

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**  
Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF WASHTENAW COUNTY</b>		<b>D</b> Employer identification number <b>38-1951024</b>
	Doing business as		<b>E</b> Telephone number <b>734-971-8200</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2305 PLATT RD</b>		<b>G</b> Gross receipts \$ <b>6,634,700.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ANN ARBOR, MI 48104</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>PAMELA SMITH</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.UWWASHTENAW.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1972</b>	<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CONNECT PEOPLE, RESOURCES &amp; ORGANIZATIONS TOGETHER TO CREATE A THRIVING COMMUNITY FOR EVERYONE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>130</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,994,686.</b>	<b>Current Year</b> <b>5,284,291.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>85,467.</b>	<b>74,735.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>212,553.</b>	<b>127,649.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-16,698.</b>	<b>10,132.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,276,008.</b>	<b>5,496,807.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,813,308.</b>	<b>4,103,413.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>705,083.</b>	<b>667,625.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>640,246.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>552,549.</b>	<b>807,121.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,070,940.</b>	<b>5,578,159.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>205,068.</b>	<b>-81,352.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>8,945,093.</b>	<b>End of Year</b> <b>8,691,779.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,546,606.</b>	<b>2,456,355.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>6,398,487.</b>	<b>6,235,424.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>PAMELA SMITH, PRESIDENT/CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATHLEEN M. UNDERHILL, CP</b>	Preparer's signature <b>KATHLEEN M. UNDERHILL</b>	Date <b>05/07/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00589677</b>
	Firm's name <b>REHMANN ROBSON LLC</b>	Firm's EIN <b>38-3635706</b>	Firm's address <b>555 BRIARWOOD CIRCLE, STE 300 ANN ARBOR, MI 48108</b>	Phone no. (734) <b>761-2005</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,345,369. including grants of \$ 4,047,638. ) (Revenue \$ 80,148. ) 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.

4b (Code: ) (Expenses \$ 106,720. including grants of \$ ) (Revenue \$ ) 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.

4c (Code: ) (Expenses \$ 66,405. including grants of \$ 22,275. ) (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: 700
TOTAL # OF CLIENTS WHO RECEIVED COACHING SERVICES: 23 OF THE TOTAL SERVED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 91,336. including grants of \$ 33,500. ) (Revenue \$ )

4e Total program service expenses 4,609,830.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included in line 1a... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
VALERIE KENNINGS - 734-971-8200
2305 PLATT RD, ANN ARBOR, MI 48104

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) KAREN BANTEL DIRECTOR, BOARD CHAIR	4.00	X		X			0.	0.	0.	
(2) DAVID CANTER DIRECTOR, BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) MARQUAN JACKSON DIRECTOR, BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(4) RICH COOPER DIRECTOR, BOARD TREASURER	4.00	X		X			0.	0.	0.	
(5) TODD CLARK DIRECTOR THRU 4/2017	4.00	X					0.	0.	0.	
(6) TIM DAMSCHRODER DIRECTOR	1.00	X					0.	0.	0.	
(7) STEPHEN DOBSON DIRECTOR	1.00	X					0.	0.	0.	
(8) GRETCHEN DRISKELL DIRECTOR	1.00	X					0.	0.	0.	
(9) BILL FILETI DIRECTOR	1.00	X					0.	0.	0.	
(10) JIM KOSTEVA DIRECTOR	2.00	X					0.	0.	0.	
(11) SCOTT MENZEL DIRECTOR	1.00	X					0.	0.	0.	
(12) VINCE PRICE DIRECTOR	1.00	X					0.	0.	0.	
(13) DOUG STRONG DIRECTOR THRU 4/2017	0.50	X					0.	0.	0.	
(14) COREY FROST DIRECTOR	1.00	X					0.	0.	0.	
(15) NANCY HEINE DIRECTOR	1.00	X					0.	0.	0.	
(16) OZZIE JAMES DIRECTOR	1.00	X					0.	0.	0.	
(17) DAVID CLIFFORD DIRECTOR THRU 6/1/2017	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) GREG DILL DIRECTOR	1.00	X						0.	0.	0.
(19) DONNA DOLEMAN DIRECTOR	1.00	X						0.	0.	0.
(20) MEGAN MAZUREK DIRECTOR	1.00	X						0.	0.	0.
(21) LINDA KOOS DIRECTOR EFFECTIVE 4/2017	0.50	X						0.	0.	0.
(22) ROBIN DAMSCHRODER DIRECTOR EFFECTIVE 4/2017	0.50	X						0.	0.	0.
(23) ERIK BAKKER DIRECTOR EFFECTIVE 4/2017	0.50	X						0.	0.	0.
(24) CINDY ELLIOTT DIRECTOR EFFECTIVE 4/2017	0.50	X						0.	0.	0.
(25) YODIT MESFIN-JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(26) PAMELA SMITH CEO	50.00			X				117,183.	0.	2,719.
<b>1b Sub-total</b> .....								117,183.	0.	2,719.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								82,246.	0.	5,284.
<b>d Total (add lines 1b and 1c)</b> .....								199,429.	0.	8,003.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Valerie Kennings (CFO) and Lisa Rentz (Director of Finance & Admin).

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	8,659.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	55,775.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,219,857.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		477,249.				
	<b>h Total.</b> Add lines 1a-1f .....		5,284,291.				
	<b>Program Service Revenue</b>	<b>2 a</b> SERVICE FEES .....	<b>Business Code</b> 561000	74,735.	74,735.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			74,735.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		52,487.			52,487.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	430.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		430.			
	<b>d</b> Net rental income or (loss) .....		430.			430.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	1,137,703.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		1,062,541.			
		<b>c</b> Gain or (loss) .....		75,162.			
	<b>d</b> Net gain or (loss) .....		75,162.			75,162.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 8,659. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	77,441.				
		<b>b</b> Less: direct expenses .....		75,352.			
<b>c</b> Net income or (loss) from fundraising events .....			2,089.			2,089.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	2,200.					
	<b>b</b> Less: direct expenses .....		0.				
	<b>c</b> Net income or (loss) from gaming activities .....		2,200.			2,200.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME .....		900099	5,413.	5,413.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			5,413.			
<b>12 Total revenue.</b> See instructions. ....			5,496,807.	80,148.	0.	132,368.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,103,413.	4,103,413.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	215,890.	59,656.	111,473.	44,761.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	366,874.	162,773.	49,074.	155,027.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,336.	13,336.		
<b>9</b> Other employee benefits	23,885.	11,477.		12,408.
<b>10</b> Payroll taxes	47,640.	18,285.	13,030.	16,325.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	24,751.	6,437.	10,782.	7,532.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	23,381.	6,081.	10,185.	7,115.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	164,595.	124,536.	21,587.	18,472.
<b>12</b> Advertising and promotion	84,144.	3,206.	3,578.	77,360.
<b>13</b> Office expenses	31,843.	6,507.	5,533.	19,803.
<b>14</b> Information technology	31,706.	14,324.	9,385.	7,997.
<b>15</b> Royalties				
<b>16</b> Occupancy	53,688.	20,311.	15,307.	18,070.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,462.	11,111.	11,802.	8,549.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	41,210.	16,649.	9,767.	14,794.
<b>22</b> Depreciation, depletion, and amortization	67,249.	27,168.	15,939.	24,142.
<b>23</b> Insurance	10,594.	4,233.	2,475.	3,886.
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS SUPPLIES	203,554.		250.	203,304.
<b>b</b> BANK CHARGES	38,944.	327.	37,916.	701.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,578,159.	4,609,830.	328,083.	640,246.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	3,737,786.	<b>2</b>	3,642,857.
	<b>3</b> Pledges and grants receivable, net .....	1,610,380.	<b>3</b>	1,353,785.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,233.	<b>9</b>	29,073.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,267,935.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 868,137.	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	1,465,916.	<b>11</b>	1,399,798.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,020,565.	<b>12</b>	2,173,449.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	85,213.	<b>15</b>	92,817.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,945,093.	<b>16</b>	8,691,779.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	88,717.	<b>17</b>	80,627.
	<b>18</b> Grants payable .....	1,663,707.	<b>18</b>	1,668,783.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	25,917.	<b>23</b>	19,464.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	768,265.	<b>25</b>	687,481.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,546,606.	<b>26</b>	2,456,355.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,289,357.	<b>27</b>	2,889,540.
	<b>28</b> Temporarily restricted net assets .....	1,187,486.	<b>28</b>	1,424,211.
	<b>29</b> Permanently restricted net assets .....	1,921,644.	<b>29</b>	1,921,673.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	6,398,487.	<b>33</b>	6,235,424.	
<b>34</b> Total liabilities and net assets/fund balances .....	8,945,093.	<b>34</b>	8,691,779.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,496,807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,578,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	-81,352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,398,487.
5	Net unrealized gains (losses) on investments	5	194,544.
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	-276,255.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,235,424.

**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		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6019275.	5654967.	8091443.	4994686.	5284291.	30044662.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6019275.	5654967.	8091443.	4994686.	5284291.	30044662.
<b>5</b> 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) .....						4441984.
<b>6 Public support.</b> Subtract line 5 from line 4.						25602678.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	6019275.	5654967.	8091443.	4994686.	5284291.	30044662.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	96,664.	73,363.	59,519.	74,514.	52,917.	356,977.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	13,430.	4,608.	16,223.	3,045.	5,413.	42,719.
<b>11 Total support.</b> Add lines 7 through 10						30444358.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	432,666.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.10 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	84.21 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNITED WAY OF WASHTENAW COUNTY

Employer identification number

38-1951024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>UNITED WAY OF WASHTENAW COUNTY</b>	Employer identification number <b>38-1951024</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>128,017.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>835,760.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>641,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>206,842.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF WASHTENAW COUNTY</b>	Employer identification number  <b>38-1951024</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>UNITED WAY OF WASHTENAW COUNTY</b>	Employer identification number <b>38-1951024</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**Name of the organization** UNITED WAY OF WASHTENAW COUNTY **Employer identification number** 38-1951024

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	3	
2 Aggregate value of contributions to (during year) .....	641,500.	
3 Aggregate value of grants from (during year) .....	891,311.	
4 Aggregate value at end of year .....	122,551.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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**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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,196,197.	2,224,467.	2,204,664.	2,028,436.	1,922,004.
b Contributions	29.	26.	25.	1,105.	1,470.
c Net investment earnings, gains, and losses	324,633.	80,938.	117,638.	277,450.	205,835.
d Grants or scholarships	123,138.	109,234.	97,860.	102,327.	100,873.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,397,721.	2,196,197.	2,224,467.	2,204,664.	2,028,436.

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  80.15 %
- c Temporarily restricted endowment  19.85 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,195.		81,195.
b Buildings		1,879,772.	594,883.	1,284,889.
c Leasehold improvements				
d Equipment		273,641.	244,332.	29,309.
e Other		33,327.	28,922.	4,405.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,399,798.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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) <b>POSTEMPLOYMENT BENEFIT OBLIGATION</b>	<b>246,309.</b>
(3) <b>DESIGNATIONS PAYABLE</b>	<b>441,172.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>687,481.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,347,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	194,544.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-127,330.	
e	Add lines 2a through 2d	2e		67,214.
3	Subtract line 2e from line 1	3		4,280,303.
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	1,216,504.	
c	Add lines 4a and 4b	4c		1,216,504.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,496,807.

**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	4,437,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	75,352.	
e	Add lines 2a through 2d	2e		75,352.
3	Subtract line 2e from line 1	3		4,361,655.
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	1,216,504.	
c	Add lines 4a and 4b	4c		1,216,504.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,578,159.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

UNLESS THE ENDOWMENT FUNDS ARE RESTRICTED BY THE DONOR, THE FUNDS ARE KEPT BY UWVC 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 UWVC. THE POLICY NOW IS 5% OF THE LAST 5 QUARTERS OF THE ENDOWMENT FUND IS DEDUCTED AND USED FOR OPERATIONS.

**PART X, LINE 2:**

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL YEARS 2014 THROUGH 2017, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF JUNE 30, 2017. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S

**Part XIII** Supplemental Information (continued)

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, 2017, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	75,352.
UNCOLLECTIBLE PLEDGES	-202,682.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-127,330.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,216,504.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	75,352.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,216,504.
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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the**  
**organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ.**  
**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

**2016**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WOMEN'S INITIATIVE P (event type)	LABOR GOLF POUTING (event type)	8 (total number)		
Revenue	1	Gross receipts	44,094.	11,695.	30,311.	86,100.
	2	Less: Contributions	8,659.			8,659.
	3	Gross income (line 1 minus line 2)	35,435.	11,695.	30,311.	77,441.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,647.	3,605.	15,734.	26,986.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,766.	2,446.	39,154.	48,366.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				75,352.
11	Net income summary. Subtract line 10 from line 3, column (d)				2,089.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: \_\_\_\_\_



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AID IN MILAN 89 W MAIN ST. MILAN, MI 48160	38-2108453	501(C)(3)	12,503.	0.			PROGRAM OPERATIONS
ALMA COLLEGE 614 W SUPERIOR ALMA, MI 48801	38-1359083	501(C)(3)	5,000.	0.			DESIGNATION
AMERICAN PROMISE SCHOOLS 4366 MILITARY ST. DETROIT, MI 48210	46-4341453	501(C)(3)	25,000.	0.			DESIGNATION
AMERICAN RED CROSS-WASHTENAW/LENAWEE - 4625 PACKARD RD - ANN ARBOR, MI 48108	53-0196606	501(C)(3)	8,728.	0.			DESIGNATION
ANN ARBOR AREA COMMUNITY FOUNDATION - 301 N MAIN ST - ANN ARBOR, MI 48104	38-6087967	501(C)(3)	10,951.	0.			DESIGNATION
ANN ARBOR ART CENTER 117 WEST LIBERTY ST. ANN ARBOR, MI 48104	23-7205537	501(C)(3)	72,272.	0.			DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **115.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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Schedule I (Form 990) (2016)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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)	7,055.	0.			DESIGNATION
ANN ARBOR MEALS ON WHEELS 2505 TRAVERWOOD DR, STE F ANN ARBOR, MI 48105	38-6006309	501(C)(3)	15,350.	0.			PROGRAM OPERATIONS
ANN ARBOR SUMMER FESTIVAL 310 DEPOT ST., STE 3 ANN ARBOR, MI 48104	38-2307397	501(C)(3)	7,029.	0.			DESIGNATION
ANN ARBOR YMCA 400 W WASHINGTON ST ANN ARBOR, MI 48103	38-1525162	501(C)(3)	10,571.	0.			DONOR ADVISED GRANT
ARBOR HOSPICE 2366 OAK VALLEY DR ANN ARBOR, MI 48103	38-2532215	501(C)(3)	12,034.	0.			DESIGNATION
ATLANTIC COUNCIL 1030 15TH ST NW WASHINGTON, DC 20005	52-0742294	501(C)(3)	25,000.	0.			DONOR ADVISED GRANT
AVALON HOUSING, INC. 1327 JONES DR STE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	22,092.	0.			PROGRAM OPERATIONS
BIG BROTHERS/BIG SISTERS, WASHTENAW CNTY - 2890 CARPENTER RD, STE 600 - ANN ARBOR, MI 48108	26-0344984	501(C)(3)	16,205.	0.			PROGRAM OPERATIONS
BLUEPRINT FOR AGING 5361 MCAULEY DR ANN ARBOR, MI 48108	38-1654500	501(C)(3)	5,000.	0.			LEADERSHIP CONVENING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILD IT FOR THE BRAVE 3250 PLYMOUTH RD, STE 103 ANN ARBOR, MI 48105	81-2586691	501(C)(3)	60,836.	0.			DESIGNATION
CATHOLIC SOCIAL SERVICES-WASHTENAW 4925 PACKARD RD ANN ARBOR, MI 48104	38-1654500	501(C)(3)	49,050.	0.			PROGRAM OPERATIONS
CENTER FOR INDEPENDENT LIVING 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2133063	501(C)(3)	5,431.	0.			DESIGNATION
CHELSEA UNITED WAY 603 S MAIN ST CHELSEA, MI 48118	23-7128098	501(C)(3)	6,761.	0.			DESIGNATION
CHILD CARE NETWORK 3941 RESEARCH PARK ANN ARBOR, MI 48108	38-2160250	501(C)(3)	182,842.	0.			PROGRAM OPERATIONS
CHILDREN'S LITERACY NETWORK 1954 S INDUSTRIAL HWY STE D ANN ARBOR, MI 48104	38-3002473	501(C)(3)	10,000.	0.			PROGRAM OPERATIONS
CIVCITY INITIATIVE 118 S MAIN ST. ANN ARBOR, MI 48104	47-2406379	501(C)(3)	5,000.	0.			PROGRAM OPERATIONS
COMMUNITY ACTION NETWORK P.O. BOX 130076 ANN ARBOR, MI 48113	38-2792610	501(C)(3)	110,176.	0.			PROGRAM OPERATIONS
COMMUNITY FDTN. OF S.E. MICHIGAN 333 W FORT ST DETROIT, MI 48226	38-2530980	501(C)(3)	5,000.	0.			DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF MICHIGAN - 1105 N TELEGRAPH RD - WATERFORD, MI 48328	51-0240030	501(C)(3)	17,400.	0.			DESIGNATION
COMMUNITY RESOURCE CENTER 410 CITY RD MANCHESTER, MI 48158	38-2792399	501(C)(3)	16,901.	0.			PROGRAM OPERATIONS
CORNER HEALTH CENTER 48 N HURON ST YPSILANTI, MI 48197	38-2329743	501(C)(3)	171,164.	0.			PROGRAM OPERATIONS
DAPCO 127 N WASHINGTON ST. YPSILANTI, MI 48197	38-3486156	501(C)(3)	13,000.	0.			FINANCIAL STABILITY PROGRAM OPERATIONS
DAWN FARM 6633 STONY CREEK YPSILANTI, MI 48197	23-7318277	501(C)(3)	11,100.	0.			DESIGNATION
DETROIT HISTORICAL SOCIETY 5401 WOODWARD AVE DETROIT, MI 48202	38-1381144	501(C)(3)	5,004.	0.			DESIGNATION
DETROIT REGIONAL DOLLARS FOR SCHOLARS - 100 RENAISSANCE CENTER - DETROIT, MI 48243	46-5180614	501(C)(3)	10,000.	0.			DESIGNATION
DEXTER UNITED METHODIST CHURCH 7643 HURON RIVER DR DEXTER, MI 48130	38-2066464	501(C)(3)	5,400.	0.			DESIGNATION
DIPLOMACY CENTER FOUNDATION 2401 CALVERT ST NW, APT 902 WASHINGTON, DC 20008	51-0398806	501(C)(3)	20,000.	0.			DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708	56-2070036	501(C)(3)	8,500.	0.			DESIGNATION
EARTH SHARE OF MICHIGAN 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	52-1601960	501(C)(3)	10,461.	0.			DESIGNATION
EASTERN MICHIGAN UNIVERSITY 332 KING HALL YPSILANTI, MI 48197	38-6005986	501(C)(3)	12,000.	0.			PROGRAM OPERATIONS
ELE'S PLACE 1582 EISENHOWER PLACE ANN ARBOR, MI 48108	38-2976751	501(C)(3)	31,978.	0.			DESIGNATION
EMERSON SCHOOL 5426 SCIO CHURCH RD ANN ARBOR, MI 48103	23-7442766	501(C)(3)	24,440.	0.			DONOR ADVISED GRANT
FAIR HOUSING CENTER OF SE & MID-MICHIGAN - P.O. BOX 7825 - ANN ARBOR, MI 48107	38-3003761	501(C)(3)	7,753.	0.			PROGRAM OPERATIONS
FAITH IN ACTION 603 MAIN ST CHELSEA, MI 48118	38-2463646	501(C)(3)	11,205.	0.			PROGRAM OPERATIONS
FAMILY LEARNING INSTITUTE OF ANN ARBOR - 1954 S INDUSTRIAL HWY STE D - ANN ARBOR, MI 48104	38-3514678	501(C)(3)	24,046.	0.			PROGRAM OPERATIONS
FIRST PRESBYTERIAN CHURCH 1432 WASHTENAW AVE ANN ARBOR, MI 48104	38-1360543	501(C)(3)	34,065.	0.			DESIGNATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD ALLERGY RESEARCH AND EDUCATION - 7925 JONES BRANCH DR - MCLEAN, VA 22101	54-1605958	501(C)(3)	50,883.	0.			DESIGNATION
FOOD GATHERERS PO BOX 131037 ANN ARBOR, MI 48113	38-2853858	501(C)(3)	259,289.	0.			PROGRAM OPERATIONS
FOUNDATIONS PRESCHOOL OF WASHTENAW CTY - 3770 PACKARD RD - ANN ARBOR, MI 48108	38-1256680	501(C)(3)	168,197.	0.			PROGRAM OPERATIONS
FRIENDS IN DEED 1196 ECORSE RD YPSILANTI, MI 48198	38-2443974	501(C)(3)	21,404.	0.			FINANCIAL STABILITY PROGRAM OPERATIONS
GERALD R. FORD PRESIDENTIAL FOUNDATION - 303 PEARL ST NW - GRAND RAPIDS, MI 49504	38-2368003	501(C)(3)	20,000.	0.			DONOR ADVISED GRANT
GIRL'S GROUP 2531 JACKSON AVE ANN ARBOR, MI 48103	20-4814985	501(C)(3)	22,842.	0.			PROGRAM OPERATIONS
GIRLS ON THE RUN OF SE MICHIGAN 1100 N MAIN, STE 217 ANN ARBOR, MI 48104	38-3635841	501(C)(3)	13,058.	0.			PROGRAM OPERATIONS
GROWING HOPE PO BOX 980129 YPSILANTI, MI 48198	74-3091843	501(C)(3)	8,713.	0.			PROGRAM OPERATIONS
HABITAT FOR HUMANITY, HURON VALLEY 170 APRIL DR ANN ARBOR, MI 48103	38-2874694	501(C)(3)	18,613.	0.			FINANCIAL STABILITY PROGRAM OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH SCOPE EDUCATIONAL RESEARCH FOUNDATION - 600 N RIVER ST. - YPSILANTI, MI 48198	23-7001501	501(C)(3)	10,000.	0.			PROGRAM OPERATIONS
HOME OF NEW VISION 3115 PROFESSIONAL DR ANN ARBOR, MI 48104	38-3325410	501(C)(3)	46,844.	0.			PROGRAM OPERATIONS
HOPE CLINIC PO BOX 980311 YPSILANTI, MI 48198	38-2469007	501(C)(3)	73,018.	0.			PROGRAM OPERATIONS
HOUSING BUREAU FOR SENIORS 2401 PLYMOUTH RD, STE C ANN ARBOR, MI 48105	38-6006309	501(C)(3)	15,000.	0.			PROGRAM OPERATIONS
HUMANE SOCIETY OF HURON VALLEY 3100 CHERRY HILL RD ANN ARBOR, MI 48105	38-1474931	501(C)(3)	15,357.	0.			DESIGNATION
HURON RIVER WATERSHED COUNCIL 1100 N MAIN ST ANN ARBOR, MI 48104	38-1806452	501(C)(3)	10,350.	0.			DESIGNATION
INTERFAITH HOSPITALITY NETWORK OF WASHTE - 4290 JACKSON RD - ANN ARBOR, MI 48103	28-3052598	501(C)(3)	21,281.	0.			PROGRAM OPERATIONS
JDRF 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	192,100.	0.			DESIGNATION
JDRF SOUTHEAST MICHIGAN 24359 NORTHWESTERN HWY, STE 225 SOUTHFIELD, MI 48075	23-1907729	501(C)(3)	10,000.	0.			DONOR ADVISED GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF WASHTENAW COUN - 2245 S STATE ST - ANN ARBOR, MI 48104	41-2147486	501(C)(3)	96,105.	0.			PROGRAM OPERATIONS
JEWISH FEDERATION OF GREATER ANN ARBOR - 2939 BIRCH HOLLOW DR - ANN ARBOR, MI 48108	38-2711480	501(C)(3)	22,910.	0.			DESIGNATION
KALI'S CURE FOUNDATION 5475 BLUE HERON DR ALMA, MI 48801	26-2473236	501(C)(3)	5,000.	0.			DESIGNATION
LEAGUE OF MICHIGAN BICYCLISTS 410 S CEDAR ST, STE A LANSING, MI 48912	38-2418387	501(C)(3)	7,500.	0.			DESIGNATION
LEGACY LAND CONSERVANCY 6276 JACKSON RD, STE G ANN ARBOR, MI 48103	38-2899980	501(C)(3)	6,000.	0.			DESIGNATION
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN - 420 N FOURTH AVE - ANN ARBOR, MI 48104	38-1845444	501(C)(3)	73,495.	0.			PROGRAM OPERATIONS
LIGHTUP 5400 HOLLOW DR BLOOMFIELD HILLS, MI 48302	47-3431539	501(C)(3)	5,000.	0.			DESIGNATION
LIVINGSTON COUNTY UNITED WAY 2980 DORR RD BRIGHTON, MI 48116	38-2174453	501(C)(3)	5,596.	0.			DESIGNATION
MENTOR2YOUTH P.O. BOX 980270 YPSILANTI, MI 48198	38-3855138	501(C)(3)	15,143.	0.			PROGRAM OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN ABILITY PARTNERS 3810 PACKARD RD STE 260 ANN ARBOR, MI 48108	38-2595768	501(C)(3)	45,204.	0.			PROGRAM OPERATIONS
MICHIGAN AEROSPACE INNOVATION FOUNDATION - PO BOX 8282 - ANN ARBOR, MI 48107	38-3603828	501(C)(3)	10,000.	0.			DESIGNATION
MICHIGAN SCIENCE CENTER 5020 JOHN R RD DETROIT, MI 48202	23-7085149	501(C)(3)	50,000.	0.			DESIGNATION
MICHIGAN THEATER 603 E LIBERTY ST ANN ARBOR, MI 48104	38-2269013	501(C)(3)	6,250.	0.			DESIGNATION
MILAN SENIORS FOR HEALTHY LIVING 45 NECKEL CT MILAN, MI 48160	27-1109225	501(C)(3)	15,208.	0.			PROGRAM OPERATIONS
NATURE CONSERVANCY, MICHIGAN CHAPTER - 101 E GRAND RIVER AVE - LANSING, MI 48906	53-0242652	501(C)(3)	21,200.	0.			DESIGNATION
NEUTRAL ZONE 310 E WASHINGTON ST ANN ARBOR, MI 48104	38-3407568	501(C)(3)	23,646.	0.			PROGRAM OPERATIONS
NONPROFIT ENTERPRISE AT WORK 1100 N MAIN ST ANN ARBOR, MI 48104	38-2825019	501(C)(3)	32,671.	0.			CAPACITY BUILDING
OZONE HOUSE 1705 WASHTENAW AVE ANN ARBOR, MI 48105	38-1916505	501(C)(3)	58,477.	0.			PROGRAM OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACKARD HEALTH 3174 PACKARD RD ANN ARBOR, MI 48108	38-2269817	501(C)(3)	15,670.	0.			DESIGNATION
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	6,097.	0.			DESIGNATION
PEACE NEIGHBORHOOD CENTER 1111 N MAPLE RD ANN ARBOR, MI 48103	23-7437867	501(C)(3)	50,688.	0.			PROGRAM OPERATIONS
PLANNED PARENTHOOD OF MID & SOUTH MI - 3100 PROFESSIONAL DR - ANN ARBOR, MI 48104	38-1707521	501(C)(3)	33,200.	0.			DESIGNATION
REGENTS OF THE UNIVERSITY OF MICHIGAN - 701 S STATE ST - ANN ARBOR, MI 48104	38-6006309	501(C)(3)	35,567.	0.			PROGRAM OPERATIONS
RONALD MCDONALD HOUSE CHARITIES OF ANN ARBOR - 1600 WASHINGTON HEIGHTS - ANN ARBOR, MI 48109	38-2473817	501(C)(3)	17,633.	0.			DESIGNATION
SAFEHOUSE CENTER 4100 CLARK RD ANN ARBOR, MI 48105	38-2121751	501(C)(3)	83,141.	0.			PROGRAM OPERATIONS
SALINE AREA SOCIAL SERVICE, INC 131 E MICHIGAN AVE SALINE, MI 48176	23-7134646	501(C)(3)	7,461.	0.			BASIC NEEDS
SALVATION ARMY OF WASHTENAW COUNTY 100 ARBANA DR ANN ARBOR, MI 48103	38-1370971	501(C)(3)	68,566.	0.			PROGRAM OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CRISIS INTERVENTION PROGRAM FUND - 2401 PLYMOUTH RD, STE C - ANN ARBOR, MI 48105	38-6006309	501(C)(3)	20,000.	0.			PROGRAM OPERATIONS
SHELTER ASSOCIATION OF WASHTENAW COUNTY - PO BOX 7370 - ANN ARBOR, MI 48107	38-2533030	501(C)(3)	76,886.	0.			PROGRAM OPERATIONS
SOS COMMUNITY SERVICES 101 S HURON YPSILANTI, MI 48197	38-2037588	501(C)(3)	37,379.	0.			PROGRAM OPERATIONS
SOUTH FORK NATURAL HISTORY MUSEUM 3777 BRIDGEHAMPTON BRIDGEHAMPTON, NY 11932	11-2972582	501(C)(3)	10,000.	0.			DESIGNATION
SOUTHERN SHORES FIELD SERVICE COUNCIL - 3914 BESTECH DR - YPSILANTI, MI 48197	45-4003240	501(C)(3)	5,367.	0.			DESIGNATION
ST. JOSEPH MERCY HOSPITAL 5305 E HURON RIVER DR YPSILANTI, MI 48197	38-2113393	501(C)(3)	7,040.	0.			DESIGNATION
ST. PAUL LUTHERAN CHURCH 420 W LIBERTY ST ANN ARBOR, MI 48103	38-1628441	501(C)(3)	10,000.	0.			DESIGNATION
STUDENT ADVOCACY CENTER 1921 W MICHIGAN AVE YPSILANTI, MI 48197	38-2058667	501(C)(3)	50,779.	0.			PROGRAM OPERATIONS
SUCCESS BY 6 1819 S WAGNER RD ANN ARBOR, MI 48103	31-1717462	501(C)(3)	7,947.	0.			DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARK 1955 PAULINE BLVD, STE 200 ANN ARBOR, MI 48103	38-1802396	501(C)(3)	55,000.	0.			DESIGNATION
THE HENRY FORD 20900 OAKWOOD BLVD DEARBORN, MI 48124	38-1359513	501(C)(3)	100,000.	0.			DESIGNATION
U OF M DEPT. OF ORTHOPAEDIC SURGERY - 701 S STATE ST - ANN ARBOR, MI 48109	59-0901509	501(C)(3)	5,000.	0.			DESIGNATION
U OF M SCHOOL OF PUBLIC HEALTH 3075 W CLARK RD, STE 110 YPSILANTI, MI 48197	38-6006309	501(C)(3)	22,000.	0.			DESIGNATION
UNIFIED HIV HEALTH AND BEYOND 3075 W CLARK RD, STE 203 YPSILANTI, MI 48197	38-2669890	501(C)(3)	10,000.	0.			PROGRAM OPERATIONS
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVE - DETROIT, MI 48226	20-3099071	501(C)(3)	23,250.	0.			PROGRAM OPERATIONS
UNITED WAY OF MANATEE COUNTY PO BOX 109 BRADENTON, FL 34206	59-0901509	501(C)(3)	8,000.	0.			DESIGNATION
UNIVERSITY OF MICHIGAN 701 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	23,175.	0.			DESIGNATION
USS GERALD R. FORD COMMISSIONING FUND - 600 LYNNHAVEN PKWY, STE 202 - VIRGINIA BEACH, VA 23452	52-1264067	501(C)(3)	10,000.	0.			DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHTENAW AREA COUNCIL FOR CHILDREN - 3075 W CLARK RD, STE 110 - YPSILANTI, MI 48197	38-2245181	501(C)(3)	17,015.	0.			PROGRAM OPERATIONS
WASHTENAW CNTY COMMUNITY MENTAL HLTH - 555 TOWNER ST, 2ND FLOOR - YPSILANTI, MI 48198	38-6004894	501(C)(3)	50,114.	0.			PROGRAM OPERATIONS
WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E HURON RIVER DR - ANN ARBOR, MI 48105	38-2575395	501(C)(3)	11,004.	0.			DESIGNATION
WASHTENAW HEALTH PLAN 555 TOWNER YPSILANTI, MI 48197	02-0585175	501(C)(3)	25,000.	0.			LEADERSHIP CONVENING
WASHTENAW HOUSING ALLIANCE PO BOX 7993 ANN ARBOR, MI 48107	38-3551639	501(C)(3)	34,219.	0.			LEADERSHIP CONVENING
WASHTENAW INTERMEDIATE SCHOOL DISTRICT - 1819 S WAGNER RD - ANN ARBOR, MI 48103	38-1717462	501(C)(3)	90,000.	0.			PROGRAM OPERATIONS
WAY PROGRAM 555 BRIARWOOD CR, STE 105 ANN ARBOR, MI 48108	27-3319122	501(C)(3)	8,500.	0.			DESIGNATION
WILD SWAN THEATER 6175 JACKSON RD, STE B ANN ARBOR, MI 48103	38-2457214	501(C)(3)	5,025.	0.			DESIGNATION
WOMENS CENTER OF SOUTHEASTERN MICHIGAN - 510 S MAPLE RD - ANN ARBOR, MI 48103	36-4338567	501(C)(3)	15,780.	0.			PROGRAM OPERATIONS

Schedule I (Form 990)





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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	20	273,695.	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	27	203,554.	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**

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? .....

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF WASHTENAW COUNTY

Employer identification number

38-1951024

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

5 INDIVIDUALS INCREASED NET INCOME

17 INDIVIDUALS DECREASED HOUSEHOLD MONTHLY COSTS

10 INDIVIDUALS INCREASED NET WORTH

9 INDIVIDUALS SAVED AT LEAST \$250 OR MORE AT THE END OF 6 MONTHS

(ASSETS)

14 INDIVIDUALS CONSISTENTLY SAVED MONEY FOR 3 MONTHS (ASSETS)

10 INDIVIDUALS REDUCED DEBT (LIABILITIES)

8 INDIVIDUALS HAVE CREDIT SCORES ABOVE 650

11 INDIVIDUALS IMPROVED CREDIT SCORES

21 INDIVIDUALS FEEL MORE EMPOWERED TO MANAGE THEIR PERSONAL FINANCES

23 INDIVIDUALS INCREASED THEIR FINANCIAL MANAGEMENT KNOWLEDGE AND

SKILLS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 PERSONS WITH DISABILITIES, SUPPORT FOR

CHILDREN, YOUTH, AND FAMILIES, AND VOLUNTEER OPPORTUNITIES.

EXPENSES \$ 32,005. INCLUDING GRANTS OF \$ 16,000. REVENUE \$ 0.

Name of the organization UNITED WAY OF WASHTENAW COUNTY	Employer identification number 38-1951024
--	--

VOLUNTEER CENTER - CONNECTED MORE THAN 6,500 INDIVIDUALS WITH VOLUNTEER OPPORTUNITIES AT MORE THAN 2000 NONPROFIT AGENCIES IN WASHTENAW COUNTY. THESE CONNECTIONS CONTRIBUTE AN ESTIMATED \$321,000 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.

EXPENSES \$ 24,831. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.

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 \$53,000 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 2016, UWVC FREE TAX SERVICES RESULTED IN:

596 STATE AND FEDERAL RETURNS FILED

\$578,000 IN TAX RETURNS BROUGHT BACK TO WASHTENAW COUNTY

\$90,000 ESTIMATED TAX RETURN PREPARATION FEES SAVED

54 VOLUNTEERS DEDICATED 830 HOURS TO SERVING WASHTENAW COUNTY

RESIDENTS

\$18,085 WAS THE AVERAGE HOUSEHOLD ADJUSTED GROSS INCOME AND THE

AVERAGE REFUND WAS \$1,221

Name of the organization UNITED WAY OF WASHTENAW COUNTY	Employer identification number 38-1951024
--	--

EXPENSES \$ 34,500. INCLUDING GRANTS OF \$ 12,500. REVENUE \$ 0.

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.

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.

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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION/POSTRETIREMENT-RELATED CHARGES OTHER THAN NET

Name of the organization UNITED WAY OF WASHTENAW COUNTY	Employer identification number 38-1951024
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PERIODIC PENSION COST	-73,573.
UNCOLLECTIBLE PLEDGES	-202,682.
TOTAL TO FORM 990, PART XI, LINE 9	-276,255.

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.