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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**UNITED WAY OF SAGINAW COUNTY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

100 S JEFFERSON AVENUE

Room/suite

City or town, state or country, and ZIP + 4

SAGINAW**MI 48607****D** Employer identification number**38-1358215****E** Telephone number**989-755-0505****G** Gross receipts \$ **2,138,352****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYSAGINAW.ORG****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1919****M** State of legal domicile **MI****Part I Summary****1** Briefly describe the organization's mission or most significant activities**SUPPORT NON-PROFIT SERVICE ORGANIZATIONS AND TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of employees (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue Add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **228,235****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Prior Year

1,915,538

Current Year

2,134,917**3,152****-45,374****65,820****34,376****1,984,510****2,123,919****1,379,252****1,329,112****398,571****416,208****302,240****278,098****2,080,063****2,023,418****-95,553****100,501**

Beginning of Current Year

4,020,686

End of Year

4,481,059**624,270****699,295****3,396,416****3,781,764****Part II Signature Block****Sign Here**

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.

Signature of officer

CHERRIE BENCHLEY**PRESIDENT/CEO**

Date

8/12/10

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Shepherd A Thomas

Date

08/12/10Check if self-employed ☐Preparer's identifying number (see instructions)
P00020875

Firm's name (or yours if self-employed), address, and ZIP + 4

**Gardner, Provenzano, Schauman & Thomas
P.O. Box 6457
Saginaw, MI 48608**EIN ▶ **38-2613351**Phone no ▶ **989-790-3900**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

DAA

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SUPPORT NON-PROFIT SERVICE ORGANIZATIONS AND TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ANOTHER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ **1,329,652** including grants of \$ **1,329,112**) (Revenue \$)
FUNDS RAISED IN THE ANNUAL CAMPAIGN ARE FOR THE COMMUNITY PLANNING/ALLOCATIONS TO SUPPORT A VARIETY OF NON-PROFIT HUMAN SERVICES.

4b (Code) (Expenses \$ **323,135** including grants of \$) (Revenue \$)
SERVICES TO THE COUNTY OF SAGINAW SUCH AS PUBLIC HEALTH INFORMATION, REFERRAL TO SHELTER ORGANIZATIONS, AND PLACEMENT OF LAID OFF LABORERS.

4c (Code) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$) including grants of \$) (Revenue \$)

4e Total program service expenses **1,652,787**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII - Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X - 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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? If "Yes," complete Schedule F, Part II		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
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		X
36 Section 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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1a	30		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	14		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	45	
b Enter the number of voting members that are independent	45	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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
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?		

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 (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
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **TRACY ALDRICH** **100 S JEFFERSON**

SAGINAW

MI 48607

989-755-0505

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JERRY ULREY BY-LAWS CHAIR	1.00	X						0	0	0
JIM VANTIFLIN MEMBER	1.00	X						0	0	0
ELLEN CRANE-FREIGANG IM. PAST CHAIR	1.00	X						0	0	0
LARRY SIMS MEMBER	1.00	X						0	0	0
LARRY JONES MEMBER	1.00	X						0	0	0
HERB SPENCE MEMBER	1.00	X						0	0	0
FLORINDA CAUSIE MEMBER	1.00	X						0	0	0
CHERYL HADSALL MEMBER	1.00	X						0	0	0
JERRY SEESE MEMBER	1.00	X						0	0	0
BERNIE WILLIAMS MEMBER	1.00	X						0	0	0
DANIEL CUMPER MEMBER	1.00	X						0	0	0
EDWARD BRUFF MEMBER	1.00	X						0	0	0
JOSEPH KISS MEMBER	1.00	X						0	0	0
MARK SCHNEIDER MEMBER	1.00	X						0	0	0
ROBERT ORR MEMBER	1.00	X						0	0	0
DAN ANDREWS MEMBER	1.00	X						0	0	0
BETTY NAGEL MEMBER	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	(C) Position (check all that apply)						(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			
STEVE SCHLICHT MEMBER	1.00	X						0	0	0
GARNET SHERMAN MEMBER	1.00	X						0	0	0
PAUL CHAFFEE MEMBER	1.00	X						0	0	0
BILL CURRY MEMBER	1.00	X						0	0	0
BRYAN GILLELAND MEMBER	1.00	X						0	0	0
SUZANNE GREENBERG MEMBER	1.00	X						0	0	0
JOYCE SEALS MEMBER	1.00	X						0	0	0
RICHARD SYREK MEMBER	1.00	X						0	0	0
MAMIE THORNS MEMBER	1.00	X						0	0	0
DAVID BUTTS MEMBER	1.00	X						0	0	0
BARB RUSSELL MEMBER	1.00	X						0	0	0
HURLEY COLEMAN MEMBER	1.00	X						0	0	0
AARON HOWALD MEMBER	1.00	X						0	0	0
1b Total								69,359		5,723

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

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	75,600			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,059,317			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,134,917			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-45,374			-45,374
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	21,223			
	b Less direct expenses	b	14,433			
	c Net income or (loss) from fundraising events		6,790	6,790		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a ADMINISTRATION FEE			39,277			39,277
b SALE OF T-SHIRTS			309			309
c LOSS ON DISPOSAL OF ASSETS			-12,000			-12,000
d All other revenue						
e Total. Add lines 11a-11d			27,586			
12 Total Revenue. See instructions			2,123,919	6,790	0	-17,788

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,273,308	1,273,308		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	55,804	55,804		
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	69,359	33,292	15,258	20,809
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	222,216	105,424	49,898	66,894
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,218	6,539	3,329	4,350
9 Other employee benefits	83,059	37,040	24,415	21,604
10 Payroll taxes	27,356	13,160	5,944	8,252
11 Fees for services (non-employees)				
a Management				
b Legal	3,000		3,000	
c Accounting	8,896	350	8,415	131
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	12,487	10,114	874	1,499
g Other	21,902	8,978	1,461	11,463
12 Advertising and promotion	26,640	205		26,435
13 Office expenses	48,054	9,551	6,654	31,849
14 Information technology	11,367	5,449	2,588	3,330
15 Royalties				
16 Occupancy	34,637	14,531	8,021	12,085
17 Travel	5,911	4,163	298	1,450
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,383	325	641	417
20 Interest				
21 Payments to affiliates	23,828	19,301	1,668	2,859
22 Depreciation, depletion, and amortization	1,627	540	359	728
23 Insurance	9,215	2,882	4,285	2,048
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)				
a SPECIAL EVENTS	30,910	30,910		
b MEMBERSHIP DUES	17,239	9,171	2,452	5,616
c EQUIPMENT RENTAL & MAINT.	12,159	5,105	2,755	4,299
d OTHER EXPENSES	4,886	3,382	9	1,495
e STAFF DEVELOPMENT	3,957	3,263	72	622
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,023,418	1,652,787	142,396	228,235
26 Joint costs. Check here ☐ 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
Assets	1 Cash—non-interest bearing	937,372	1	1,279,251
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,632,236	3	1,505,869
	4 Accounts receivable, net	1,136	4	60,757
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,220	9	15,348
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 86,454		
	b Less accumulated depreciation	10b 84,849	10c 3,232	1,605
	11 Investments—publicly traded securities	1,398,836	11	1,618,229
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	16,654	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,020,686	16	4,481,059	
Liabilities	17 Accounts payable and accrued expenses	28,041	17	19,586
	18 Grants payable	339,933	18	283,019
	19 Deferred revenue	33,296	19	103,690
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	223,000	25	293,000
	26 Total liabilities. Add lines 17 through 25	624,270	26	699,295
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,346,977	27	1,637,153
28 Temporarily restricted net assets		1,793,684	28	1,714,856
29 Permanently restricted net assets		255,755	29	429,755
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,396,416	33	3,781,764
34 Total liabilities and net assets/fund balances		4,020,686	34	4,481,059

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,167,966	1,768,880	2,006,726	1,915,538	2,134,917	9,994,027
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,167,966	1,768,880	2,006,726	1,915,538	2,134,917	9,994,027
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						374,476
6 Public support. Subtract line 5 from line 4						9,619,551

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,167,966	1,768,880	2,006,726	1,915,538	2,134,917	9,994,027
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,240	88,368	128,564	3,152	-45,374	264,950
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	149,349	127,812	121,523	83,569	60,909	543,162
11 Total support. Add lines 7 through 10						10,802,139
12 Gross receipts from related activities, etc. (see instructions)					12	21,223
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.05 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.23 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

OTHER INCOME	\$	127,949
SPECIAL EVENT INCOME	\$	133,990
ADMINISTRATION FEE	\$	281,223

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF SAGINAW COUNTY**38-1358215****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of 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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e 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 as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

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

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		86,454	84,849	1,605
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,605

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
POST RETIREMENT BENEFITS	293,000
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	293,000

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,123,919
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,023,418
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	100,501
4	Net unrealized gains (losses) on investments	4	354,847
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-70,000
9	Total adjustments (net) Add lines 4 through 8	9	284,847
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	385,348

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,540,100
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	354,847
b	Donated services and use of facilities	2b	46,901
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	14,433
e	Add lines 2a through 2d	2e	416,181
3	Subtract line 2e from line 1	3	2,123,919
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,123,919

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,154,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	46,901
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	84,433
e	Add lines 2a through 2d	2e	131,334
3	Subtract line 2e from line 1	3	2,023,418
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,023,418

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

SPECIAL EVENT DIRECT EXPENSES NETTED ON 990	\$	14,433
SPECIAL EVENT DIRECT EXPENSES NETTED ON 990	\$	-14,433
CHANGE IN POST RETIREMENT LIABILITY	\$	-70,000

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

SPECIAL EVENT DIRECT EXPENSES NETTED ON 990	\$	14,433
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Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

SPECIAL EVENT DIRECT EXPENSES NETTED ON 990 \$ 14,433

CHANGE IN POST RETIREMENT LIABILITY \$ 70,000

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING		None	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	21,223			21,223
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	21,223			21,223
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,705			10,705
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,728			3,728
	10 Direct expense summary Add lines 4 through 9 in column (d)				14,433
	11 Net income summary Combine line 3, column (d), and line 10				6,790

Part III Gaming. Complete if the organization answered "Yes" to 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

15a

17a

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

38-1358215**UNITED WAY OF SAGINAW COUNTY****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AMERICAN RED CROSS							ADDRESS BASIC NEEDS
	1232 N MICHIGAN							
	SAGINAW MI 48602	38-1443360	3	74,700				
	BIG BROS/BIG SISTERS SAGINAW							DEVELOPING YOUTH
	1910 FORDNEY							
	SAGINAW MI 48601	38-1438660	3	55,888				
	BOY SCOUTS OF AMERICA							DEVELOPING YOUTH
	5001 S ELEVEN MILE							
	AUBURN MI 48622	38-1972383	3	41,955				
	BOYS AND GIRLS CLUB							DEVELOPING YOUTH
	907 E REMINGTON							
	SAGINAW MI 48601	38-2935883	3	51,718				PROMOTING HEALTH
	CATHOLIC FAMILY SERVICES							
	5800 WEISS							PROMOTING HEALTH
	SAGINAW MI 48603	38-1795701	3	34,888				
	CHILD & FAMILY SERVICES							PROMOTING HEALTH
	2806 DAVENPORT							
	SAGINAW MI 48602	38-1366910	3	141,400				DEVELOPING YOUTH
	FIRST WARD COMMUNITY SERVICE							
	1410 N 12TH STREET							ADDRESS BASIC NEEDS
	SAGINAW MI 48601	38-1367311	3	167,045				
	FOOD BANK OF EAST MI							DEVELOPING YOUTH
	2312 LAPEER							
	FLINT MI 48503	38-2379678	3	22,859				ADDRESS BASIC NEEDS
	GIRL SCOUTS OF MITTEN BAY							DEVELOPING YOUTH
	5470 DAVIS RD							
	SAGINAW MI 48604	38-1684222	3	14,495				

2 Enter total number of section 501(c)(3) and government organizations

▶ 23

3 Enter total number of other organizations

▶ 0

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

DAA

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 ▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009
**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SAGINAW COUNTY

 Employer identification number
38-1358215
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
READ ASSOCIATION							
100 S JEFFERSON -- -- -- --							
SAGINAW MI 48607	38-1987542	3	20,719				DEVELOPING YOUTH
SVRC INDUSTRIES							
919 VETERANS MEM PRKWY -- -- --							
SAGINAW MI 48601	38-1740297	3	54,464				STRENGTHEN FAMILIES
SALVATION ARMY							
P.O. BOX 3204 -- -- -- --							
SAGINAW MI 48605	38-1370971	3	35,289				ADDRESS BASIC NEEDS
UNDERGROUND RAILROAD							
P.O. BOX 2451 -- -- -- --							
SAGINAW MI 48605	38-2241312	3	41,377				STRENGTHEN FAMILIES
YMCA							
1915 FORDNEY -- -- -- --							
SAGINAW MI 48601	38-1360594	3	22,105				DEVELOPING YOUTH
YOUTH PROTECTION COUNCIL							
P.O. BOX 3191 -- -- -- --							
SAGINAW MI 48605	38-1793486	3	207,079				DEVELOPING YOUTH
CHILD ABUSE & NEGLECT COUNCIL							
1311 N MICHIGAN AVENUE -- -- --							
SAGINAW MI 48602	38-2408726	3	39,571				STRENGTHEN FAMILIES
HIDDEN HARVEST							
P.O. BOX 1982 -- -- -- --							
SAGINAW MI 48605	38-3350163	3	18,622				ADDRESS BASIC NEEDS
NEIGHBORHOOD HOUSE							
3145 RUSSELL -- -- -- --							
SAGINAW MI 48601	38-1360553	3	106,769				ADDRESS BASIC NEEDS
SPECIAL NEEDS VISION CENTER							
3660 SOUTHFIELD -- -- -- --							
SAGINAW MI 48601	38-2415591	3	23,000				PROMOTING HEALTH
COMMUNITY PRESC DRUG PROGRAM							
800 S. WASHINGTON AVE. -- -- --							
SAGINAW MI 48601	30-0270211	3	23,000				PROMOTING HEALTH

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

Schedule I-1 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number
38-1358215

UNITED WAY OF SAGINAW COUNTY

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

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

Schedule I-1 (Form 990) 2009

SCHEDULE J-2
(Form 990)**Continuation Sheet for Form 990**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

UNITED WAY OF SAGINAW COUNTY

Employer Identification number

38-1358215**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
EVE PERRY MEMBER	1.00	X						0	0	0
TOM BEGIN 1ST VICE CHA	1.00	X						0	0	0
RICARDO RESIO 2ND VICE CHA	1.00	X						0	0	0
LORI TESCH ASSIST TREAS	1.00	X						0	0	0
CRAIG DOUGLAS CHAIR	1.00	X						0	0	0
PATRICIA WASHBURN SECRETARY	1.00	X						0	0	0
DAVID YOUNGSTROM TREASURER	1.00	X						0	0	0
BILL BORCH MEMBER	1.00	X						0	0	0
TERRY ROCK MEMBER	1.00	X						0	0	0
GEORGE HEILBRONN MEMBER	1.00	X						0	0	0
CHRISTINA GROSSI MEMBER	1.00	X						0	0	0
MIKE HANLEY MEMBER	1.00	X						0	0	0
GARY SHEPERD MEMBER	1.00	X						0	0	0
PAT TAGGET MEMBER	1.00	X						0	0	0
MANVEL TRICE MEMBER	1.00	X						0	0	0
CHERRIE BENCHLEY PRES./CEO	40.00			X				69,359	0	5,723

SCHEDULE O
(Form 990).Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF SAGINAW COUNTY

Employer identification number

38-1358215**Form 990, Part VI, Line 11A - Organization's Process to Review Form 990**

The 990 is reviewed by the Treasurer and then reviewed by the full board before it's submitted to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH MEMBER SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

COMPARIBLE NON-PROFIT EXECUTIVE DIRECTORS SALARIES AND DATA FROM UNITED WAY WORLDWIDE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 1023, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XI, Line 2c - Change in Financial Review Process

The review process has not changed from 2008. The finance committee oversees the audit and the selection of an independent accountant by meeting with the auditor and reviewing documents.

Tax Asset Detail

1/01/09 - 12/31/09

Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Office Furniture & Equip.												
1		Fully Depreciated Assets	9/01/75	2,777.00	0.00	0.00	2,777.00	0.00	2,777.00	0.00	S/L	5.0
3		WCK DESK/EXTENSION/BLACK	7/01/75	470.00	0.00	0.00	470.00	0.00	470.00	0.00	S/L	10.0
6		LMH DESK	9/01/75	350.00	0.00	0.00	350.00	0.00	350.00	0.00	S/L	1.0
7		DESK/BROWN/RIGHT EXTENSION	9/01/75	345.00	0.00	0.00	345.00	0.00	345.00	0.00	S/L	10.0
8		FILE/4 DRAWER/METAL/LOCK	9/01/75	137.00	0.00	0.00	137.00	0.00	137.00	0.00	S/L	10.0
10		FORMICA TABLES 2 175	9/01/75	300.00	0.00	0.00	300.00	0.00	300.00	0.00	S/L	10.0
11		CONFERENCE TABLE	9/01/75	780.00	0.00	0.00	780.00	0.00	780.00	0.00	S/L	10.0
12		CONFERENCE TABLES 3	9/01/75	585.00	0.00	0.00	585.00	0.00	585.00	0.00	S/L	10.0
14		EXUCUTIVE DESK/WALNUT	9/01/75	725.00	0.00	0.00	725.00	0.00	725.00	0.00	S/L	10.0
15		CREDENZA/WALNUT	9/01/75	535.00	0.00	0.00	535.00	0.00	535.00	0.00	S/L	10.0
17		DESK/RIGHT EXTENSION	9/01/75	345.00	0.00	0.00	345.00	0.00	345.00	0.00	S/L	8.0
18		FILE CABINET/4 DRAWER MET	9/01/75	137.00	0.00	0.00	137.00	0.00	137.00	0.00	S/L	8.0
19		DESK/BPS/RIGHT EXTENSION	9/01/75	320.00	0.00	0.00	320.00	0.00	320.00	0.00	S/L	5.0
20		FILE/4 DRAWER/SHAW WALHE	9/01/75	137.00	0.00	0.00	137.00	0.00	137.00	0.00	S/L	15.0
26		FILE/4 DRAWER/INSULATED G	9/01/75	361.00	0.00	0.00	361.00	0.00	361.00	0.00	S/L	10.0
33		FILE/4 DRAWER/METAL/LOCK	9/01/75	137.00	0.00	0.00	137.00	0.00	137.00	0.00	S/L	10.0
34		BOARDROOM TABLE	9/01/75	195.00	0.00	0.00	195.00	0.00	195.00	0.00	S/L	10.0
35		FILE CAB A/R 4/77	4/01/77	159.76	0.00	0.00	159.76	0.00	159.76	0.00	S/L	7.0
36		FILE CABINET	8/01/78	99.88	0.00	0.00	99.88	0.00	99.88	0.00	S/L	7.0
37		FILE CABINET	8/01/78	90.88	0.00	0.00	90.88	0.00	90.88	0.00	S/L	7.0
38		TWO DRAWER FILE	3/01/79	54.88	0.00	0.00	54.88	0.00	54.88	0.00	S/L	7.0
39		4 DRAWER CABINET	3/01/79	120.52	0.00	0.00	120.52	0.00	120.52	0.00	S/L	7.0
40		2/DRW CABINET	3/01/79	100.72	0.00	0.00	100.72	0.00	100.72	0.00	S/L	7.0
41		4 CHAIRS	7/01/79	382.74	0.00	0.00	382.74	0.00	382.74	0.00	S/L	7.0
43		CEC FILE	3/01/79	61.60	0.00	0.00	61.60	0.00	61.60	0.00	S/L	7.0
44		LHP DESK	3/01/79	333.20	0.00	0.00	333.20	0.00	333.20	0.00	S/L	7.0
45		LHP FILE	3/01/79	61.60	0.00	0.00	61.60	0.00	61.60	0.00	S/L	7.0
51	d	TABLES AND CHAIRS	1/01/83	7,139.70	0.00	0.00	7,139.70	0.00	7,139.70	0.00	S/L	5.0
52		TABLES	2/01/83	1,874.60	0.00	0.00	1,874.60	0.00	1,874.60	0.00	S/L	5.0
53		FURNITURE	4/01/83	1,009.89	0.00	0.00	1,009.89	0.00	1,009.89	0.00	S/L	5.0
69		TYPEWRITER	3/01/86	1,064.20	0.00	0.00	1,064.20	0.00	1,064.20	0.00	S/L	5.0
71		VIDEO CONSOLE	10/01/86	943.97	0.00	0.00	943.97	0.00	943.97	0.00	S/L	5.0
81		OFFICE FURNITURE & EQUIPM	11/01/90	704.00	0.00	0.00	704.00	0.00	704.00	0.00	S/L	5.0
85	d	LASER PRINTER	10/01/94	1,349.00	0.00	0.00	1,349.00	0.00	1,349.00	0.00	S/L	5.0
96	d	PRINTER, MONITOR, SCANNER	12/01/97	2,940.00	0.00	0.00	2,940.00	0.00	2,940.00	0.00	S/L	3.0
104		Other (Back Up Exec & Crystal Ref	3/31/99	2,145.00	0.00	0.00	2,145.00	0.00	2,145.00	0.00	S/L	3.0
106	d	HP Laser Printer JPF07197	12/01/99	2,875.00	0.00	0.00	2,875.00	0.00	2,875.00	0.00	S/L	3.0
127		Access Software	1/01/01	2,500.00	0.00	0.00	2,500.00	0.00	2,500.00	0.00	S/L	3.0
130		Phone System	6/18/02	15,646.49	0.00	0.00	15,646.49	0.00	15,646.49	0.00	S/L	5.0
131		Hard Drive Net Source One	6/27/02	17,911.00	0.00	0.00	17,911.00	0.00	17,911.00	0.00	S/L	3.0
132		CampaignMax Software	5/14/03	19,985.00	0.00	0.00	19,985.00	0.00	19,985.00	0.00	S/L	3.0
134		IBM Workstation and monitor	9/24/04	1,278.00	0.00	0.00	1,278.00	0.00	1,278.00	0.00	S/L	3.0
135		IBM Workstation with monitor & C	9/24/04	1,362.00	0.00	0.00	1,362.00	0.00	1,362.00	0.00	S/L	3.0
136		CISCO Firewall	7/22/04	515.00	0.00	0.00	515.00	0.00	515.00	0.00	S/L	3.0
137		IBM Workstation and monitor	9/24/04	1,278.00	0.00	0.00	1,278.00	0.00	1,278.00	0.00	S/L	3.0
138		IBM Workstation/Acer Monitors	4/29/05	1,153.28	0.00	0.00	1,153.28	0.00	1,153.28	0.00	S/L	3.0
139		New server	6/01/06	3,600.00	0.00	0.00	3,100.00	500.00	3,600.00	0.00	S/L	3.0
140		Laptop for Cherrie	4/24/08	1,549.00	0.00	0.00	344.22	516.33	860.55	688.45	S/L	3.0
141		Tape back up	6/19/08	1,833.00	0.00	0.00	305.50	610.00	915.50	917.50	S/L	3.0

Tax Asset Detail

1/01/09 - 12/31/09

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Office Furniture & Equip. (continued)											
	Office Furniture & Equip.		100,757.91	0.00c	0.00	97,525.63	1,626.33	99,151.96	1,605.95		
	*Less: Dispositions and Transfers		14,303.70	0.00	0.00	14,303.70	0.00	14,303.70	0.00		
	Net Office Furniture & Equip.		86,454.21	0.00c	0.00	83,221.93	1,626.33	84,848.26	1,605.95		
	Grand Total		100,757.91	0.00c	0.00	97,525.63	1,626.33	99,151.96	1,605.95		
	Less: Dispositions and Transfers		14,303.70	0.00	0.00	14,303.70	0.00	14,303.70	0.00		
	Net Grand Total		86,454.21	0.00c	0.00	83,221.93	1,626.33	84,848.26	1,605.95		

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
ALPHA TRUST INTEREST	\$ 14,665		14	MI	
ALPHA TRUST REALIZED LOSS	-46,575		14	MI	
SAG COMM FOUND DIV & INT	23,158		14	MI	
SAG COMM FOUND REALIZED LOSS	-36,622		14	MI	
Total	\$ <u>-45,374</u>				

42860 UNITED WAY OF SAGINAW COUNTY

38-1358215

FYE: 12/31/2009

Federal Statements

8/12/2010 10:30 AM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
GRANT WRITER	\$ 13,846	\$ 6,923	\$	\$ 6,923
CONTRACT SERVICES	8,056	2,055	1,461	4,540
Total	\$ 21,902	\$ 8,978	\$ 1,461	\$ 11,463

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	UNITED WAY OF SAGINAW COUNTY	38-1358215
	Number, street, and room or suite no. If a P O box, see instructions 100 S JEFFERSON AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAGINAW MI 48607	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ TRACY ALDRICH**

Telephone No **▶ 989-755-0505**

FAX No **▶**

- If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a

List with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/10**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ *Tracey Aldrich***

Title **▶ *Accountant***

Date **▶ 08/05/10**

Form **8868** (Rev. 4-2009)