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DLN: 93493044008000

Form **990** 匆

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

	k if applic		C Name of organization	01-2008 and ending 06-30-2009	,	D Employer ide	entification number
_	ess chang	i icasc	UNITED WAY OF GENESEE COL	YINL		38-135951	
∏ Nam	e change	print or type. See	Doing Business As			E Telephone nu	
☐ Inıtıa	I return	Specific Instruc-		x if mail is not delivered to street addres	ss) Room/suite	(810) 232-8	
Term	ination	tions.	PO BOX 949			d dross receipt	<b>LS</b> \$ 9,002,203
Ame	nded retu	rn	City or town, state or country, FLINT, MI 48501	and ZIP + 4		1	
Apple	cation pe	nding	1 LINT, MI 46301			_	
			ne and address of Principal	O fficer	<b>H(a)</b> Is th	ıs a group return	
		RONAL PO BO	_D J BUTLER X 949		affilia	ates?	ΓYes <b>Γ</b> Nο
		•	MI 48501		H(b) Are a	II affiliates include	ed?
I Tax-	exempt s	status 🔽 501(c	) ( 3 ) ◀ (insert no )	a)(1) or 527	(If "N	No," attach a list	See instructions )
J We	b site: Þ	• WWW UNITED	OWAYGENESEE ORG		H(c) Grou	up Exemption Nu	mber ►
<b>K</b> Type	of organi	zation 🔽 Corporat	cion trust association oth	ner <b>▶</b>	<b>L</b> Year of Fo	ormation 1922 <b>M</b>	State of legal domicile MI
Par	<b>II</b> S	Summary					
<u> </u>	<b>1</b> Br	refly describe th	ne organization's mission or	most significant activities			
		itional Data Tab					
Governance		•	_	nued its operations or disposed o			
8				oody (Part VI, line 1a)			20
		•	•	e governing body (Part VI, line 1	0)		
Activities &			mployees (Part V , line 2a) olunteers (estimate if neces				37 150
		otal number of v otal gross unrela		0			
译		_		Form 990-T, line 34		7b	0
			or Year	Current Year			
	<b>8</b> C	ontributions and	d grants (Part VIII, line 1h)			8,629,198	9,379,704
	<b>9</b> P	rogram service	revenue (Part VIII, line 2g)		79,661	83,878	
Revenue	<b>10</b> I	nvestment incor	me (Part VIII, column (A), l		237,698	71,127	
	<b>11</b> 0	ther revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		79,505	22,000
		otal revenue—a 2)	dd lines 8 through 11 (must	equal Part VIII, column (A), line		9,026,062	9,556,709
	<b>13</b> G	rants and sımıla	ar amounts paid (Part IX, co	lumn (A), lines 1-3)		2,180,955	2,249,959
	<b>14</b> B	enefits paid to o	or for members (Part IX, col	umn (A), line 4)			0
8		alaries, other co 0)	ompensation, employee ben	efits (Part IX, column (A), lines 5	:-	1,739,415	2,044,608
Expenses	<b>16a</b> P	rofessional fund	raising fees (Part IX, colum	ın (A), lıne 11e)			0
ੜੇ	<b>b</b> (1	otal fundraising ex	penses, Part IX, column (D), line	25 414,214			
_	<b>17</b> 0	ther expenses	(Part IX, column (A), lines 1	.1a-11d, 11f-24f)		4,498,251	4,068,740
	<b>18</b> T	otal expenses—	-add lines 13–17 (must equ	al Part IX, line 25, column (A))		8,418,621	8,363,307
	<b>19</b> R	evenue less exp	penses Subtract line 18 fro	m line 12		607,441	1,193,402
Net Assets or Fund Balances					Beginn	ing of Year	End of Year
See	<b>20</b> T	otal assets (Pai	rt X, line 16)			12,047,384	12,859,893
# B E	<b>21</b> T	otal liabilities (F	Part X, line 26)			1,731,777	1,675,216
			d balances Subtract line 2	1 from line 20		10,315,607	11,184,677
Part		Signature Bl					
				ined this return, including accompanying n of preparer (other than officer) is based			
Pleas	e L	*****			2009	9-12-10	
Sign Here	<b>   </b>	Signature of office	er		Date		
пете		RONALD J BUTLER Type or print nam	R EXECUTIVE DIRECTOR				
	Dr.	eparer's <b>L</b>		Date	Check If	Preparer's PTIN (	(See Gen Inst )
Paid		nature		s	elf- empolyed 🕨 🦵	.	,
r ala Prepar	er's Fir	m's name (or your	s L PLANTE & MORAN PLLC	poi/cu -			
Use O	nlv lif:	self-employed), dress, and ZIP + 4	111 E COURT ST SUITE 1A		EIN 🕨		
	l au	arc <i>aa,</i> and 217 + 4				Phone no ▶ (8	10) 767-5350
May +b	- IDC d	is succeeding ratio	rp with the preparer shown :	above? (See instructions)			✓ Yes  No

1 Briefly describe the organization's mission

### Part III Statement of Program Service Accomplishments (See the instructions.)

	UNITE PEOPLE, DEVELOP RESOURCES AND CRECOMMUNITY TO IMPROVE PEOPLE'S LIVES	TATE SOLUTIONS OUR VISIO	ON IS TO BUILD A STRONG	GER FLINT AND GENESEE COUNT	Y BY MOBILIZING OUR
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		ces during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		hanges in how it cond	lucts any program · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these changes on S				
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ns and 4947(a)(1) trus	sts are required to re	port the amount of grants a	
4a	(Code ) (Expenses \$ FUND RAISING CONTRIBUTIONS DISTRIBUTE UNITED WAY COMMUNITY SERVICES, FUND	ED TO VARIOUS NONPROFIT			
4b	(Code ) (Expenses \$ CONTRIBUTIONS RECEIVED FROM FUND RATAGENCIES		ocluding grants of \$ VARIOUS NONPROFIT AG	2,249,959 ) (Revenue \$ ENCIES FOR PROGRAM SERVICE	3,359,279 ) S PROVIDED DIRECTLY BY THOSE
4c	(Code ) (Expenses \$	ını	cluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe i	n Schedule O )			
	(Expenses \$	including grants of \$		) (Revenue \$	)
4e	Total program service expenses \$	7,344,768	Must equal Part IX, I	Line 25, column (B).	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
_	complete Schedule D, Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ice				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	<i>,</i>				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	100			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		37			
h	If at least one is reported in 2a, did the organization file all required federal employ					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities account)?	-	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Financial Accounts</i> .	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to	7c		No
4	file Form 8282?	   7d		76		N O
u	ir res, marcate the number of forms 6262 med during the year	_/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to perfectly contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	ı fıle a F	orm 1098-C as			
_	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them )	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section .	A. Governing	Body and	Management		

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 20			
Ь	Enter the number of voting members that are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8Ь	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

AMY MEISTER 328 S SAGINAW ST FLINT, MI 48502 (810) 762-0855

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

#### Software ID: Software Version:

**EIN:** 38-1359516

Name: UNITED WAY OF GENESEE COUNTY

#### Form 990, Part VII - Section Aaa

		Posit t	(C tion ( hat a	chec		I		(D)	(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE CANTOR , TRUSTEE	1 00	Х						0	0	0
RUDY ARMSTRONG , EMERITUS	1 00	Х						0	0	0
MIKE FRAWLEY , TRUSTEE	1 00	Х						0	0	0
DAN WELTON , TRUSTEE	1 00	Х						0	0	0
LAURIE PROCHAZKA , TRUSTEE	1 00	Х						0	0	0
DAVID SHARP , TRUSTEE	1 00	Х						0	0	0
TANYA JEFFERSON , VICE CHAIR	1 00	Х		Х				0	0	0
DR JULIA TEAHEN , TRUSTEE	1 00	Х						0	0	0
RANDY WISE , TRUSTEE	1 00	Х						0	0	0
PAM ROOT-PALINSKY , TRUSTEE	1 00	Х						0	0	0
RAVI YALAMANCHI, TRUSTEE	1 00	Х						0	0	0
DUANE ZUCKSCHWERDT , TRUSTEE	1 00	Х						0	0	0
MARCY GARCIA , EMERITUS	1 00	Х						0	0	0
LARRY ROEHRIG , TRUSTEE	1 00	Х						0	0	0
RAUL GARCIA , TRUSTEE	1 00	Х						0	0	0
STUART FORSYTH , TRUSTEE	1 00	Х						0	0	0
DOUGLAS HERBERGER , SECRETARY	1 00	Х		Х				0	0	0
KAREN TOLER , TRUSTEE	1 00	Х						0	0	0
CURTIS CLARK STD , TRUSTEE	1 00	Х						0	0	0
KEVIN KEANE , CHAIR	1 00	Х		Х				0	0	0
HANNAH GOODSTEIN , CHIEF OPERATING OFFICE	36 00			x				63,052	0	21,326
AMY MEISTER , INTERIM CHIEF FINANCIAL	36 00			х				60,600	0	22,807
RONALD J BUTLER , EXECUTIVE DIRECTOR	36 00			x				94,032	0	24,398

### Part VII Continued

from the organization . . . . .

			(C) Position (check all that apply)							(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount o compens from t rganizati relat organiza	fother sation the ion and ed
											$\pm$		
											$\pm$		
											$\perp$		
											$\pm$		
1b	Total	<u> </u>	<u>.</u> .	<u> </u>				<b> </b>	217,68	<u> </u> 4	0		68,531
2	Total number of individuals (includin compensation from the organization		a) who	recei	ved	mo	re thar	n \$1	00,000 in reportab	le	•		
												Yes	No
3	Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu									sated employee	_		
4	For any individual listed online 1a, is									n from the	3		No
	organization and related organization										_		
5	Did any person listed on line 1a rece		e comr	• ensa	• tion	• fro	manv	unr	elated organization	for services	4		No
•	rendered to the organization? If "Yes										5		No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high			ndep	ende	ent	contra	ctor	s that received mo	re than			
	·	(A)  nd business add							Des	(B) cription of services		(C Compe	•
									[				

### Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns .	. 1a	124,916				,
ants Ints	ь	Membership dues						
ž ž	С	Fundraising events		4,315				
ffs, rar			<b>1</b> c					
<u></u>		Related organizations .  Government grants (contributed)		413 578				
ons sin		All other contributions, gifts, gr						
e e e	T	similar amounts not included a	bove					
Program Service Revenue	g	Noncash contributions in						
Ş.₩		lines 1a-1f \$			0.270.704			
	h	Total (Add lines 1a-1f)			9,379,704			
0								
n e		SERVICE FEES		900,099	83,878	83,878		
æ		-						
Ace								
Ser								
an	f	All other program service	revenue					
٥								
Δ	g	Total. Add lines 2a-2f . ► \$ 83,878						
	3	Investment income (inclu	ıdıng dıvı	dends, interest				
		other similar amounts) .			142,986			142,986
	4	Income from investment of tax	c-exempt b	ond proceeds				
Other Revenue Contributions, gifts, grants amounts and other similar amounts are similar amounts and other similar amounts and other similar amounts are similar amounts and other similar amounts and other similar amounts are similar amounts and other similar amounts and other similar amounts are similar amounts and similar	5	Royalties						
		(ı) Re		(II) Personal				
	6a	Gross Rents						
	ь	expenses						
6	С	Rental income or (loss)						
	d	Net rental income or (los	s)					
		(ı) Secu	rities	(II) O ther				
	7a	Gross amount from sales of		53,041				
		assets other than inventory						
	ь	Less cost or other basis and		124,900				
		sales expenses Gain or (loss)		-71.859				
	d	Net gain or (loss)		,	-71,859	-71,859		
				. •				
Φ	8a	Gross income from fundra events (not including \$676	-					
evenu		1c) See Part IV, line 18 Attach Schedule G if total e	exceeds					
Ξ. Œ	h	\$15,000		4,315				
ţþe	c	Net income or (loss) from						
0	9a	Gross income from gamir		Total Revenue Related or Business Revenue 124,916  1b				
		activities See part IV, li	ne 19					
	b Membershing c Fundraising d Related org e Government f All other contismilar amount g Noncash c Innes 1a-11 h Total (Add  e Innes 1a-11 h Total (Add  f All other pi g Total. Add h \$ 83,871  3 Investment other simil 4 Income from 5 Royalties  6a Gross Rent b Less rental expenses c Rental income or (loss) d Net rental  7a Gross amount from sales of assets other than inventor b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or  8a Gross inco events (no \$ 15,000 .  b Less direct c Net income ga Gross inco events (no f Net rental  11a Miscellan  11a Total Reve 8c,	Complete Schedule G if tot exceeds \$15,000	aı					
			а					
	#\$ 83,878  3 Investment in other similar and the similar and t	Less direct expenses .						
	C	Net income or (loss) from	i gaming a					
	10a	Gross sales of inventory, returns and allowances	•					
	ь	Less cost of goods sold	ь					
	С	Net income or (loss) from	sales of	,				
	4.4	Miscellaneous Revenue			22.000	22.000		
		MISCELLANEOUS		900,099	22,000	22,000		
	C							<u> </u>
		All other revenue						
	e	Total. Add lines 11a-11d		\$ 22,000				
	12	Total Revenue. Add lines 8c, 9c, 10c, and 11e		_	9,556,709	34,019	0	142,986

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,249,959	2,249,959		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	286,215	140,629	41,738	103,848
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,054,589	775,971		75,936
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	605,564	365,406	147,393	92,765
10	Payroll taxes	98,240	64,398	20,069	13,773
11	Fees for services (non-employees)				
а	Management	5,363	2,965	1,373	1,025
b	Legal	17,028	9,415	4,359	3,254
c	Accounting				
	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,363,048	3,252,792	71,819	38,437
12	Advertising and promotion				
13	Office expenses	152,343	99,971	15,495	36,877
14	Information technology	18,993	1,098	7,446	10,449
15	Royalties				
16	Occupancy	81,597	50,312	17,750	13,535
17	Travel	18,662	18,320	342	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	176,900	136,598	25,977	14,325
20	Interest				
21	Payments to affiliates	36,082	36,082		
22	Depreciation, depletion, and amortization	5,301		5,301	
23	Insurance	4,960	2,096	1,615	1,249
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	MISCELLANEOUS	86,124	73,642	7,211	5,271
b	EQUIPMENT RENTAL AND MA	39,852	29,362	8,263	2,227
С	PROGRAM MATERIALS	32,086	32,086		
d	SUBSCRIPTIONS AND DUES	30,401	3,666	25,492	1,243
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,363,307	7,344,768	604,325	414,214
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year	1	Ella ol year
	2	Savings and temporary cash investments			5,441,000		5,997,630
	3	Pledges and grants receivable, net			1,508,066		844,712
	4	Accounts receivable, net			39,342	4	97,991
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	loyees or		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of			6		
	7	Notes and loans receivable, net			7,701	7	
	8	Inventories for sale or use		-		8	
90	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	احدا	118,136			
⋖		Land Committee de de committee Commi	10a	110,136			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	109,313	139,024	10c	8,823
	11	Investments—publicly traded securities			2,293,235	11	1,163,510
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D		223,964	12	169,601	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D.			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		2,395,052	15	4,577,626	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,047,384		12,859,893
	17	Accounts payable and accrued expenses .			649,283	17	512,414
	18	Grants payable			18	•	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	-			20	
Š	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties	s			23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			1,082,494	25	1,162,802
	26	Total liabilities. Add lines 17 through 25			1,731,777	26	1,675,216
— s		Organizations that follow SFAS 117, check here ►  and complete through 29, and lines 33 and 34.	plete lines	27			
)UC	27	Unrestricted net assets			5,207,597	27	4,598,405
Balance	28	Temporarily restricted net assets			4,284,274	28	5,880,739
<u>-</u>	29	Permanently restricted net assets			823,736		705,533
Fund		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	nd complet	e			
0	30	Capital stock or trust principal, or current funds	_			30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fi	- •		32		
Net 4	33	Total net assets or fund balances			10,315,607	33	11,184,677
ž	34	Total liabilities and net assets/fund balances			12,047,384	34	12,859,893
					1	<b>-</b> -T	,555,500
Pa	rt XI	Financial Statements and Reporting					

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493044008000

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

JNITE	D WAY	OF GENESEE C	OUNTY							_	
В-		D	fan Dalalia C	barita Ctatua (ta ba as		h a II. a			-1359516		
	rt I			<b>harity Status</b> (to be col ation because it is (Please	•				Instruct	ions)	
	organi.		•	·			•		(A ) (:)		
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u> </u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)  A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)									
3		•	·				-		• •		•
4	ļ		-	zation operated in conjuncti	on with a h	nospital de	escribed ii	n Section :	170(Ь)(1)	( <b>A</b> )(iii). E	nter the
	_	•	name, city, and								
5	J	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın
	_	Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6		A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b	<b>))(1)(A)(vi)</b> (Complete Par	tII)						
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	( <b>vi)</b> (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2	) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Γ	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions )									
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
				orted organizations describe						Sect ion 5	<b>09(a)(3).</b> Check
		a T		type of supporting organiza			nes 11e t nally Integ		h <b>d</b>	□ Type	III - Other
•	_	·	• •	rtify that the organization is						' ''	
e	,	•		agers and other than one or			•			•	
		section 50				,					
f		If the orgar	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organizatio <u>n,</u>
		check this						6.11			
g		following pe		as the organization accepted	d any gift (	or contrib	ution from	any of the	<b>!</b>		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_	·		. ,	11g	
				erson described in (i) above	_					11g(	<del></del>
			•	ty of a person described in (		oove?				11g(	
h				nation about the organizatio			supports				
			J	,							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supp	orted		(described on lines 1-9	organiz	atıon ın	the orga	nızatıon	organiz	atıon ın	support?
	Organ	nization		above or IRC section	col <b>(i)</b> l			) of your	col (i) o		
				(See Instructions))	your go docur	-	supp	ort?	In the	US?	
					Yes	No	Yes	No	Yes	No	-
					162	140	162	110	162	140	

Total

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support	1						
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,703,088	8,913,553	9,727,409	8,629,198		9,379,704	44,352,952
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	7,703,088	8,913,553	9,727,409	8,629,198		9,379,704	44,352,952
5	The portion of total contribution by each							<u>-</u>
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							6,864,434
6	(f) <b>Public Support</b> subtract line 5 from line							27 400 E10
	4							37,488,518
	otal Support		<u>.</u>					
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	7,703,088	187,962	9,727,409	8,629,198		9,379,704	44,352,952
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	69,951	187,962	355,751	237,698		142,986	994,348
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	22,581	378,905	134,305	79,505		22,000	637,296
11	Total Support (Add lines 7 through 10)							45,984,596
12	Gross receipts from related activities, etc	(See instruction	s)	1	•	12		315,688
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		81.520 %
15	Public Support Percentage for 2007 Sched		•	.,,		15		84.420 %
16a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as		·		3 1/3% or more,	<u> </u>	this box	<b>▶</b>  ✓
	33 1/3% Test - 2007. If the organization di box and stop here. The organization qualific 10% Facts and Circumstances Test - 2008.	es as a publicly s If the organization	supported organ on did not check	ization a box on line 1:	3, 16a, or 16b a	ind lin	e 14 ıs 10'	<b>▶</b> % or
b	more, and if the organization meets the "fac organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	ances" test The If the organization	e organization qu on did not check	ualıfıes as a pub a box on lıne 1:	licly supported 3, 16a, 16b, or	organı 17a aı	zation nd line 15 i	<b>►</b> □ is 10% or
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did	mstances" test	The organization	n qualifies as a	publicly suppor	ted or	ganızatıon	``` ▶⊏

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	ime of the organization ITED WAY OF GENESEE COUNTY		Employer identification number
Pa	organizations Maintaining Donor A		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		·
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" t	to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space	organization (check all that apply) ation or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
2	Complete lines 2a–2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	n of a conservation easement  Held at the End of the Year
а	Total number of conservation easements		2a
b		nto	2b
c	rotar deredge restricted by conservation education		2c
d	Number of conservation easements on a certified	` ,	
	Number of conservation easements included in (c	,	2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🟲		
4	Number of states where property subject to conser	vation easement is located 🟲	
5	Does the organization have a written policy regarding enforcement of the conservation easements it hold		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	e year 🕨
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financia	· · · · · · · · · · · · · · · · · · ·
Par	rt III Organizations Maintaining Collecti Complete if the organization answered	l "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> - \$
2	If the organization received or held works of art, his following amounts required to be reported under SF		- <del>-</del> -
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
ь	Assets included in Form 990. Part X		<b>b- ¢</b>

Part	Organizations Maintaining Collections of Art,	His	tori	cal Treasur	es, or Othe	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcant u	se of its collection		
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explai Part XIV	n hov	vthey	y further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements. ( Part IV, line 9, or reported an amount on Form 99)	Com	plete	e if the organ		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	diary	for c	ontributions or	other assets i	not	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table $\ensuremath{If}$	9						
						A mou	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete if the organization					t IV, line 10. Three Years Back (e)		Dl-
1-	Beginning of year balance	(0)	Prior \	real (C)IWO	rears back   (u)	Tillee Teals back (e)	iroui te	edis back
1a L								
b	Contributions							
C _	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	5						
а	Board designated or quasi-endowment							
ь	Permanent endowment 🕨							
с	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organiza	tion	hat a	are held and ad	ministered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		
	(ii) related organizations					3a(ii)		
	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's end					3b		
4 Dor	t VI Investments—Land, Buildings, and Equipmen				rt V line 10			
Раг	investments—Land, Bundings, and Equipmen	ιτ. 5		•	<u> </u>			
	_		(a					
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) B	ook value
<b>1a</b> l	Description of investment					(c) Depreciation	(d) B	ook value
	·	ı				(c) Depreciation	(d) B	ook value
b E	and					(c) Depreciation	(d) B	ook value
<b>b</b> 6	and					(c) Depreciation		8,823
b 6 c 1 d 6	and	•	ba	sis (investment)	basis (other)	90,258		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, li	ne 15.		
(a) Descri	ption		( <b>b)</b> Book value
BENEFICIAL INTEREST HELD BY THIRD PARTY			579,845
PROMISES TO GIVE			3,997,781
Total. (Column (b) should equal Form 990, Part X, col.(B) line			4,577,626
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
POSTRETIREMENT BENEFIT OBLIGATIONS	1,162,802		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,162,802	I	

Part	XI Reconciliation of C	hange in Net Assets from Fori	m 990 to	<u>o Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	9,556,709
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	8,363,307
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	1,193,402
4	Net unrealized gains (losses) o	n ınvestments			4	-519,943
5	Donated services and use of fa	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	195,611
9	Total adjustments (net) Add lir	nes 4 - 8			9	-324,332
10	, ,	per financial statements Combine line	s 3 and 9		10	869,070
Part		evenue per Audited Financial		ents With Revenue	per Re	eturn
1		r support per audited financial stateme			. 1	9,152,979
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	. 2a			
b	Donated services and use of fa	acılıtıes	. 2b		1	
c	Recoveries of prior year grants		. 2c		7	
d	Other (Describe in Part XIV)		. 2d	-118,203		
e	Add lines <b>2a</b> through <b>2d</b> .				2e	-118,203
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	9,271,182
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIV)		4b	285,527		
c					4c	285,527
5		d <b>4c.</b> (This should equal Form 990, Par			5	9,556,709
		xpenses per Audited Financia			Т" Т	
1		audited financial statements			1	8,443,438
2		t not on Form 990, Part IX, line 25	ا ا	1		
a		icilities	<del></del>	a	-	
b	· · ·	Part IX, line 25	<u> </u>	<b>b</b>	-	
C A	Other (Describe in Part XIV)			<b>d</b> 473,599	_	
d	Add lines 2a through 2d			u 4/3,599	2   2e	473.599
е 3	Subtract line 2e from line 1.				3	7,969,839
4		D, Part IX, line 25, but not on line <b>1:</b>	• •			7,505,035
a		uded on Form 990, Part VIII, line 7b	4	a		
ь	Other (Describe in Part XIV)		. 4		<u> </u>	
c	Add lines <b>4a</b> and <b>4b</b>		· <u> </u>		4c	393,468
5		id <b>4c.</b> (This should equal Form 990, Pa	rt I. line 1	8)	5	8,363,307
	XIV Supplemental Inf					
	plete this part to provide the des	scriptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI			art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference		Explana	tion	
				•		
	_					_
		İ				

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493044008000

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

UNITED WAY OF GENESEE COUNTY	38-1359516	
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,		
the selection criteria used to award the grants or assistance?		√ Yes Γι
<b>Part II Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organ Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient receive Part IV and Schedule I-1 if additional space is needed		
	l l	<b>h)</b> Purpose of grant r assistance
See Additional Data Table		
2 Enter total number of section 501(c)(3) and government organizations	_	29
3 Enter total number of other organizations		ule I (Form 990) 2008

Software ID: Software Version:

**EIN:** 38-1359516

Name: UNITED WAY OF GENESEE COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1401 S GRAND TRAVERSE FLINT,MI 48503	53-0196605	501 (c)(3)	95,500				ALLOCATION
BIG BROTHERS BIG SISTERS OF FLINT410 SECOND FLINT,MI 48502	38-2259541	501 (c)(3)	100,505				ALLOCATION
TALL PINE COUNCIL BOY SCOUTS507 W ATHERTON FLINT, MI 48507	38-1357988	501 (c)(3)	73,322				ALLOCATION
CATHOLIC CHARITIES910 CHIPPEWA FLINT,MI 48503	38-1359243	501 (c)(3)	238,000				ALLOCATION
CENTER FOR GERONTOLOGY3919 BEECHER FLINT,MI 48532	38-2514708	501 (c)(3)	12,000				ALLOCATION
SHELTER OF FLINT902 E SIXTH ST FLINT,MI 48503	38-2620824	501 (c)(3)	9,000				ALLOCATION
FAMILY SERVICE AGENCY 1422 W COURT FLINT,MI 48503	38-1360539	501 (c)(3)	220,120				ALLOCATION
4-C CHILD CARE UNLIMITED1509 1/2 E COURT FLINT,MI 48503	38-2821360	501 (c)(3)	30,000				ALLOCATION
JEWISH COMMUNITY SERVICES619 WALLENBERG FLINT,MI 48502	38-2752384	501 (c)(3)	13,040				ALLOCATION
VOCATIONAL INDEPENDENCE PROGRAM G5069 VANSLYKE FLINT,MI 48507	38-1558541	501 (c)(3)	45,000				ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant or assistance organization section grant cash valuation (book, non-cash FMV, appraisal, or government ıfapplıcable assistance assistance other) 501 (c)(3) LEGAL SERVICES OF 38-1958131 76,500 ALLOCATION EASTERN MICHIGAN436 SSAGINAW FLINT, MI 48503 5,500 FOOD BANK OF EASTERN 38-2379678 501 (c)(3) ALLOCATION MICHIGAN2312 LAPEER FLINT, MI 48503 GIRL SCOUTS OF 79,828 ALLOCATION 38-1359207 501 (c)(3) SOUTHEAST MICHIGAN 2300 AUSTIN PKWY FLINT, MI 48507 501 (c)(3) 211,119 RESOURCE GENESEE 23-7355855 ALLOCATION 1401 S GRAND TRAVERSE FLINT, MI 48503 38-2299753 75,209 ALLOCATION GENESEE COUNTY 501 (c)(3) YOUTH CORP914 CHURCH FLINT, MI 48502 SALVATION ARMY211 W 501 (c)(3) 38-1370971 120,000 ALLOCATION KEARSLEY FLINT, MI 48502 501 (c)(3) 18,000 COMMUNICATION 38-1991687 ALLOCATION ACCESS CENTER1505 W COURT FLINT, MI 48502 YWCA310 E THIRD 38-1360597 501 (c)(3) 67,590 ALLOCATION FLINT, MI 48502 GENESEE INTERMEDIATE 38-2722499 55,000 ALLOCATION 501 (c)(3) SCHOOL DISTRICT 2284 BALLENGER STE A FLINT, MI 48503 20,650 38-3086969 501 (c)(3) ALLOCATION PRIORITY CHILDREN924 CEDAR ST FLINT, MI 48503

Form 990,Schedule I,	Part II, Gra	nts and Other Ass	istance to Gov	ernments and O	rganizations in	the United State	. <b>s</b>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER FLINT3701 N AVERILL FLINT,MI 48506	38-3381808	501 (c)(3)	42,500				ALLOCATION
METRO COMMUNITY HOUSING503 S SAGINAW STE 804 FLINT,MI 48502	38-3072010	501 (c)(3)	43,714				ALLOCATION
CONNEXION1110 ELDON BAKER DR FLINT,MI 48507	38-2242037	501 (c)(3)	8,000				ALLOCATION
AMERICAN ARAB HERITAGE COUNCIL 416 N SAGINAW STE 220 FLINT, MI 48502	38-2810236	501 (c)(3)	11,000				ALLOCATION
ST LUKE'S NEW LIFE CENTER3115 LAWDALE FLINT,MI 48504	38-1360401	501 (c)(3)	20,000				ALLOCATION
GENESYS HEALTH FOUNDATIONONE GENESYS PKWY GRAND BLANC, MI 48439	38-3591148	501 (c)(3)	70,000				ALLOCATION
GENESEE CO CHILD CARE FUND932 BEACH FLINT,MI 48502	38-6004849	GOVERNMENT	50,000				ALLOCATION
FACT2415 BAGLEY FLINT,MI 48504	56-2593271	501 (c)(3)	42,500				ALLOCATION
GENESEE COURT PACT FUND900 S SAGINAW FLINT,MI 48502	38-6004849	GOVERNMENT	25,000				ALLOCATION

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" on Form 990, Part I	V, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 THE UNITED WAY COMMUNITY INVESTMENT CABINET PERFORMS ANNUAL FINANCE REVIEW OF ALL PARTNER AGENCIES FINANCIAL AUDITS THESE REVIEWS ARE COMPLETED BY CPA'S AND FINANCIAL EXPERTS PARTNER AGENCIES ALSO HAVE A YEARLY ONSITE VISIT BY UNITED WAY STAFF AND VOLUNTEERS AND MUST SUBMIT MIDYEAR AND FINAL REPORTS

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As Filed Data -

DLN: 93493044008000

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public

Inspection

Name of the organization UNITED WAY OF GENESEE COUNTY Employer identification number

38-1359516

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		DRAFT FORM 990 WAS PROVIDED TO THE BOARD MEMBERS AT THE FINANCE COMMITTEE AND BOARD OF DIRECTORS MEETINGS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		OFFICERS AND EMPLOYEES SIGN CONFLICT OF INTEREST POLICY ON A YEARLY BASIS AND ABSTAIN IN ANY VOTE WHERE CONFLICTS OCCUR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		BOARD OF TRUSTEES REVIEW AND APPROVE THE COMPENSATION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		PROCESS HAS NOT CHANGED FROM PRIOR YEAR

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

WE MOBILIZE THE COMMUNITY AND ITS RESOURCES, FORGE PARTNERSHIPS AND COLLABORATIONS WITH INDIVIDUALS, NON-PROFIT AGENCIES, GOVERNMENT, CORPORATIONS, ORGANIZED LABOR AND FOUNDATIONS, TO HELP CREATE SOLUTIONS. WE HAVE BROADENED OUR ROLE IN THE COMMUNITY BEYOND BEING JUST A FUNDRAISER AND GRANTOR. WE HAVE EITHER STARTED OR ARE A MEMBER OF 18 COLLABORATING OR PARTNERSHIPS THAT ARE WORKING TO FIND EFFICIENT SOLUTIONS FOR THE GAPS IN THE "SAFETY NET" OF SERVICES, FOR CHILDREN, FAMILIES AND OLDER ADULTS IN OUR COMMUNITY.