677-7212).

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	28,057			
	d Related organizations	1d				
	e Government grants (contributions)	1e	153,651			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,239,381			
	g Noncash contributions included in lines 1a - 1f \$		438,506			
	h Total. Add lines 1a-1f		5,421,089			
Program Service Revenue	2a SERVICE FEES	Business Code				
		561000	77,411	77,411		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue		77,411			
g Total. Add lines 2a-2f		77,411				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		74,890		74,890	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)		55,341		55,341
	8a Gross income from fundraising events (not including \$ 28,057 of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b	96,161		
		c Net income or (loss) from fundraising events		-17,688		-17,688
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses		b	2,270			
c Net income or (loss) from gaming activities			-730		-730	
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	900099	4,355	4,355			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		4,355				
12 Total revenue. See Instructions		5,614,668	81,766	0	111,813	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,818,542	3,818,542		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	248,045	66,601	132,682	48,762
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.	516,747	237,771	85,808	193,168
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,119,998	783,791	336,207	
9 Other employee benefits.	55,423	19,794	20,367	15,262
10 Payroll taxes.	58,815	23,709	16,356	18,750
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	21,300	5,161	11,793	4,346
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	24,683	5,981	13,666	5,036
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	56,486	22,267	13,909	20,310
12 Advertising and promotion.	81,099	15,359	3,035	62,705
13 Office expenses.	60,935	10,410	31,906	18,619
14 Information technology.	49,196	21,194	10,133	17,869
15 Royalties.				
16 Occupancy.	60,986	25,213	13,505	22,268
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	36,919	15,692	11,194	10,033
20 Interest.				
21 Payments to affiliates.	43,153	17,434	10,227	15,492
22 Depreciation, depletion, and amortization.	76,868	31,055	18,217	27,596
23 Insurance.	13,730	5,507	3,230	4,993
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 MISCELLANEOUS SUPPLIES	130,165	2,000	2,500	125,665
b BANK CHARGES	15,370	6,614	987	7,769
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	6,488,460	5,134,095	735,722	618,643
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	47,746
	2 Savings and temporary cash investments	3,538,397	2	3,050,184
	3 Pledges and grants receivable, net	1,292,756	3	1,401,931
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,159	9	53,336
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,278,727		
	b Less accumulated depreciation	10b 925,254	1,398,375	10c 1,353,473
	11 Investments—publicly traded securities	2,245,359	11	2,291,841
	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	95,445	15	109,577
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,645,491	16	8,308,088	
Liabilities	17 Accounts payable and accrued expenses	75,336	17	72,687
	18 Grants payable	1,391,502	18	1,261,125
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	12,798	23	31,808
	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	811,405	25	453,380
	26 Total liabilities. Add lines 17 through 25	2,291,041	26	1,819,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,959,329	27	3,120,414
	28 Temporarily restricted net assets	1,473,399	28	1,442,800
	29 Permanently restricted net assets	1,921,722	29	1,925,874
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,354,450	33	6,489,088	
34 Total liabilities and net assets/fund balances	8,645,491	34	8,308,088	

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	5,614,668
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,488,460
3	Revenue less expenses Subtract line 2 from line 1	3	-873,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,354,450
5	Net unrealized gains (losses) on investments	5	-9,694
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,018,124
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,489,088

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		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1951024

Name: UNITED WAY OF WASHTENAW COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY INVESTMENT - COORDINATES PLANNING AND GRANT MAKING WITH OTHER LOCAL FUNDERS TO BEST MEET HUMAN SERVICE NEEDS, PARTNERS AND INVESTS IN OVER 55 PROGRAMS OF 40 LOCAL NONPROFITS TO ADDRESS THESE IDENTIFIED NEEDS ACROSS THE COUNTY, MONITORS AND REGULARLY EVALUATES GOVERNANCE, FISCAL CONDITION AND PROGRAM RESULTS OF FUNDED AGENCIES, MANAGES SPECIAL GRANT PROGRAMS, ENSURES COMPLIANCE WITH PATRIOT ACT AND PROCESSES MISCELLANEOUS DONOR DESIGNATED GIFTS, SERVES IN VARIOUS COMMUNITY LEADERSHIP ROLES IN ADDRESSING EMERGING HUMAN SERVICE ISSUES

Form 990, Part III, Line 4b:

COMMUNITY SERVICE LIAISON - PROMOTES UNITED WAY CONTRIBUTIONS FROM UNION MEMBERS, RECRUITS VOLUNTEERS FOR UNITED WAY AND OTHER NONPROFITS SERVING THE COMMUNITY, AND LINKS FAMILIES THROUGH THE COMMUNITY LABOR COUNCIL AND THE AFL-CIO COMMUNITY SERVICES PROGRAMS

Form 990, Part III, Line 4c:

VOLUNTARY INCOME TAX ASSISTANCE (VITA) PROGRAM VITA IS A NATIONAL IRS PROGRAM MANAGED BY UNITED WAY WHICH PROVIDES FREE TAX PREPARATION FOR INDIVIDUALS AND FAMILIES MAKING \$54,000 OR LESS, PERSONS WITH DISABILITIES, THE ELDERLY AND THOSE WITH LIMITED ENGLISH PROFICIENCY TRAINED VITA VOLUNTEERS AND CERTIFIED TAX PROFESSIONALS WORK ONE-ON-ONE WITH ELIGIBLE TAXPAYERS TO PROVIDE BASIC TAX RETURN PREPARATION SERVICES AND ELECTRONIC FILING, OFFER FINANCIAL TIPS, AND INFORM TAXPAYERS ABOUT SPECIAL TAX CREDITS THEY MAY QUALIFY FOR SUCH AS EARNED INCOME TAX CREDIT (EITC), CHILD TAX CREDIT, AND CREDIT FOR THE ELDERLY OR DISABLED IN 2018/19, UWWC FREE TAX SERVICES RESULTED IN THE FOLLOWING 1,248 STATE AND FEDERAL RETURNS FILED \$1,900,000 IN TAX REFUNDS AND CREDITS BROUGHT BACK TO WASHTENAW COUNTY \$312,000 ESTIMATED TAX RETURN PREPARATION FEES SAVED 88 VOLUNTEERS DEDICATED 1,667 HOURS TO SERVING WASHTENAW COUNTY RESIDENTS \$19,774 WAS THE AVERAGE HOUSEHOLD ADJUSTED GROSS INCOME AND THE AVERAGE REFUND WAS \$1,542

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 35,584 including grants of \$ 32,000) (Revenue \$)

UNITED WAY REGIONAL CALL CENTER 2-1-1 PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRALS TO HUMAN SERVICES FOR EVERYDAY NEEDS AND IN TIMES OF CRISIS UNITED WAY REGIONAL CALL CENTER 2-1-1 OFFERS BASIC HUMAN NEEDS RESOURCES, PHYSICAL/MENTAL HEALTH RESOURCES, EMPLOYMENT SUPPORT, SUPPORT FOR OLDER AMERICANS AND PERSON WITH DISABILITIES, SUPPORT FOR CHILDREN, YOUTH, AND FAMILIES, AND VOLUNTEER OPPORTUNITIES

(Code) (Expenses \$ 26,100 including grants of \$) (Revenue \$)

VOLUNTEER CENTER - CONNECTED MORE THAN 9,137 INDIVIDUALS WITH VOLUNTEER OPPORTUNITIES AT MORE THAN 235 NONPROFIT AGENCIES IN WASHTENAW COUNTY THESE CONNECTIONS CONTRIBUTE AN ESTIMATED \$490,000 IN VALUE TO THE NONPROFIT COMMUNITY THE VOLUNTEER CENTER PROVIDES THE LARGEST LOCAL LISTING OF VOLUNTEER OPPORTUNITIES IN WASHTENAW COUNTY TO MAKE IT EASY FOR INDIVIDUALS, FAMILIES, AND GROUPS TO ENGAGE IN SERVICE TO THE COMMUNITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 29,640 including grants of \$) (Revenue \$)
ONE-ON-ONE FINANCIAL COACHING PROVIDED FOR FREE BY UNITED WAY'S MOBILE FINANCIAL RESOURCE TEAM ONE-ON-ONE FINANCIAL EMPOWERMENT COACHING BUILDS AND SUSTAINS FOUNDATION-LEVEL ASSET BUILDING AND CONNECTS INDIVIDUALS TO OTHER HUMAN AND FINANCIAL SERVICES THE PROGRAM IS MOBILE - SERVICES ARE PROVIDED ON A ROTATING BASIS AT LOCAL NEIGHBORHOOD NONPROFIT AGENCIES UNLIKE OTHER PROVIDERS OF FINANCIAL EDUCATION SERVICES IN WASHTENAW COUNTY, THE ONLY REQUIREMENT FOR RECEIPT OF SERVICES IS A DESIRE TO BECOME MORE FINANCIALLY STABLE TOTAL # OF INDIVIDUALS WHO ATTENDED A FINANCIAL WORKSHOP 248 TOTAL # OF CLIENTS WHO RECEIVED COACHING SERVICES 46 OF THE TOTAL SERVED 41% IMPROVED THEIR CREDIT SCORES 70% FEEL MORE EMPOWERED TO MANAGE THEIR PERSONAL FINANCES \$250 AVERAGE AMOUNT SAVED BY PARTICIPANTS AFTER 3 MONTHS

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			
YODIT MESFIN-JOHNSON BOARD CHAIR (EFFECTIVE 3/25/19)	1 00	X		X				0	0	0
DAVID CANTER BOARD CHAIR THRU 3/25/19, DIRECTOR	2 00	X		X				0	0	0
LINDA KOOS BOARD VICE CHAIR (EFFECTIVE 3/25/19)	1 00	X		X				0	0	0
MEGAN MAZUREK BOARD SECRETARY	1 00	X		X				0	0	0
JUDY WALKER DIR, TREASURER (EFFECTIVE 3/25/19)	4 00	X		X				0	0	0
RICH COOPER BOARD TREASURER THRU 3/25/19	4 00	X		X				0	0	0
KAREN BANTEL DIRECTOR THRU 3/25/19	2 00	X						0	0	0
MARQUAN JACKSON DIRECTOR THRU 3/25/19	2 00	X						0	0	0
JIM KOSTEVA DIRECTOR THRU 3/25/19	2 00	X						0	0	0
COREY FROST DIRECTOR THRU 3/25/19	2 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			
DONNA DICKERSON DIRECTOR THRU 3/25/19	2 00	X						0	0	0
CECILIA FILETI DIRECTOR (EFFECTIVE 3/25/19)	0 50	X						0	0	0
STEPHEN DOBSON DIRECTOR	1 00	X						0	0	0
NANCY HEINE DIRECTOR	1 00	X						0	0	0
OZZIE JAMES DIRECTOR	2 00	X						0	0	0
GREG DILL DIRECTOR	1 00	X						0	0	0
JASON GOLD DIRECTOR (EFFECTIVE 3/25/19)	0 50	X						0	0	0
ERIK BAKKER DIRECTOR	1 00	X						0	0	0
CINDY ELLIOTT DIRECTOR	2 00	X						0	0	0
TONY DENTON DIRECTOR (EFFECTIVE 3/25/19)	0 50	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			
JUSTIN BAGDADY DIRECTOR (EFFECTIVE 3/25/19)	0 50	X						0	0	0
RICH CHANG DIRECTOR (EFFECTIVE 3/25/19)	0 50	X						0	0	0
DIANE KELLER DIRECTOR	1 00	X						0	0	0
ALEX STRATI DIRECTOR	1 00	X						0	0	0
BRANDON TUCKER DIRECTOR	1 00	X						0	0	0
PAM SMITH CEO	50 00			X				130,171	0	5,685
VALERIE KENNINGS CFO	50 00			X				97,506	0	4,271

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF WASHTENAW COUNTY

Employer identification number

38-1951024

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

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

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

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,091,443	4,994,686	5,284,291	5,924,902	5,421,089	29,716,411
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	8,091,443	4,994,686	5,284,291	5,924,902	5,421,089	29,716,411
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)						5,510,313
6	Public support. Subtract line 5 from line 4						24,206,098

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	8,091,443	4,994,686	5,284,291	5,924,902	5,421,089	29,716,411
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,519	74,514	52,917	66,814	74,890	328,654
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.)	16,223	3,045	9,702	5,044	4,355	38,369
11	Total support. Add lines 7 through 10						30,083,434
12	Gross receipts from related activities, etc (see instructions)					12	378,355

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.460 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	81.600 %

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

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

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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 38-1951024

Name: UNITED WAY OF WASHTENAW COUNTY

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF WASHTENAW COUNTY

Employer identification number
38-1951024

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	
2 Aggregate value of contributions to (during year)	931,696	
3 Aggregate value of grants from (during year)	981,032	
4 Aggregate value at end of year	44,417	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,458,441	2,397,721	2,196,197	2,224,467	2,204,664
b Contributions	4,152	49	29	26	25
c Net investment earnings, gains, and losses	98,152	173,157	324,633	80,938	117,638
d Grants or scholarships	125,319	112,486	123,138	109,234	97,860
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,435,426	2,458,441	2,397,721	2,196,197	2,224,467

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 79 000 %
 - c** Temporarily restricted endowment ▶ 21 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,195		81,195
b Buildings		1,878,914	685,688	1,193,226
c Leasehold improvements				
d Equipment		285,291	210,369	74,922
e Other		33,327	29,197	4,130
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,353,473

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DESIGNATIONS PAYABLE	453,380
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	453,380

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	4,517,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-9,694
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	109,253
e	Add lines 2a through 2d	2e	99,559
3	Subtract line 2e from line 1	3	4,417,906
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	1,196,762
c	Add lines 4a and 4b	4c	1,196,762
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,614,668

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	5,408,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	116,849
e	Add lines 2a through 2d	2e	116,849
3	Subtract line 2e from line 1	3	5,291,698
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	1,196,762
c	Add lines 4a and 4b	4c	1,196,762
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,488,460

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:
Software Version:
EIN: 38-1951024
Name: UNITED WAY OF WASHTENAW COUNTY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	UNLESS THE ENDOWMENT FUNDS ARE RESTRICTED BY THE DONOR, THE FUNDS ARE KEPT BY UWWC WITH THE BOARD APPROVED AMOUNT TAKEN FROM THE ENDOWMENT EACH YEAR TO REDUCE THE AMOUNT OF MONEY TAKEN FROM THE CAMPAIGN FUNDS FOR OPERATIONS OF UWWC THE POLICY NOW IS 5% OF THE LAST 5 QUARTERS OF THE ENDOWMENT FUND IS DEDUCTED AND USED FOR OPERATIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2016 THROUGH 2019, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2019. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT JUNE 30, 2019, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT DIRECT EXPENSES 116,849 UNCOLLECTIBLE PLEDGES -7,596

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,196,762

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT DIRECT EXPENSES 116,849

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,196,762

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)
		WOMEN'S INITIATIVE (event type)	GOLF OUTING (event type)	2 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	67,334	8,405	48,479	124,218
2	Less Contributions	22,226	4,500	1,331	28,057
3	Gross income (line 1 minus line 2)	45,108	3,905	47,148	96,161
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,576			2,576
	6 Rent/facility costs	2,736	3,609	6,900	13,245
	7 Food and beverages	11,616	1,265	20,911	33,792
	8 Entertainment				
	9 Other direct expenses	13,138	881	50,217	64,236
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				113,849
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-17,688

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 | % |
| b | An outside facility | % |

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
------------------	-------------

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED WAY OF WASHTENAW COUNTY

Employer identification number 38-1951024

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of 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 107
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)					
(2)					
(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	REVIEW OF ANNUAL OUTCOMES REPORT, REVIEW FINANCIALS EVERY 6 MONTHS, ANNUAL REVIEW OF AUDIT, MANAGEMENT LETTER AND FOLLOW UP TO RECOMMENDATIONS, REVIEW OF GRANTEE GOVERNING POLICIES INCLUDING VERIFICATION OF WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION COMMITTEE LEVEL REVIEW OF FINAL REPORT KEY FINDINGS/CONCERNS, REPORTING OF KEY FINDING TO BOARD OF DIRECTORS ANNUALLY

Additional Data

Software ID:
Software Version:
EIN: 38-1951024
Name: UNITED WAY OF WASHTENAW COUNTY

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
AID IN MILAN 89 W MAIN ST MILAN, MI 48160	38-2108453	501(C)(3)	11,630				DESIGNATION/PROGRAM GRANT
ALMA COLLEGE 614 W SUPERIOR ALMA, MI 48801	38-1359083	501(C)(3)	10,000				DESIGNATION

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 COUNCILS FOR INTERNATIONAL EDUCATION 1828 L STREET NW WASHINGTON, DC 20036	52-1067256	501(C)(3)	25,000				DONOR ADVISED GRANT
AMERICAN PROMISE SCHOOLS 4366 MILITARY ST DETROIT, MI 48210	46-4341453	501(C)(3)	25,000				DONOR ADVISED 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 RED CROSS FEDERATION PO BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)(3)	11,503				DESIGNATION
ANN ARBOR AREA COMMUNITY FOUNDATION 301 N MAIN ST ANN ARBOR, MI 48104	38-6087967	501(C)(3)	14,094				DESIGNATION

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
ANN ARBOR ART CENTER 117 WEST LIBERTY ST ANN ARBOR, MI 48104	23-7205537	501(C)(3)	84,105				DESIGNATION/DONOR ADVISED GRANT
ANN ARBOR HANDS ON MUSEUM 220 E ANN ST ANN ARBOR, MI 48104	38-2236345	501(C)(3)	7,032				DESIGNATION

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
ANN ARBOR MEALS ON WHEELS 2505 TRAVERWOOD DR STE F ANN ARBOR, MI 48105	38-6006309	501(C)(3)	15,350				DESIGNATION/PROGRAM GRANT
ANN ARBOR YMCA 400 W WASHINGTON ST ANN ARBOR, MI 48103	38-1525162	501(C)(3)	90,853				DESIGNATION/PROGRAM 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
ARBOR HOSPICE 2366 OAK VALLEY DR ANN ARBOR, MI 48103	38-2532215	501(C)(3)	9,613				DESIGNATION
AREA AGENCY ON AGING 1-B 29100 NORTHWESTERN HWY STE 400 SOUTHFIELD, MI 48034	38-2729505	501(C)(3)	15,438				DESIGNATION/PROGRAM 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
ATLANTIC COUNCIL 1030 15TH ST NW WASHINGTON, DC 20005	52-0742294	501(C)(3)	75,000				DONOR ADVISED GRANT
AVALON HOUSING INC 1327 JONES DR STE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	19,807				DESIGNATION/PROGRAM 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
BENEDICTINE UNIVERSITY 5700 COLLEGE RD LISLE, IL 60532	36-2722198	501(C)(3)	5,500				DESIGNATION
BIG BROTHERSBIG SISTERS WASHTENAW CNTY 11 W MICHIGAN AVE YPSILANTI, MI 48197	26-0344984	501(C)(3)	9,492				DESIGNATION/DONOR ADVISED 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 SOCIAL SERVICES-WASHTENAW 4925 PACKARD RD ANN ARBOR, MI 48104	38-1654500	501(C)(3)	187,193				DESIGNATION/PROGRAM GRANT
CENTER FOR INDEPENDENT LIVING 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2133063	501(C)(3)	24,230				DESIGNATION/FINANCIAL STABILITY 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
CHILD CARE NETWORK 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2160250	501(C)(3)	188,415				DESIGNATION/PROGRAM GRANT/DONOR ADVISED GRANT
COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113	38-2792610	501(C)(3)	28,951				DESIGNATION/PROGRAM 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 FDTN OF SE MICHIGAN 333 W FORT ST DETROIT, MI 48226	38-2530980	501(C)(3)	8,596				DESIGNATION
COMMUNITY HEALTH CHARITIES OF MICHIGAN 1105 N TELEGRAPH RD WATERFORD, MI 48328	51-0240030	501(C)(3)	12,681				DESIGNATION

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 HIGH SCHOOL 401 N DIVISION ANN ARBOR, MI 48104	38-6004028	501(C)(3)	10,000				DONOR ADVISED GRANT
COMMUNITY RESOURCE CENTER 410 CITY RD MANCHESTER, MI 48158	38-2792399	501(C)(3)	13,963				DESIGNATION/PROGRAM 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
CORNER HEALTH CENTER 48 N HURON ST YPSILANTI, MI 48197	38-2329743	501(C)(3)	115,542				DESIGNATION/PROGRAM GRANT
DAWN FARM 6633 STONY CREEK YPSILANTI, MI 48197	23-7318277	501(C)(3)	8,842				DESIGNATION

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 HISTORICAL SOCIETY 5401 WOODWARD AVE DETROIT, MI 48202	38-1381144	501(C)(3)	5,000				DONOR ADVISED GRANT
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510	501(C)(3)	6,058				DESIGNATION

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
DEXTER UNITED METHODIST CHURCH 7643 HURON RIVER DR DEXTER, MI 48130	38-2066464	501(C)(3)	5,400				DESIGNATION
DIPLOMACY CENTER FOUNDATION 2401 CALVERT ST NW APT 902 WASHINGTON, DC 20008	51-0398806	501(C)(3)	20,000				DONOR ADVISED 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
EARTH SHARE OF MICHIGAN 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	52-1601960	501(C)(3)	10,687				DESIGNATION
EASTERN MICHIGAN FOUNDATION PO BOX 972057 YPSILANTI, MI 48197	38-2953297	501(C)(3)	19,452				DESIGNATION/FINANCIAL STABILITY 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
ELE'S PLACE 1582 EISENHOWER PLACE ANN ARBOR, MI 48108	38-2976751	501(C)(3)	61,162				DESIGNATION/DONOR ADVISED GRANT
FAIR HOUSING CENTER OF SE & MID-MICHIGAN PO BOX 7825 ANN ARBOR, MI 48107	38-3003761	501(C)(3)	5,000				DESIGNATION/PROGRAM 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
FAITH IN ACTION 603 MAIN ST CHELSEA, MI 48118	38-2463646	501(C)(3)	12,220				DESIGNATION/PROGRAM GRANT
FAMILY LEARNING INSTITUTE OF ANN ARBOR 1954 S INDUSTRIAL HWY STE D ANN ARBOR, MI 48104	38-3514678	501(C)(3)	5,370				DESIGNATION

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
FIRST CONGREGATIONAL CHURCH OF ANN ARBOR 608 E WILLIAM ST ANN ARBOR, MI 48104	38-1490185	501(C)(3)	5,000				DESIGNATION
FIRST PRESBYTERIAN CHURCH 1432 WASHTENAW AVE ANN ARBOR, MI 48104	38-1360543	501(C)(3)	6,000				DESIGNATION

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
FISHER HOUSE MICHIGAN 3250 PLYMOUTH RD STE 103 ANN ARBOR, MI 48105	81-2586691	501(C)(3)	70,000				DONOR ADVISED GRANT
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	79,527				DESIGNATION/PROGRAM 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
FOUNDATIONS PRESCHOOL OF WASHTENAW CTY 3770 PACKARD RD ANN ARBOR, MI 48108	38-1256680	501(C)(3)	73,971				DESIGNATION/PROGRAM GRANT
FRIENDS IN DEED 1196 ECORSE RD YPSILANTI, MI 48198	38-2443974	501(C)(3)	27,512				DESIGNATION/FINANCIAL STABILITY GRANT/PROGRAM 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
GERALD R FORD PRESIDENTIAL FOUNDATION 303 PEARL ST NW GRAND RAPIDS, MI 49504	38-2368003	501(C)(3)	21,000				DONOR ADVISED GRANT
GIRL SCOUTS HEART OF MICHIGAN 444 JAMES L HART PKWY YPSILANTI, MI 49197	38-1581300	501(C)(3)	9,483				DESIGNATION/FINANCIAL STABILITY GRANT/DONOR ADVISED 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
GIRL'S GROUP 2531 JACKSON AVE ANN ARBOR, MI 48103	20-4814985	501(C)(3)	31,695				DESIGNATION/FINANCIAL STABILITY GRANT/DONOR ADVISED GRANT
GROWING HOPE PO BOX 980129 YPSILANTI, MI 48198	74-3091843	501(C)(3)	12,711				DESIGNATION/PROGRAM 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
HABITAT FOR HUMANITY HURON VALLEY 170 APRIL DR ANN ARBOR, MI 48103	38-2874694	501(C)(3)	10,946				DESIGNATION
HOME OF NEW VISION 3115 PROFESSIONAL DR ANN ARBOR, MI 48104	38-3325410	501(C)(3)	10,781				DESIGNATION/PROGRAM 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
HOPE CLINIC PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	23,582				DESIGNATION
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD ANN ARBOR, MI 48105	38-1474931	501(C)(3)	20,052				DESIGNATION

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
IBARJ- ILLINOIS BALANCED AND RESTORATIVE JUSTICE PROJECT 2001 N MATTIS CHAMPAIGN, IL 61826	84-1678511	501(C)(3)	6,000				DESIGNATION
INTERFAITH HOSPITALITY NETWORK OF WASHTENAW 4290 JACKSON ROAD ANN ARBOR, MI 48103	28-3052598	501(C)(3)	9,371				DESIGNATION

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
JAMES BEARD FOUNDATION 6 WEST 18TH STREET NEW YORK, NY 10011	13-2752108	501(C)(3)	15,000				DONOR ADVISED GRANT
JDRF SOUTHEAST MICHIGAN 24359 NORTHWESTERN HIGHWAY STE 225 SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	162,100				DESIGNATION/DONOR ADVISED 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
JEWISH FAMILY SERVICES OF WASHTENAW COUN 2245 S STATE ST ANN ARBOR, MI 48104	41-2147486	501(C)(3)	61,377				DESIGNATION/FINANCIAL STABILITY GRANT/PROGRAM GRANT
JEWISH FEDERATION OF GREATER ANN ARBOR 2939 BIRCH HOLLOW DR ANN ARBOR, MI 48108	38-2711480	501(C)(3)	29,152				DESIGNATION/DONOR ADVISED 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
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN 420 N FOURTH AVE ANN ARBOR, MI 48104	38-1845444	501(C)(3)	160,171				DESIGNATION/PROGRAM GRANT
LIGHTUP 5400 HOLLOW DR BLOOMFIELD HILLS, MI 48302	47-3431539	501(C)(3)	5,000				DONOR ADVISED 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
LIVINGSTON COUNTY UNITED WAY 2980 DORR RD BRIGHTON, MI 48116	38-2174453	501(C)(3)	17,566				DESIGNATION
MENTOR2YOUTH PO BOX 980270 YPSILANTI, MI 48198	38-3855138	501(C)(3)	13,661				DESIGNATION/PROGRAM 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
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD STE 260 ANN ARBOR, MI 48108	38-2595768	501(C)(3)	57,150				DESIGNATION/PROGRAM GRANT
MICHIGAN ADVOCACY PROGRAM 15 S WASHINGTON STREET YPSILANTI, MI 48197	38-1845444	501(C)(3)	30,540				FINANCIAL STABILITY 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
MICHIGAN AEROSPACE INNOVATION FOUNDATION PO BOX 8282 ANN ARBOR, MI 48107	38-3603828	501(C)(3)	125,070				DESIGNATION/DONOR ADVISED GRANT
MICHIGAN FITNESS FOUNDATION 14800 EAST OLD US-12 CHELSEA, MI 48118	38-3172025	501(C)(3)	5,000				DONOR ADVISED 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
MICHIGAN SCIENCE CENTER 5020 JOHN R RD DETROIT, MI 48202	23-7085149	501(C)(3)	100,000				DONOR ADVISED GRANT
MICHIGAN STATE UNIVERSITY 5020 JOHN R RD DETROIT, MI 48202	23-7085149	501(C)(3)	12,318				DESIGNATION

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
MICHIGAN THEATER 603 E LIBERTY ST ANN ARBOR, MI 48104	38-2269013	501(C)(3)	119,341				DESIGNATION/DONOR ADVISED GRANT
MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL CT MILAN, MI 48160	27-1109225	501(C)(3)	15,219				DESIGNATION/PROGRAM 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
NATURE CONSERVANCY MICHIGAN CHAPTER 101 E GRAND RIVER AVE LANSING, MI 48906	53-0242652	501(C)(3)	21,200				DESIGNATION
NEUTRAL ZONE 310 E WASHINGTON ST ANN ARBOR, MI 48104	38-3407568	501(C)(3)	5,180				DESIGNATION

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
NEW CENTER 1100 N MAIN ST ANN ARBOR, MI 48104	38-2825019	501(C)(3)	67,487				DESIGNATION/PROGRAM GRANT
OHORIZONS FOUNDATION 900 WILSHIRE DRIVE STE 390 TROY, MI 48084	27-1385009	501(C)(3)	10,000				DONOR ADVISED 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
OZONE HOUSE 1705 WASHTENAW AVE ANN ARBOR, MI 48105	38-1916505	501(C)(3)	86,798				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
PACKARD HEALTH 3174 PACKARD RD ANN ARBOR, MI 48108	38-2269817	501(C)(3)	66,389				DESIGNATION/PROGRAM GRANT

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

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PAWS WITH A CAUSE 4646 SOUTH DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	7,219				DESIGNATION
PEACE NEIGHBORHOOD CENTER 1111 N MAPLE RD ANN ARBOR, MI 48103	23-7437867	501(C)(3)	43,236				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT

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

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PLANNED PARENTHOOD OF MID & SOUTH MI 3100 PROFESSIONAL DR ANN ARBOR, MI 48104	38-1707521	501(C)(3)	34,555				DESIGNATION
REGENTS OF THE UNIVERSITY OF MICHIGAN 701 S STATE ST ANN ARBOR, MI 48104	38-6006309	501(C)(3)	29,934				DESIGNATION

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

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RIVERSIDE ARTS CENTER 76 NORTH HURON STREET YPSILANTI, MI 48197	38-3228817	501(C)(3)	5,477				DESIGNATION/PROGRAM
RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR 1600 WASHINGTON HEIGHTS ANN ARBOR, MI 48109	38-2473817	501(C)(3)	8,648				DESIGNATION

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

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SAFEHOUSE CENTER 4100 CLARK RD ANN ARBOR, MI 48105	38-2121751	501(C)(3)	39,966				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
SALINE AREA SOCIAL SERVICE 224 W MICHIGAN AVE SALINE, MI 48176	23-7134646	501(C)(3)	13,214				DESIGNATION/PROGRAM 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
SHELTER ASSOCIATION OF WASHTENAW COUNTY PO BOX 7370 ANN ARBOR, MI 48107	38-2533030	501(C)(3)	26,756				DESIGNATION
SOS COMMUNITY SERVICES 101 S HURON YPSILANTI, MI 48197	38-2037588	501(C)(3)	53,015				DESIGNATION/DONOR ADVISED GRANT

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

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SOUTHERN SHORES FIELD SERVICE COUNCIL 3914 BESTECH DR YPSILANTI, MI 48197	45-4003240	501(C)(3)	6,182				DESIGNATION
SRI SANKRAPURAM MAHAPERIYAVA AGNIHOTRIGAL GUKULA GRAMAM (SSMAGG) 1522 VISTA CLUB CIR SANTA CLARA, CA 95054	83-1324223	501(C)(3)	9,230				DESIGNATION

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

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ST JOSEPH MERCY HOSPITAL 5305 E HURON RIVER DR YPSILANTI, MI 48197	38-2113393	501(C)(3)	6,500				DESIGNATION
STUDENT ADVOCACY CENTER 1921 W MICHIGAN AVE YPSILANTI, MI 48197	38-2058667	501(C)(3)	77,411				DESIGNATION/DONOR ADVISED GRANT/PROGRAM 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 ARK 1955 PAULINE BLVD STE 200 ANN ARBOR, MI 48103	38-1802396	501(C)(3)	47,000				DESIGNATION/DONOR ADVISED GRANT
THERAPEUTIC RIDING INC 20900 OAKWOOD BLVD DEARBORN, MI 48124	38-1359513	501(C)(3)	5,081				DESIGNATION

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

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UM ALUMNI ASSOCIATION LEAD SCHOLARS 3075 W CLARK RD STE 110 YPSILANTI, MI 48197	38-6006309	501(C)(3)	10,000				DESIGNATION
UM SCHOOL OF PUBLIC HEALTH UDOW-PHILLIPS SCHOLARSHIP FUND 1415 WASHINGTON HEIGHTS ANN ARBOR, MI 48109	38-6006309	501(C)(3)	22,000				DESIGNATION

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 FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVE DETROIT, MI 48226	20-3099071	501(C)(3)	40,799				DESIGNATION/2-1-1 PROGRAM GRANT
UNITED WAY OF SUNCOAST 5201 W KENNEDY BLVD TAMPA, FL 33609	59-3725701	501(C)(3)	5,000				DESIGNATION

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

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UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVENUE ANN ARBOR, MI 48109	38-1545881	501(C)(3)	5,750				DESIGNATION
UNIVERSITY OF MICHIGAN 701 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	9,250				DESIGNATION

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

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USS GERALD R FORD COMMISSIONING FUND 303 PEARL ST NW GRAND RAPIDS, MI 49504	38-2368003	501(C)(3)	10,000				DONOR ADVISED GRANT
WASHTENAW AREA COUNCIL FOR CHILDREN 3075 W CLARK RD STE 110 YPSILANTI, MI 48197	38-2245181	501(C)(3)	14,730				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT

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

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WASHTENAW COMMUNITY COLLEGE FOUNDATION 4800 E HURON RIVER DR ANN ARBOR, MI 48105	38-2575395	501(C)(3)	68,215				DESIGNATION/PROGRAM GRANT
WASHTENAW COUNTY OFFICE OF COMMUNITY DEV 415 W MICHIGAN YPSILANTI, MI 48197	38-2575395	501(C)(3)	20,000				PROGRAM GRANT

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

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WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	22,886				DESIGNATION/PROGRAM GRANT
WASHTENAW INTERMEDIATE SCHOOL DISTRICT 1819 S WAGNER RD ANN ARBOR, MI 48103	38-1717462	501(C)(3)	80,375				PROGRAM GRANT

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

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WASHTENAW LITERACY 5577 WHITTAKER RD YPSILANTI, MI 48197	38-2914277	501(C)(3)	31,012				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
WILD SWAN THEATER 6175 JACKSON RD STE B ANN ARBOR, MI 48103	38-2457214	501(C)(3)	5,181				DESIGNATION

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

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YPSILANTI MEALS ON WHEELS 1110 W CROSS ST YPSILANTI, MI 48197	38-2038528	501(C)(3)	43,970				DESIGNATION/PROGRAM GRANT
HOUSING BUREAU FOR SENIORS 2401 PLYMOUTH ROAD SUITE C ANN ARBOR, MI 48105	38-6006309	501(C)(3)	11,100				FINANCIAL STABILITY GRANT/PROGRAM GRANT

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

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HURON RIVER WATERSHED COUNCIL 1100 NORTH MAIN STREET SUITE 210 ANN ARBOR, MI 48104	38-1806452	501(C)(3)	5,100				DESIGNATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 OF WASHTENAW COUNTY

Employer identification number
38-1951024

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	16	308,341	STOCK 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 ▶ (MISC SUPPLIES)	X	17	130,165	ACTUAL COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF WASHTENAW COUNTY

Employer identification number

38-1951024

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION UPDATED ITS BYLAWS AND MADE THE FOLLOWING CHANGES ELECTRONIC VOTING IN LIEU OF A MEETING - ANY BOARD ACTION MAY HAPPEN WITHOUT A MEETING IF, A MINIMUM OF THREE-QUARTERS OF THE DIRECTORS VOTE ON THE ACTION ELECTRONICALLY, AND THE DIRECTORS WHO PARTICIPATE CONSENT UNANIMOUSLY ABSENCES AND DISALLOWANCE OF SENDING A SUBSTITUTE OR PROXY THREE (3) ABSENCES IN A ROW WILL BE CAUSE TO DISMISS A DIRECTOR FROM THE BOARD UNLESS EXTENUATING CIRCUMSTANCES EXIST TO BE REVIEWED BY THE GOVERNANCE COMMITTEE DIRECTORS MAY NOT SEND A SUBSTITUTE OR A PROXY TO ATTEND THE MEETING OR VOTE ON THEIR BEHALF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVE THE AUDITED FINANCIALS FROM WHICH THE FORM 990 FINANCIAL INFORMATION IS PREPARED THE FINANCE COMMITTEE AND BOARD OF DIRECTORS REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, STAFF AND BOARD OF DIRECTORS ARE DISTRIBUTED THE CONFLICT OF INTEREST POLICY AND ASKED TO DISCLOSE ANY SUCH INTEREST IF THERE IS A CONFLICT OF INTEREST, THE BOARD MEMBER IS EXCUSED FROM VOTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REVIEW AND APPROVAL OF THE CEO'S COMPENSATION IS CONDUCTED ANNUALLY BY THE BOARD OF DIRECTORS USING COMPENSATION STUDIES FOR LIKE POSITIONS REVIEW AND APPROVAL OF THE CFO AND OTHER KEY EMPLOYEES' COMPENSATION IS CONDUCTED ANNUALLY DURING THE BUDGET PROCESS BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS COMPENSATION IS SET WITH A COMPARISON OF COMPARABLE JOBS USING THE UWW AND MNA BI-ANNUAL SALARY SURVEYS IN CONJUNCTION WITH AVAILABLE BUDGET DOLLARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION/POSTRETIREMENT-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST 1,025,720 UNCOLLECTIBLE PLEDGES -7,596

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS OF SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR