

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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 \$ 7,985,901

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)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	19
6 Total number of volunteers (estimate if necessary)	6	95
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,421,089	6,905,822
9 Program service revenue (Part VIII, line 2g)	77,411	54,538
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,231	225,927
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,063	-1,227
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,614,668	7,185,060
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,818,542	4,110,134
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)	1,999,028	1,031,502
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶534,146		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	670,890	595,988
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,488,460	5,737,624
19 Revenue less expenses. Subtract line 18 from line 12	-873,792	1,447,436
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,308,088	8,781,807
21 Total liabilities (Part X, line 26)	1,819,000	1,072,231
22 Net assets or fund balances. Subtract line 21 from line 20	6,489,088	7,709,576

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 2021-01-29

PAMELA SMITH, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-01-28	Check <input type="checkbox"/> if self-employed	PTIN P00589677
Firm's name ▶ REHMANN ROBSON LLC	Firm's EIN ▶ 38-3635706		Phone no. (734) 761-2005	
Firm's address ▶ 555 BRIARWOOD CIRCLE STE 300 ANN ARBOR, MI 48108				

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 \$ 4,500,513 including grants of \$ 4,110,134) (Revenue \$ 55,957)
See Additional Data

4b (Code:) (Expenses \$ 117,815 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 109,403 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 72,246 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,799,977

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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	12,216				
	d Related organizations	1d					
	e Government grants (contributions)	1e	43,750				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,849,856				
	g Noncash contributions included in lines 1a - 1f:\$	1g	1,452,964				
	h Total. Add lines 1a-1f			6,905,822			
Program Service Revenue	2a SERVICE FEES	Business Code					
		561000	54,538	54,538			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			54,538				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		69,219			69,219	
	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	850,270				
		(ii) Other					
		b Less: cost or other basis and sales expenses	693,562				
		c Gain or (loss)	156,708				
	d Net gain or (loss)		156,708			156,708	
	8a Gross income from fundraising events (not including \$ 12,216 of contributions reported on line 1c). See Part IV, line 18		102,183				
		b Less: direct expenses	104,434				
		c Net income or (loss) from fundraising events		-2,251			-2,251
	9a Gross income from gaming activities. See Part IV, line 19		2,450				
b Less: direct expenses		2,845					
c Net income or (loss) from gaming activities			-395			-395	
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME	900099	1,419	1,419				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,419				
12 Total revenue. See instructions			7,185,060	55,957	0	223,281	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,110,134	4,110,134		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	265,908	70,032	145,194	50,682
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	617,459	318,048	92,564	206,847
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	84,007	29,531	26,572	27,904
10 Payroll taxes	64,128	29,603	16,072	18,453
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,300	9,538	9,912	7,850
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,130	3,190	3,315	2,625
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,463	6,027	17,701	24,735
12 Advertising and promotion				
13 Office expenses	34,828	12,162	5,974	16,692
14 Information technology	65,810	24,770	16,686	24,354
15 Royalties				
16 Occupancy	52,603	21,520	12,360	18,723
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,211	12,680	4,847	6,684
20 Interest				
21 Payments to affiliates	50,195	20,279	11,896	18,020
22 Depreciation, depletion, and amortization	68,014	27,478	16,119	24,417
23 Insurance	14,086	5,650	3,315	5,121
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	95,791	15,993	0	79,798
b OTHER PROGRAM EXPENSES	82,065	82,065		
c BANK CHARGES	23,492	1,277	20,974	1,241
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,737,624	4,799,977	403,501	534,146
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	47,746	1	307,616	
	2 Savings and temporary cash investments	3,050,184	2	3,824,344	
	3 Pledges and grants receivable, net	1,401,931	3	985,417	
	4 Accounts receivable, net		4		
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	53,336	9	51,673	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,283,410			
	b Less: accumulated depreciation	993,268	1,353,473	10c	1,290,142
	11 Investments—publicly traded securities	2,291,841	11	2,217,481	
	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	109,577	15	105,134	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,308,088	16	8,781,807		
Liabilities	17 Accounts payable and accrued expenses	72,687	17	99,370	
	18 Grants payable	1,261,125	18	533,001	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	31,808	23	176,669	
	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	453,380	25	263,191	
	26 Total liabilities. Add lines 17 through 25	1,819,000	26	1,072,231	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	3,120,414	27	4,608,465	
	28 Net assets with donor restrictions	3,368,674	28	3,101,111	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	6,489,088	32	7,709,576		
33 Total liabilities and net assets/fund balances	8,308,088	33	8,781,807		

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	7,185,060
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,737,624
3	Revenue less expenses. Subtract line 2 from line 1	3	1,447,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,489,088
5	Net unrealized gains (losses) on investments	5	-131,367
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	-95,581
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,709,576

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 (2019)

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 2019/20, UWWC FREE TAX SERVICES RESULTED IN THE FOLLOWING: 1,064 STATE AND FEDERAL RETURNS FILED \$1,770,000 IN TAX REFUNDS AND CREDITS BROUGHT BACK TO WASHTENAW COUNTY \$270,000 ESTIMATED TAX RETURN PREPARATION FEES SAVED 95 VOLUNTEERS DEDICATED 1,900 HOURS TO SERVING WASHTENAW COUNTY RESIDENTS \$19,228 WAS THE AVERAGE HOUSEHOLD ADJUSTED GROSS INCOME AND THE AVERAGE REFUND WAS \$1,694

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 \$ 2,278 including grants of \$) (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 \$ 27,400 including grants of \$) (Revenue \$)

VOLUNTEER CENTER - CONNECTED MORE THAN 11,789 INDIVIDUALS WITH VOLUNTEER OPPORTUNITIES AT MORE THAN 231 NONPROFIT AGENCIES IN WASHTENAW COUNTY. THESE CONNECTIONS CONTRIBUTE AN ESTIMATED \$765,000 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 \$ 42,568 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: 331 TOTAL # OF CLIENTS WHO RECEIVED COACHING SERVICES: 80 OF THE TOTAL SERVED: 83% IMPROVED THEIR CREDIT SCORES 87% FEEL MORE EMPOWERED TO MANAGE THEIR PERSONAL FINANCES \$426 AVERAGE AMOUNT SAVED BY PARTICIPANTS AFTER 3 MONTHS \$228 AVERAGE AMOUNT OF DEBT PAID OFF 41 PTS AVERAGE CREDIT SCORE INCREASE

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			
LINDA KOOS BOARD CHAIR	1.00	X		X				0	0	0
YODIT MESFIN-JOHNSON BOARD CHAIR THRU 4/27/2020, DIRECTOR	1.00	X		X				0	0	0
RICH CHANG VICE CHAIR	1.00	X		X				0	0	0
MEGAN MAZUREK BOARD SECRETARY	1.00	X		X				0	0	0
JEFF KENNEDY BOARD TREASURER (EFFECTIVE 4/1/2020)	4.00	X		X				0	0	0
JUDY WALKER BOARD TREASURER THRU 3/31/2020	4.00	X		X				0	0	0
CECILIA FILETI DIRECTOR	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 THRU 3/31/20	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			
GREG DILL DIRECTOR	1.00	X						0	0	0
JASON GOLD DIRECTOR THRU 3/31/20	0.50	X						0	0	0
ERIK BAKKER DIRECTOR	1.00	X						0	0	0
CINDY ELLIOTT DIRECTOR THRU 3/31/20	2.00	X						0	0	0
TONY DENTON DIRECTOR	0.50	X						0	0	0
JUSTIN BAGDADY DIRECTOR	0.50	X						0	0	0
DIANE KELLER DIRECTOR	1.00	X						0	0	0
ALEX STRATI DIRECTOR THRU 3/31/2020	1.00	X						0	0	0
BRANDON TUCKER DIRECTOR	1.00	X						0	0	0
RICH COOPER DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARJORIE DIXON DIRECTOR (EFFECTIVE 4/1/20)	1.00	X						0	0	0
GLORIA LLAMAS DIRECTOR	1.00	X						0	0	0
MIA MILTON DIRECTOR (EFFECTIVE 4/1/20)	1.00	X						0	0	0
NICOLE TORBERT DIRECTOR (EFFECTIVE 4/1/20)	1.00	X						0	0	0
PAM SMITH CEO	50.00			X				137,174	0	6,021
VALERIE KENNINGS CFO	50.00			X				99,630	0	8,134

SCHEDULE A
 (Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,994,686	5,284,291	5,924,902	5,421,089	6,905,822	28,530,790
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	4,994,686	5,284,291	5,924,902	5,421,089	6,905,822	28,530,790
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) . . .						3,795,725
6 Public support. Subtract line 5 from line 4.						24,735,065

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,994,686	5,284,291	5,924,902	5,421,089	6,905,822	28,530,790
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	74,514	52,917	66,814	74,890	69,219	338,354
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	3,045	9,702	5,044	4,355	1,419	23,565
11 Total support. Add lines 7 through 10						28,892,709
12 Gross receipts from related activities, etc. (see instructions)					12	338,462

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 2019 (line 6, column (f) divided by line 11, column (f))	14	85.610 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	80.460 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

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

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

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

1a If the organization elected, as permitted under 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:
(ii) Revenue included on Form 990, Part VIII, line 1
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	2,435,426	2,458,441	2,397,721	2,196,197	2,224,467
b Contributions		4,152	49	29	26
c Net investment earnings, gains, and losses	75,781	98,152	173,157	324,633	80,938
d Grants or scholarships	128,228	125,319	112,486	123,138	109,234
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,382,979	2,435,426	2,458,441	2,397,721	2,196,197

- 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 ▶ 81.000 %
 - c** Temporarily restricted endowment ▶ 19.000 %
- 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 | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,195		81,195
b Buildings		1,881,964	733,845	1,148,119
c Leasehold improvements				
d Equipment		286,924	230,226	56,698
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).) . . . ▶				1,290,142

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	263,191

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	6,081,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-131,367
b	Donated services and use of facilities	2b	70,154
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,698
e	Add lines 2a through 2d	2e	-49,515
3	Subtract line 2e from line 1	3	6,130,871
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	1,054,189
c	Add lines 4a and 4b	4c	1,054,189
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,185,060

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	4,860,868
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	70,154
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	107,279
e	Add lines 2a through 2d	2e	177,433
3	Subtract line 2e from line 1	3	4,683,435
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	1,054,189
c	Add lines 4a and 4b	4c	1,054,189
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,737,624

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 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 2017 THROUGH 2020, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2020. 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, 2020 OR 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 107,279. UNCOLLECTIBLE PLEDGES -95,581.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 1,054,189.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT DIRECT EXPENSES 107,279.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 1,054,189.

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		WOMEN'S INITIATIVE (event type)	GOLF OUTING (event type)	1 (total number)	(add col. (a) through col. (c))
1	Gross receipts	64,725	8,553	41,121	114,399
2	Less: Contributions	6,496	5,720		12,216
3	Gross income (line 1 minus line 2)	58,229	2,833	41,121	102,183
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	6,046		7,927	13,973
	6 Rent/facility costs		3,673	7,550	11,223
	7 Food and beverages	14,009	1,871	16,217	32,097
	8 Entertainment	5,103			5,103
	9 Other direct expenses	119	1,972	39,947	42,038
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				104,434
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,251

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 122
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
A BRIGHTER WAY 1455 KING GEORGE BLVD ANN ARBOR, MI 48104	81-1186430	501(C)(3)	30,000				PROGRAM GRANT/COVID RELIEF
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
ALUMNI ASSOCIATION OF UNIVERSITY OF MICHIGAN 200 FLETCHER ST ANN ARBOR, MI 48109	23-7206591	501(C)(3)	10,000				DESIGNATION
AMERICAN RED CROSS FEDERATION PO BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)(3)	6,745				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 AREA COMMUNITY FOUNDATION 301 N MAIN ST ANN ARBOR, MI 48104	38-6087967	501(C)(3)	10,227				DESIGNATION
ANN ARBOR ART CENTER 117 WEST LIBERTY ST ANN ARBOR, MI 48104	23-7205537	501(C)(3)	130,414				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
ANN ARBOR HANDS ON MUSEUM 220 E ANN ST ANN ARBOR, MI 48104	38-2236345	501(C)(3)	5,882				DESIGNATION
ANN ARBOR SPANISH SEVENTH-DAY 4859 ELLSWORTH RD YPSILANTI, MI 48197	38-3434363	501(C)(3)	10,000				COVID RELIEF

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 SUMMER FESTIVAL 210 HURONVIEW BLVD ANN ARBOR, MI 48103	38-2307397	501(C)(3)	8,991				DESIGNATION
ANN ARBOR YMCA 400 W WASHINGTON ST ANN ARBOR, MI 48103	38-1525162	501(C)(3)	80,730				DESIGNATION/COVID RELIEF/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)	27,757				DESIGNATION/COVID RELIEF/DONOR ADVISED GRANT
ATLANTIC COUNCIL 1030 15TH ST NW WASHINGTON, DC 20005	52-0742294	501(C)(3)	187,500				DONOR ADVISED GRANT

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

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AUTISM ALLIANCE OF MICHIGAN 30100 TELEGRAPH RD BINGHAM FARMS, MI 48025	27-0472137	501(C)(3)	5,000				DONOR ADVISED GRANT
AVALON HOUSING INC 1327 JONES DR STE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	17,255				DESIGNATION/PROGRAM GRANT

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

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BENEDICTINE UNIVERSITY 5700 COLLEGE RD LISLE, IL 60532	36-2722198	501(C)(3)	6,000				DESIGNATION
BIG BROTHERS BIG SISTERS OF WASHTENAW COUNTY 11 W MICHIGAN AVE YPSILANTI, MI 48197	38-3086920	501(C)(3)	30,643				DESIGNATION/DONOR ADVISED GRANT/COVID RELIEF

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

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BROWN UNIVERSITY 1 PROSPECT ST PROVIDENCE, RI 02912	05-0258809	501(C)(3)	5,000				DESIGNATION
CATCHAFIRE FOUNDATION 1885 MISSION ST SAN FRANCISCO, CA 94103	27-0649371	501(C)(3)	50,000				CAPACITY BUILDING GRANT

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

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CATHOLIC SOCIAL SERVICES OF WASHTENAW CN 4925 PACKARD ROAD ANN ARBOR, MI 48108	38-1654500	501(C)(3)	94,341				DESIGNATION/PROGRAM GRANT/DONOR ADVISED GRANT
CENTER FOR INDEPENDENT LIVING 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2133063	501(C)(3)	6,003				DESIGNATION/FINANCIAL STABILITY GRANT

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

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CHILD CARE NETWORK 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2160250	501(C)(3)	75,706				DESIGNATION/PROGRAM GRANT/DONOR ADVISED GRANT
CHILDREN'S LEUKEMIA FOUNDATION 27240 HAGGERTY RD FARMINGTON HILLS, MI 48331	38-1682300	501(C)(3)	10,196				COVID RELIEF

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

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CHILDREN'S LITERACY NETWORK 1100 NORTH MAIN ST 207 ANN ARBOR, MI 48104	38-3002473	501(C)(3)	12,710				PROGRAM GRANT
CLIFF KEEN WRESTLING CLUB 2350 S STATE ST ANN ARBOR, MI 48104	38-2640816	501(C)(3)	25,000				DONOR ADVISED GRANT

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

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COMMUNITY ACTION NETWORK PO BOX 130076 ANN ARBOR, MI 48113	38-2792610	501(C)(3)	19,511				DESIGNATION/PROGRAM GRANT
COMMUNITY FAMILY LIFE CENTERS 1375 S HARRIS RD YPSILANTI, MI 48198	32-0115383	501(C)(3)	20,000				COVID RELIEF

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

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COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	51-0240030	501(C)(3)	16,995				DESIGNATION
COMMUNITY RESOURCE CENTER 410 CITY RD MANCHESTER, MI 48158	38-2792399	501(C)(3)	5,435				DESIGNATION/PROGRAM GRANT

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

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CORNER HEALTH CENTER 48 N HURON ST YPSILANTI, MI 48197	38-2329743	501(C)(3)	68,056				DESIGNATION/PROGRAM GRANT/COVID RELIEF/DONOR ADVISED GRANT
DAWN FARM 6633 STONY CREEK YPSILANTI, MI 48197	23-7318277	501(C)(3)	24,082				DESIGNATION/COVID RELIEF

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

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DESTINY & PURPOSE COMMUNITY OUTREACH 127 N WASHINGTON ST YPSILANTI, MI 48197	38-3486156	501(C)(3)	20,000				COVID RELIEF
DETROIT REGIONAL DOLLARS FOR SCHOLARS 100 RENAISSANCE CENTER DETROIT, MI 48243	46-5180614	501(C)(3)	28,406				DONOR ADVISED GRANT

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

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EARTH SHARE OF MICHIGAN 4400 N HIGH ST STE 415 COLUMNUS, OH 43214	52-1601960	501(C)(3)	9,637				DESIGNATION
EASTERN MICHIGAN FOUNDATION PO BOX 972057 YPSILANTI, MI 48197	38-2953297	501(C)(3)	35,403				DESIGNATION/COVID RELIEF

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

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EDUCATE YOUTH 104 SOUTH HURON ST 1 YPSILANTI, MI 48197	81-5402852	501(C)(3)	10,000				COVID RELIEF
ELE'S PLACE 1582 EISENHOWER PLACE ANN ARBOR, MI 48108	38-2976751	501(C)(3)	49,689				DESIGNATION/DONOR ADVISED GRANT

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

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EVANGELICAL HOMES OF MICHIGAN 400 WEST RUSSELL ST SALINE, MI 48176	81-4001272	501(C)(3)	15,000				COVID RELIEF
FAITH IN ACTION 603 MAIN ST CHELSEA, MI 48118	38-2463646	501(C)(3)	26,032				DESIGNATION/PROGRAM GRANT

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

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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)	15,500				DESIGNATION

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

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FIRST UNITED METHODIST CHURCH ANN ARBOR 120 S STATE ST ANN ARBOR, MI 48104	38-1381150	501(C)(3)	5,000				DESIGNATION
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	114,380				DESIGNATION/COVID RELIEF

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

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FOUNDATIONS PRESCHOOL OF WASHTENAW CTY 3770 PACKARD RD ANN ARBOR, MI 48108	38-1256680	501(C)(3)	27,198				DESIGNATION/PROGRAM GRANT
FRIENDS IN DEED 1196 ECORSE RD YPSILANTI, MI 48198	38-2443974	501(C)(3)	42,839				DESIGNATION/PROGRAM GRANT

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

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GIRLS GROUP 2531 JACKSON AVE ANN ARBOR, MI 48103	20-4814985	501(C)(3)	24,635				DESIGNATION/COVID RELIEF
GIRLS ON THE RUN OF SE MICHIGAN 3075 CLARK RD YPSILANTI, MI 48197	38-3635841	501(C)(3)	7,437				PROGRAM GRANT

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

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GROWING HOPE PO BOX 980129 YPSILANTI, MI 48198	74-3091843	501(C)(3)	32,025				DESIGNATION/PROGRAM GRANT
HABITAT FOR HUMANITY HURON VALLEY 170 APRIL DR ANN ARBOR, MI 48103	38-2874694	501(C)(3)	29,233				DESIGNATION/COVID RELIEF/FINANCIAL STABILITY/DONOR ADVISED GRANT'

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

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HOPE CLINIC PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	34,975				DESIGNATION/COVID RELIEF
HOUSING BUREAU FOR SENIORS 2401 PLYMOUTH ROAD SUITE C ANN ARBOR, MI 48105	38-6006309	501(C)(3)	5,502				PROGRAM GRANT

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HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD ANN ARBOR, MI 48105	38-1474931	501(C)(3)	16,415				DESIGNATION
HURON VALLEY MUTUAL AID 32 N WASHINGTON ST STE 1 YPSILANTI, MI 48197	83-3711779	501(C)(3)	20,000				COVID RELIEF

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HURON WATERLOO PATHWAYS INITIATIVE 14800 EAST OLD US 12 CHELSEA, MI 48118	82-1605735	501(C)(3)	5,000				DONOR ADVISED GRANT
INTERFAITH HOSPITALITY NETWORK OF WASHTE 4290 JACKSON ROAD ANN ARBOR, MI 48103	28-3052598	501(C)(3)	7,445				DESIGNATION

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JAMES BEARD FOUNDATION 6 WEST 18TH STREET NEW YORK, NY 10011	13-2752108	501(C)(3)	72,000				DONOR ADVISED GRANT
JDRF SOUTHEAST MICHIGAN 24359 NORTHWESTERN HIGHWAY STE 225 SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	226,225				DESIGNATION/DONOR ADVISED GRANT

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JEWISH FAMILY SERVICES OF WASHTENAW COUN 2245 S STATE ST ANN ARBOR, MI 48104	41-2147486	501(C)(3)	81,558				DESIGNATION/COVID RELIEF/CAPACITY BLDG
JEWISH FEDERATION OF GREATER ANN ARBOR 2939 BIRCH HOLLOW DR ANN ARBOR, MI 48108	38-2711480	501(C)(3)	30,277				DESIGNATION/DONOR ADVISED GRANT

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

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JOURNEY OF FAITH CHRISTIAN CHURCH 1900 MANCHESTER RD ANN ARBOR, MI 48104	38-1797501	501(C)(3)	59,400				COVID RELIEF/PROGRAM GRANT
JOYFUL TREATS CDC 103 ECORSE RD YPSILANTI, MI 48198	46-0628538	501(C)(3)	20,000				COVID RELIEF

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LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN 420 N FOURTH AVE ANN ARBOR, MI 48104	38-1845444	501(C)(3)	58,567				DESIGNATION/PROGRAM GRANT
LINCOLN CONSOLIDATED SCHOOLS 7425 WILLIS RD YPSILANTI, MI 48197	38-6004035	501(C)(3)	15,000				COVID RELIEF

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LIVINGSTON COUNTY UNITED WAY 2980 DORR RD BRIGHTON, MI 48116	38-2174453	501(C)(3)	10,644				DESIGNATION
MENTOR2YOUTH PO BOX 980270 YPSILANTI, MI 48198	38-3855138	501(C)(3)	16,263				DESIGNATION/PROGRAM GRANT

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MOASH PO BOX 1386 EAST LANSING, MI 48826	26-3566862	501(C)(3)	25,000				PROGRAM GRANT
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD STE 260 ANN ARBOR, MI 48108	38-2595768	501(C)(3)	39,139				DESIGNATION/PROGRAM GRANT

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

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MICHIGAN AEROSPACE INNOVATION FOUNDATION PO BOX 8282 ANN ARBOR, MI 48107	38-3603828	501(C)(3)	5,000				DESIGNATION/DONOR ADVISED GRANT
MICHIGAN SCIENCE CENTER 5020 JOHN R RD DETROIT, MI 48202	23-7085149	501(C)(3)	100,000				DONOR ADVISED GRANT

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MICHIGAN THEATER 603 E LIBERTY ST4 ANN ARBOR, MI 48104	38-2269013	501(C)(3)	9,000				DESIGNATION/DONOR ADVISED GRANT
MICHIGAN THEATRE FOUNDATION 603 E LIBERTY ST ANN ARBOR, MI 48104	38-2269013	501(C)(3)	81,000				DONOR ADVISED GRANT

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MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL CT MILAN, MI 48160	27-1109225	501(C)(3)	19,853				DESIGNATION/PROGRAM GRANT
MY BROTHERS KEEPER 1819 S WAGNER RD ANN ARBOR, MI 48103	38-1717462	501(C)(3)	20,000				COVID RELIEF

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NATIONAL WILDLIFE FEDERATION 213 W LIBERTY STE 200 ANN ARBOR, MI 48104	53-0204616	501(C)(3)	5,000				DESIGNATION
NATURE CONSERVANCY MICHIGAN CHAPTER 101 E GRAND RIVER AVE LANSING, MI 48906	53-0242652	501(C)(3)	20,000				DESIGNATION

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

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NEUTRAL ZONE 310 E WASHINGTON ST ANN ARBOR, MI 48104	38-3407568	501(C)(3)	21,302				DESIGNATION/PROGRAM GRANT
NEW 1100 NORTH MAIN STREET ANN ARBOR, MI 48104	38-2825019	501(C)(3)	131,000				DESIGNATION/PROGRAM GRANT/CAPACITY BUILDING/DONOR ADVISED GRANT

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

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OUR HOUSE 111 S WALLACE RD YPSILANTI, MI 48197	80-0847767	501(C)(3)	32,196				PROGRAM GRANT
OZONE HOUSE 1705 WASHTENAW AVE ANN ARBOR, MI 48105	38-1916505	501(C)(3)	70,522				DESIGNATION/COVID RELIEF/PROGRAM GRANT/DONOR ADVISED GRANT

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

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PACKARD HEALTH 3174 PACKARD RD ANN ARBOR, MI 48108	38-2269817	501(C)(3)	58,430				DESIGNATION/PROGRAM GRANT/COVID RELIEF
PEACE NEIGHBORHOOD CENTER 1111 N MAPLE RD ANN ARBOR, MI 48103	23-7437867	501(C)(3)	38,222				DESIGNATION/COVID RELIEF

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PLANNED PARENTHOOD OF MID & SOUTH MI 3100 PROFESSIONAL DR ANN ARBOR, MI 48104	38-1707521	501(C)(3)	36,933				DESIGNATION
POWER OF PREDESTINEY MINITRIES 2841 BYNAN DR YPSILANTI, MI 48197	80-0279819	501(C)(3)	5,000				COVID RELIEF

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

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REGENTS OF THE UNIVERSITY OF MICHIGAN 701 S STATE ST ANN ARBOR, MI 48104	38-6006309	501(C)(3)	69,279				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
SAFEHOUSE CENTER 4100 CLARK RD ANN ARBOR, MI 48105	38-2121751	501(C)(3)	47,877				DESIGNATION/COVID RELIEF/PROGRAM GRANT/DONOR ADVISED GRANT

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

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SALINE AREA SOCIAL SERVICE 224 W MICHIGAN AVE SALINE, MI 48176	23-7134646	501(C)(3)	29,574				DESIGNATION/COVID RELIEF/PROGRAM GRANT
SAMARITAS 8131 E JEFFERSON AVE DETROIT, MI 48214	38-1360553	501(C)(3)	5,000				COVID RELIEF

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)	36,500				DESIGNATION/COVID RELIEF
SOS COMMUNITY SERVICES 101 S HURON YPSILANTI, MI 48197	38-2037588	501(C)(3)	38,935				DESIGNATION/COVID RELIEF/DONOR ADVISED GRANT

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SOUTH FORK NATURAL HISTORY MUSEUM 3777 BRIDGEHAMPTON BRIDGEHAMPTON, NY 11932	11-2972582	501(C)(3)	10,000				DONOR ADVISED GRANT
ST FRANCIS OF ASSISI CHURCH 2150 FRIEZE AVE ANN ARBOR, MI 48104	38-1404594	501(C)(3)	90,117				DESIGNATION/COVID RELIEF

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)	10,026				DESIGNATION
ST LOUIS CENTER FOR EXCEPTIONAL CHILDREN 16195 W OLD HWY 12 CHELSEA, MI 48118	38-6038121	501(C)(3)	18,673				COVID RELIEF

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

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STUDENT ADVOCACY CENTER 1921 W MICHIGAN AVE YPSILANTI, MI 48197	38-2058667	501(C)(3)	47,799				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
SUCCESS BY 6 1819 S WAGNER RD ANN ARBOR, MI 48103	38-1717462	501(C)(3)	6,467				DESIGNATION

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(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
SYNOD COMMUNITY SERVICES 615 S MANSFIELD ST YPSILANTI, MI 48198	38-2664541	501(C)(3)	10,000				COVID RELIEF
THE ARK 1955 PAULINE BLVD STE 200 ANN ARBOR, MI 48103	38-1802396	501(C)(3)	46,000				DESIGNATION/DONOR ADVISED GRANT

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

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THE CREAM INCORPORATED 10119 COLONIAL INDUSTRIAL SOUTH LYON, MI 48178	82-3833981	501(C)(3)	15,000				COVID RELIEF
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.

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US HOLOCAUST MEMORIAL COUNCIL 100 RAOUL WALLENBERG PI SW WASHINGTON, DC 20024	52-1309391	501(C)(3)	25,000				DONOR ADVISED GRANT
USS GERALD R FORD COMMISSIONING FUND 600 LYNNHAVEN PARKWAY 202 VIRGINIA BEACH, VA 23452	38-2368003	501(C)(3)	20,000				DONOR ADVISED GRANT

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

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UNIFIED-HIV HEALTH AND BEYOND 3075 W CLARK RD YPSILANTI, MI 48197	38-2669890	501(C)(3)	15,000				COVID RELIEF
UNITED METHODIST RETIREMENT COMMUNITIES 805 W MIDDLE ST CHELSEA, MI 48118	38-1366908	501(C)(3)	15,000				COVID RELIEF

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

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UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVE DETROIT, MI 48226	20-3099071	501(C)(3)	11,523				DESIGNATION/2-1-1 PROGRAM GRANT
UNITED WAY OF SUNCOAST 5201 W KENNEDY BLVD TAMPA, FL 33609	59-3725701	501(C)(3)	6,068				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
UNIVERSITY MUSICAL SOCIETY 881 NORTH UNIVERSITY AVENUE ANN ARBOR, MI 48109	38-1545881	501(C)(3)	9,500				DESIGNATION
VARIIS INSTITUTE INC 111 S WALLACE RD YPSILANTI, MI 48197	38-3556327	501(C)(3)	20,000				COVID RELIEF

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

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WASHTENAW AREA COUNCIL FOR CHILDREN 3075 W CLARK RD STE 110 YPSILANTI, MI 48197	38-2245181	501(C)(3)	6,679				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
WASHTENAW COMMUNITY COLLEGE FOUNDATION 4800 E HURON RIVER DR ANN ARBOR, MI 48105	38-2575395	501(C)(3)	26,007				DESIGNATION/PROGRAM GRANT

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

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WASHTENAW COUNTY OFFICE OF COMMUNITY DEV 415 W MICHIGAN YPSILANTI, MI 48197	38-2575395	501(C)(3)	36,883				PROGRAM GRANT
WASHTENAW INTERMEDIATE SCHOOL DISTRICT 1819 S WAGNER RD ANN ARBOR, MI 48103	38-1717462	501(C)(3)	52,390				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)	40,089				DESIGNATION/DONOR ADVISED GRANT/PROGRAM GRANT
WAY ACADEMY 19321 WEST CHICAGO DETROIT, MI 48108	27-3319122	501(C)(3)	7,500				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
WELLESLEY COLLEGE 106 CENTRAL ST WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,000				DESIGNATION
WE THE PEOPLE OPPORTUNITY FARM 3000 GREEN RD 131382 ANN ARBOR, MI 48113	83-1966370	501(C)(3)	20,000				COVID RELIEF

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

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WILD SWAN THEATER 6175 JACKSON RD STE B ANN ARBOR, MI 48103	38-2457214	501(C)(3)	6,526				DESIGNATION/DONOR ADVISED GRANT
WOMEN'S CENTER OF SOUTHEASTERN MICHIGAN 510 SOUTH MAPLE ANN ARBOR, MI 48103	36-4338567	501(C)(3)	10,040				PROGRAM GRANT

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

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YOUTH JUSTICE FUND 124 PEARL ST STE 402 YPSILANTI, MI 48197	82-2094621	501(C)(3)	20,000				COVID RELIEF
YPSILANTI COMMUNITY SCHOOLS 1885 PACKARD RD YPSILANTI, MI 48197	38-1805562	501(C)(3)	30,000				COVID RELIEF

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

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YPSILANTI DISTRICT LIBRARY 5577 WHITTAKER RD YPSILANTI, MI 48197	38-2462745	501(C)(3)	5,000				PROGRAM GRANT
HAWKINS PROJECT PO BOX 8368 ANN ARBOR, MI 48107	82-2406138	501(C)(3)	10,000				COVID RELIEF

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 48198	38-2038528	501(C)(3)	41,004				DESIGNATION/PROGRAM GRANT/COVID RELIEF
YPSILANTI SENIOR CENTER 1015 N CONGRESS YPSILANTI, MI 48197	83-4620448	501(C)(3)	19,750				COVID RELIEF

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	15	1,427,327	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	19	25,637	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** 1

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

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

Return Reference	Explanation
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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

2019**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 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:	UNCOLLECTIBLE PLEDGES -95,581.

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.