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Form

SCANNED MAK U / LUII

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

Form 990 (2009)

	For the 200	9 calendar v	ear, or tax year beginning 07/01/09 , and ending 06/	/30/10)			
	Check if applica		C Name of organization			D	Employ	ver identification number
	Address change	use IRS	MICHIGAN ASSOCIATION OF UNIT	TED WA	YS			
\equiv	_	label or print or	Doing Business As				38-1	1359596
님	Name change	type	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E		one number
	Initial return	See	1627 LAKE LANSING ROAD		В		517	-371-4360
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4			G	Gross receip	ots\$ 1,700,421
П	Amended return		LANSING MI 48912-3789					
\equiv		E Nom	e and address of principal officer			H(a) Is this a	group return for
Ш	Application pen	ung	OTT DZURKA				affiliates	? Yes X No
		1	27 LANKE LANSING RD, SUITE B			H(b) Are all a included	ffiliates Yes No
		1	NSING MI 48912					attach a list (see instructions)
ī	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527					
	Website >		JWMICH.ORG			H(c) Group e	xemption number
	Type of organiz			LY	ear of formation	194	17 r	M State of legal domicile MI
	art I	Summa	ry					
	1 Brief	ly describe	the organization's mission or most significant activities					
Ф	s:	EE SCHE	DULE O					
ũ								
& Governance								
Š	2 Che	ck this box	If the organization discontinued its operations or disposed of mo	ore than 25	5% of its ne	t assets	5	
O.	3 Num	ber of voting	g members of the governing body (Part VI, line 1a)				3	16
	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)				4	16
Activities	5 Tota	I number of	employees (Part V, line 2a)				5	19
\cti	6 Tota	I number of	volunteers (estimate if necessary)				6	0
_	7a Tota	gross unre	lated business revenue from Part VIII, column (C), line 12				7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34				7b	0
				_		r Year	-	Current Year
ē	8 Conf	tributions an	d grants (Part VIII, line 1h)	-		144,		1,093,141
nua	9 Prog	ram service	revenue (Part VIII, line 2g)			119,		563,333
Revenue	10 Inve	stment incor	me (Part VIII, column (A), lines 3, 4, and 7d)				520	15,642
11.	4		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ļ			467	28,305
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,	341,	018	1,700,421
	13 Gran	nts and simil	ar amounts paid (Part IX, column (A), lines 1–3)					
	14 Bene	efits paid to	or for members (Part IX, column (A), Ine AVE	ļ.				
es	15 Sala	ries, other c	ompensation, employee benefits (Part-IX, column (A), lines 5–10)	-		768,	117	719,973
enses	16a Prof	essional fun	draising fees (Part IX column (A) line 11e) expenses (Part IX, column (D), line 25) ▶ 2011 ○	-				
Expe	b Tota	l fundraising	expenses (Part IX, column (D), line 25)	-				1 255 205
ш	17 Othe	er expenses	(Part IX, column (A), lines Ta=14d, 11f-24f)	-		800,		1,357,827
	18 Tota	expenses	expenses (Part IX, column (D), line 25) \(\begin{align*} \left(\text{Part IX, column (A), lines 1Ta=14d, 1.1f-24f)} \\ \text{Add lines 13-17 (must equal Part) (\begin{align*} \text{X-\column (A), line 25})} \end{align*}	-		568,		2,077,800
	19 Reve	enue less ex	penses Subtract line 18 from time 12 11		Beginning of			-377,379 End of Year
ets o	20 Tota	Laccate (Da	rt X, line 16)			333,		2,393,228
Asse	20 Tota	•	Part X, line 26)			678,		2,115,421
Net Assets or	21 Tota	,	nd balances Subtract line 21 from line 20			655,		277,807
	art il		re Block			<u> </u>		
<u> </u>	wit ii		Ities of perjury, I deolare that I have examined this return, including accompanying	a schedules	and stateme	nts and	to the hes	t of my knowledge
		and belief, i	strife, correct, and complete Declaration of preparer (other than officer) is base	ed on all info	rmation of w	hich prep	parer has a	any knowledge
Sig	n	A /	Com Marine				12/	14/11
He		Signati	ire of officer				Date	
			Scott/ Dzurka, President/CED					
		39	print name and title		·			
			11 . 11	Date	C	neck if		Preparer's identifying number
Рa	id	Preparer's signature	Malle H. X Howes	01/2	. se	elf-		(see instructions) P00538356
Pre	eparer's	Jigilatule	VEO C VEO D C	OI/Z	<u> </u>	nployed		
	e Only	Firm's name	YEO & YEO, P.C.	7.0			EIN D	38-2706146
		if self-emplo address, an	· · · · · · · · · · · · · · · · · · ·	, U			Phone	517-323-9500
N 4 -	. the 100 t		HANDING, HI 10017				no 🕨	
ıvıa	y the IRS d	iscuss this f	eturn with the preparer shown above? (see instructions)					Yes No

Part III Statement of Program Service Accomplishments	rage 2
Briefly describe the organization's mission SEE SCHEDULE O	
 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 	Yes X No
4a (Code)(Expenses \$ 51,871 including grants of \$) (Revenue \$ AGENCY SERVICES: IDENTIFICATION OF AGENCIES THAT MEET UNITED WAY OF MICHIGAN'S CRITERIA TO RECEIVE FUNDING. ON-GOING MONITORING AGENCY STATUS RELATIVE TO COMPLIANCE VIA AGENCY REVIEWS AND AUDITS AND SERVICES VIA DATA COLLECTION. THE GOAL OF THIS PROGRAM IS TO DEVELOP AND MAINTAIN A PACKAGE OF FUNDED AGENCIES THAT APPEAL TO LOCAL UNITED WAYS, COMPLEMENTING THEIR LOCAL SERVICE DELIVERY SYSTEMS AND ENHANCING THEIR LOCAL CAMPAIGNS.)
4b (Code) (Expenses \$ 228,165 including grants of \$) (Revenue \$ COMMUNITY CAPACITY BUILDING/COLLABORATIONS: MAUW'S ON-GOING PARTICIPATION IN COALITIONS, COLLABORATIVE EFFORTS AND INFORMATION EXCHANGES AT THE LOCAL, STATE AND NATIONAL LEVEL. THIS PROGRAM INCLUDES REGULAR COMMUNICATIONS WITH EACH STAFFED UNITED WAY AND OTHER SERVICE PROVIDERS STATEWIDE AND SUPPORTS DEVELOPMENT OF A NETWORK OF RESOURCES FOR CURRENT AND FUTURE ACCESS.)
4c (Code)(Expenses \$ 541,567 including grants of \$) (Revenue \$ 211 STATEWIDE INFORMATION AND REFERRAL - MAUW, IN CONJUNCTION WITH SEVERAL OTHER SERVICE PROVIDERS, HAS BEGUN TO IMPLEMENT A COMPREHENSIVE STATEWIDE INFORMATION AND REFERRAL SYSTEM SPECIFICALLY DESIGNED TO PROVIDE READY ACCESS SERVICE INFORMATION BY GEOGRAPHIC LOCATION, SERVICE TYPE, ETC. "211" IS THE NATIONALLY DESIGNATED TELEPHONE DIALING SEQUENCE FOR NON-EMERGENCY COMMUNITY HELP/SERVICE.)
4d Other program services (Describe in Schedule O) (Expenses \$ 845,907 including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 1,667,510)
	Form 990 (2009)

Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

Pŧ	ert 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	1	X_{\perp}	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
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		
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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	10		Х
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	11	Х	
	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	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		_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	15		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	16		_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	17		<u>X</u>
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	18		Х
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	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000	(2000)

Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596 Page 4 **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 X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes." complete Schedule J 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х Schedule L, Part IV 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х 35 Schedule R, Part V, line 2 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 36 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, Х 37

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

38 X Som 990 (2009)

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Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

_Pa	rt 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	0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortable	е			
	gaming (gambling) winnings to prize winners?		ı	1c	ļ	
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	19		.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<u>2b</u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by		_	1	
	this return?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				٠.
	account)?			4a	_	X
b	If "Yes," enter the name of the foreign country	Daale				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	вапк				
	and Financial Accounts			F.0		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5a 5b	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard			50	 	
С	Prohibited Tax Shelter Transaction?	arung		5c		Ì
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
va	organization solicit any contributions that were not tax deductible?			6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		- 54		1
	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	aoods				
_	and services provided to the payor?	,		7a	İ	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	ļ	L
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				İ
	required?			7h	ļ	
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?			8		ļ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	 	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	-	<u> </u>
10	Section 501(c)(7) organizations. Enter	امدا	Į			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
11	Section 501(c)(12) organizations. Enter	11a				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	ı ia				
b	amounts due or received from them)	11b				
12a)	12a	1	Ì
b		12b		120		
						

Yes No

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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	1a	16			
b	Enter the number of voting members that are independent	1b	16			
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		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?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					•
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8ь	Х	
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			9		X

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

10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		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	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		:	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		Х
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	<u> </u>	

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶
- 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 X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization > SCOTT DZURKA 1627 LAKE LANSING RD.

MI 48912-3789 517-371-4360

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

(A) Name and Title	(B) Average	Posi	tion ((C check		hat a	(vlac	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MICHAEL BRENNEN											
DIRECTOR	1.00	X						0	0	0	
KYLE CALDWELL		İ									
DIRECTOR	1.00	X						0	0		
ROBERT COLLIER											
DIRECTOR	1.00	X						0	0	C	
RICK DAVID											
DIRECTOR	1.00	X						0	0	C	
DWIGHT DEAN		ŀ] ,					
DIRECTOR	1.00	X						0	0	C	
DAVID EISLER							!				
DIRECTOR	1.00	X						0	0		
MARK GAFFNEY											
DIRECTOR	1.00	X	_					0	0		
LOU GLAZER											
DIRECTOR	1.00	X						0	0	(
JANET LAWSON											
DIRECTOR	1.00	X						0	0	(
DANIEL LITTLE											
DIRECTOR	1.00	X				lacksquare		0	0	(
JOHN PIRICH											
DIRECTOR	1.00	X				$oxed{oxed}$		0	0	(
MICHAEL LARSON											
DIRECTOR	1.00	X				<u> </u>		0	0		
SCOTT DZURKA											
PRES/CEO	40.00			X		<u> </u>		121,510	0		
PAULA CUNNINGHAM											
VICE CHAIR	1.00	Ļ		X				0	0		
LINDA LASH											
VICE CHAIR	1.00			X				0	0	0	
LYNNE RUSSEL											
TREASURER	1.00			X				0	0		
KEVIN SEITZ									-		
CHAIRMAN	1.00			Х		1		l ol	0	(

Part \	(A) Name and Title	, Directors, Trus (B) Average hours per week		tion ((C	C) k all t			(D) Reportable	(E) Reportable	(F) Estima	
		Average hours per	\vdash		checl	k all t	hat a	pply)				
			trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amoun other compens from the organized and relation	t of r ation ne ition ited
											· · · · · · · · · · · · · · · · · · ·	
1b To	ntal .								121,510			
	otal number of individuals (in	cluding but not I	ımıte	d to	thos	e lis	ted a	<u> </u>				
	portable compensation from											
4 Fo the ind 5 Di	d the organization list any for nployee on line 1a? If "Yes," or any individual listed on line e organization and related or dividual d any person listed on line 1 ervices rendered to the organization to the organization and related on line 1	complete Schere 1a, is the sum rganizations gre	dule of re ater t	J for porta than comp	suci able \$150 ensa	n ind com 0,000 ation	ividu pens 0? If	ial satio "Ye: n an	n and other compensation s," complete Schedule J fo y unrelated organization fo	from or such	3 4 5	Yes No X X X
	n B. Independent Contracto											
	omplete this table for your fiven median in the organic management of the organic management in	zation	ensa	ted ı	nder	end	ent d	contr			,	
	Name and	(A) business address						_	Descrip	(B) otion of services	Con	(C) pensation
												.
								_			_	
	otal number of independent of ore than \$100,000 in compe						ed to	tho	se listed above) who receiv	ved	0	990 (2009)

Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

_	rt V		nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a					·- -	
E		Membership dues	1b						
s, g		Fundraising events	1c						
ar		Related organizations	1d						
S.E		Government grants (contributions)	1e		706,141				
tion	f	All other contributions, gifts, grants,							
혈취		and similar amounts not included above	1f		387,000				
ig pr	g	Noncash contributions included in lines 1a-	1f	\$					
ŬĒ	h	Total. Add lines 1a-1f			<u> </u>	1,093,141			
e					Busn. Code				
Ye.	2a					446,620	446,620		
S	b	CONSULTATION & TRAI	NING			116,713	116,713		
Ş	С								
Program Service Revenue Contributions, gifts, grants and other similar amounts	d								
	е								
ē	f	All other program service reve	nue						
_	g	Total. Add lines 2a-2f			•	563,333			
	3	Investment income (including	dıvıder	ids, intere	1				
		other similar amounts)			•	15,642			15,642
	4	Income from investment of tax	-exem	pt bond p					
	5	Royalties			▶				
		(ı) Real		(11) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		[(u)	Other				
		sales of assets	•	(11)	Other				
		other than inventory Less cost or other							
	b	basis & sales exps							
	_	Gain or (loss)		-					
	d	Net gain or (loss)		L	▶				
		Gross income from fundraising eve	nts			.,			······································
Other Revenue	-	(not including \$.,						
ve		of contributions reported on line 1c)						
R		See Part IV, line 18	а						
the	b	Less direct expenses	b						
0		Net income or (loss) from fund	traising	events	>				
	9a	Gross income from garning activities	es						
		See Part IV, line 19	а						
	b	Less direct expenses	b						
	С	Net income or (loss) from gam	ing ac	tivities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
	b	Less cost of goods sold	b						
	С	Net income or (loss) from sale		ventory	•				
		Miscellaneous Revenue	•		Busn. Code				
	11a	MISCELLANEOUS INCOME				28,305	28,305		
	b								
	C	• • • •							_
	d					20 22=			
,	e	Total. Add lines 11a-11d				28,305			7 - 7 - 7
	12	Total Revenue. See instruction	ns		<u> </u>	1,700,421	591,638	0	15,642

Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and		İ	į	
	organizations in the U.S. See Part IV, line 21				
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		ļ		
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	552,834	396,890	155,944	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	119,905	65,684	54,221	
10	Payroll taxes	47,234	31,110	16,124	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	34,673	28,406	6,267	
14	Information technology				
15	Royalties				
16	Occupancy	77,835	66,378	11,457	
17	Travel	43,587	41,045	2,542	
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,957	88,272	2,685	
20	Interest	1		,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,530	1,556	3,974	
23	Insurance	3,406	709	2,697	
~ ~	<u> </u>				
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	CONTRACTUAL SERVICES	529,429	502,473	26,956	
b	AWARDS & GRANTS	435,941	435,941		- -
c	PENSION TERMINATION	121,737		121,737	
d	EQUIPMENT & MAINTENANCE	8,485	4,355	4,130	
a e	MISCELLANEOUS	3,013	1,568	1,445	
	All other expenses	3,234	3,123	111	
_	·	2,077,800	1,667,510	410,290	
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	2,011,000	1,007,510	410,230	
26	SOP 98-2 Complete this line only if the		ļ		
	organization reported in column (B) joint costs				
	from a combined educational campaign and	į.			

_Fa	rt X	Balance Sheet	<u></u>		(A)		(B)					
					Beginning of year		End of year					
$\neg \tau$	1	Cash—non-interest bearing			154,153	1	500					
	2	Savings and temporary cash investments		ŀ	904,659	2	1,466,223					
	3	Pledges and grants receivable, net		F	3017033	3	1/100/225					
	4	Accounts receivable, net		ŀ	108,756	4	108,769					
	5	Receivables from current and former officers, directors,	tructooc kov	h	100,750		100,700					
	,	employees, and highest compensated employees Com										
		Schedule L	ipiete i ait ii oi	1		5						
l	6	Receivables from other disqualified persons (as defined	Lunder section	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
ı	Ü	4958(f)(1)) and persons described in section 4958(c)(3)		ĺ								
ŀ		Part II of Schedule L	(b) Complete	į		6						
ts	7	Notes and loans receivable, net		-		7						
Assets	7	Inventories for sale or use		F	· · · · · · · · · · · · · · · · · · ·	8						
As	8			}	50,855	9	5,633					
l	9	Prepaid expenses and deferred charges	1 1	ŀ	30,633	9	5,033					
	Tua	Land, buildings, and equipment cost or	40-	71 760								
		other basis Complete Part VI of Schedule D	10a	71,768	8,395	40-	E 450					
		Less accumulated depreciation	10b	00,309	0,393	Ĭ	5,459 187,197					
	11	Investments—publicly traded securities	}	- · · - · · · · · · · · · · · · · · · ·	11	10/,19/						
	12	Investments—other securities See Part IV, line 11	}		12							
	13	Investments—program-related See Part IV, line 11	-	 	13							
	14	Intangible assets		}	100 054	14	C10 447					
	15	Other assets See Part IV, line 11		-	106,654	15	619,447					
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		1,333,472	16	2,393,228					
ŀ	17	Accounts payable and accrued expenses	-	163,594	17	405,428						
	18	Grants payable		-	111 706	18	1 216 050					
- 1	19	Deferred revenue		}	111,726	19	1,316,950					
,,	20	Tax-exempt bond liabilities	- 4 O - 1 - 1 - 1 - D	F	····	20						
.≝ ।	21	Escrow or custodial account liability Complete Part IV		-		21						
≣∣	22	Payables to current and former officers, directors, truste										
ia l		employees, highest compensated employees, and disq	ualified	F								
	••	persons Complete Part II of Schedule L		F		22						
	23	Secured mortgages and notes payable to unrelated thir		F		23	· · · · · · · · · · · · · · · · · · ·					
- 1	24	Unsecured notes and loans payable to unrelated third p	earties	F	102 066	24	202 042					
- 1	25	Other liabilities Complete Part X of Schedule D		F	402,966 678,286		393,043 2,115,421					
\rightarrow	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 2	Z		0/0,200	20	2,115,421					
ë		——————————————————————————————————————	∐ anđ									
ä	07	complete lines 27 through 29, and lines 33 and 34.		f	655,186	27	: 277 007					
ag	27	Unrestricted net assets		F	055,100		277,807					
岁	28	Temporarily restricted net assets		F		28						
Ś	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check he	 		29							
Ē.		-	re 🕨 🔛	ŧ								
ō	20	and complete lines 30 through 34.		į		20						
ets	30	Capital stock or trust principal, or current funds	at fund	F		30						
SS	31	Paid-in or capital surplus, or land, building, or equipmen		}		31 32						
Net Assets or Fund Balances	32		etained earnings, endowment, accumulated income, or other funds									
<u>ē</u>	33	Total net assets or fund balances		}	655,186		277,807					
-	34	Total liabilities and net assets/fund balances			1,333,472	34	2,393,228					

Form **990** (2009)

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

Form 990 (2009) MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596 Page 12 **Financial Statements and Reporting** Yes No Cash X Accrual Other Accounting method used to prepare the Form 990 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? 2a b Were the organization's financial statements audited by an independent accountant? 2b 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? 2c 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 |X| 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

Form 990 (2009)

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

MICHIGAN ASSOCIATION OF UNITED WAYS

Employer identification number 38-1359596

he	orga			e it is (For lines 1 through 11, o	_										
1	Ц	A church, cor	nvention of churches, or ass	ociation of churches described	ın section	170(b)(1)(A)(i).								
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)											
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170((b)(1)(A)(i	ii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,													
		city, and state	e												
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	overnme	ntal uni	descri	bed in					
		section 170(b)(1)(A)(iv). (Complete Part	II)											
6		A federal, sta	te, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A)(v).								
7	X	An organizati	on that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or t	rom the	genera	ıl public	:				
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)	_				-	-					
8				70(b)(1)(A)(vi). (Complete Part	II)										
9	П	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its														
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)														
10	\Box		•	exclusively to test for public safe			-								
11	Ħ	•	•	exclusively for the benefit of, to	•			to carry	out the	9					
	ш	•	•	ed organizations described in s	-			-			1				
				-											
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Other														
е	Do the short have been dead to the consequence of t														
	persons other than foundation managers and other than one or more publicly supported organizations described in section														
	509(a)(1) or section 509(a)(2)														
f															
		-	check this box		, ,	•• •	٠.		•						
g		•		tion accepted any gift or contrib	ution from	any of th	ie								
9		following per		, ,,,		•									
				ontrols, either alone or together	with perso	ons descr	ibed in (II)				Yes	No		
				f the supported organization?			`	•			11g(ı)				
			member of a person describ	· · · · ·							11g(ii)				
		• •	•	described in (i) or (ii) above?							11g(iii)				
h		• •	•	he supported organization(s)											
	Name	e of supported	(iı) EIN	(iii) Type of organization	(IV) is the o	organization	(v) Did y	ou notify	(vi) t	s the	(vii) Am	ount of			
• •		anization	. ,	(described on lines 1-9		sted in your		ization in	organizat		supp	ort			
				above or IRC section (see instructions))	governing	document?	col (i) sup	ort?		zed in the S ?					
				(See mondenons)	Yes	No	Yes	No	Yes	No	1				
											Ī				
					1										
					<u> </u>										
						•									
Γota	ıl				<u></u>	<u> </u>	<u> </u>				L				

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2009

18

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											
Cal	endar 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										
С	Add lines 7a and 7b				<u> </u>	1					
8	Public support (Subtract line 7c from line 6) tion B. Total Support				<u></u>						
Ca	lendar 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			ļ							
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,		1								
	and 12)	L	<u>L</u>	1	L	<u></u>					
14	First five years. If the Form 990 is for the organization, check this box and stop her	_	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	>				
Sec	tion C. Computation of Public Si	upport Percen	tage								
15	Public support percentage for 2009 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%%				
16	Public support percentage from 2008 Sch	edule A, Part III, II	ne 15			16	%_				
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				- 				
17	Investment income percentage for 2009 (i	ine 10c, column (f) divided by line 13	3, 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 orga	anization did not ch	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	3 %, and line					
	17 is not more than 33 1/3 %, check this t	oox and stop here	. The organization	qualifies as a pub	licly supported org	janization	▶ [
b	33 1/3 % support tests—2008. If the orga	anization did not ch	neck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3 %, and					
	line 18 is not more than 33 1/3 %, check t	his box and stop l	nere . The organiza	ition qualifies as a	publicly supported	d organization	▶				
20_	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	tions	▶				

Schedule A (Form 990 or 990-EZ) 2009 MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

Page 4

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

MISCELLANEOUS

\$ 109,103

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nar	ne of organization	N OF INTERPOLITIES		Employer identifi	
	MICHIGAN ASSOCIATION		\ i= = ===4i=	38-13595	
	t I-A Complete if the organization is exe			on 527 organizatio	<u>on</u>
1	Provide a description of the organization's direct and ind	irect political campaign activities	in Part IV		
2	Political expenditures			▶\$	
3	Volunteer hours			- .	
-			\(2)	·	
	t I-B Complete if the organization is exe)(3).		
1	Enter the amount of any excise tax incurred by the organ			> \$	
2	Enter the amount of any excise tax incurred by organiza	•	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	ti-C Complete if the organization is exe	empt under section 501(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contri	buted to other organizations for s	ection		
	527 exempt function activities			▶ \$:	
3	Total exempt function expenditures Add lines 1 and 2 E	Enter here and on Form 1120-PO	L,		
	line 17b			▶ \$:	
4	Did the filing organization file Form 1120-POL for this ye	ear?			Yes No
5	Enter the names, addresses and employer identification	number (EIN) of all section 527 p	oolitical organizati	ons to which payments	
	were made. For each organization listed, enter the amount	unt paid from the filing organization	n's funds Also er	nter the amount of politi	cal
	contributions received that were promptly and directly de-	elivered to a separate political org	anization, such as	a separate segregated	i
	fund or a political action committee (PAC). If additional s	space is needed, provide informat	tion in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
					· -
					
		· · · · · · · · · · · · · · · · · · ·			

Sche	• edule C (Form 990 or 990-EZ) 2009 MI	CHIGAN ASSO	OCIATION OF	UNITED W	AYS 38-1359	596 Page 2
	rt II-A Complete if the organ	ization is exemp				
<u> </u>	under section 501(h))		n affiliated group			
	Check ► ☐ if the filing organize Check ► ☐ if the filing organize				ne apply	
				Jillioi provisio	(a) Filing	(b) Affiliated
	(The term "expenditures"	bbying Expendit			organization's totals	group totals
1a	Total lobbying expenditures to influence					
b		· · · · · · · · · · · · · · · · · · ·	- - -			
c	= 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	,g,			
d		•		<u> </u>		
е		lines 1c and 1d)				
f	Lobbying nontaxable amount. Enter the	amount from the follow	ring table in both		1	<u> </u>
_	columns					
	If the amount on line 1e, column (a) or (b) is.	The lobbying nont	axable amount is:			
	Not over \$500,000	20% of the amount o	n line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% c	of the excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% c	of the excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,0	00		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25					
h	Subtract line 1g from line 1a. If zero or le					
i	i Subtract line 1f from line 1c If zero or le		1			
j	if there is an amount other than zero on	either line 1h or line 1i	, did the organization f	ile Form 4720 repo	orting	
	section 4911 tax for this year?					Yes No
		4-Year Averagii	ng Period Under	Section 501(h)		
	(Some organizations th					the five
	columns be	elow. See the ins	tructions for line	s 2a through 2	f on page 4.)	
	Lot	bying Expenditu	res During 4-Yea	r Averaging P	eriod	
	Calendar year (or fiscal year					
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	: Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
1	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).	a)		(b)		
	Yes	No	Amou			
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
С	Media advertisements?	X]			
d	Mailings to members, legislators, or the public?	X				
е	Publications, or published or broadcast statements?	X				
f	Grants to other organizations for lobbying purposes?	X	<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X				
i	Other activities? If "Yes," describe in Part IV	X				
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	X				
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u>L</u>				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or s	ection			
	30 HC)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),	or s	ection			
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3	is a	nswered	Ŀ		
	"Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					

a Current year

b Carryover from last year

c Total

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

2a

2b 2¢

3

5

Schedule C (Form 990 or 990-EZ) 2009 MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596

Page 4

Part IV Supplemental Information (continued)

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

Employer identification number

Open to Public Inspection

Name of the organization MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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 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 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 MICHIGAN	ASSOCIATION	OF UNITED	WAYS 3	<u>8-135959</u>	6	P	age 2				
Pa	rt 相 Organizations Maintaining	Collections of Art	, Historical Trea	sures, or (Other Simila	r Assets	(continued)					
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the follow	ng that are a	significant use of	of its						
а	Public exhibition	d 🗍 Loan	or exchange progran	ns								
b	Scholarly research	e Othe										
С	Preservation for future generations											
4	Provide a description of the organization's coll Part XIV	ections and explain how	v they further the orga	inization's ex	empt purpose in	ı						
5	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											
Pa	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, custodia			her assets no	ot							
	included on Form 990, Part X?	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			-		Yes	No				
h	If "Yes," explain the arrangement in Part XIV a	and complete the follow	ng table									
_	ii roo, oxpiani ine anangement ii rati xii a				Γ		Amount					
_	Beginning balance				<u> </u>	1c						
	Additions during the year					1d						
	· ·					1e						
	Distributions during the year				-	1f						
30	Ending balance	000 Dart V line 212			بــا	11]		T				
	2a Did the organization include an amount on Form 990, Part X, line 21?											
	If "Yes," explain the arrangement in Part XIV If W Endowment Funds. Completing the service of	ete if organization	answered "Ves"	to Form 90	20 Part IV I	ine 10	 					
<u>ra</u>	Endownient Funds. Comple	(a) Current year	(b) Prior year	(c) Two year		e years back	(e) Four years	hack				
	D	(a) Current year	(b) Filor year	(c) Two year	S Dack (d) Tille	e years back	(e) i oui years	Dack				
1a	Beginning of year balance											
D	Contributions			 								
C	Net investment earnings, gains,											
_	and losses			 								
	Grants or scholarships			 			••••••					
е	Other expenditures for facilities				1							
	and programs			 								
f	Administrative expenses	ļ	<u> </u>	 								
g	End of year balance	L		L								
2	Provide the estimated percentage of the year	end balance held as										
	Board designated or quasi-endowment ▶ _	~										
	Permanent endowment ▶%											
	Term endowment ► %											
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adr	ninistered for	the			1				
	organization by						Yes	No				
	(i) unrelated organizations						3a(i)					
	(ii) related organizations						3a(ii)	<u> </u>				
b	If "Yes" to 3a(II), are the related organizations	listed as required on So	chedule R?				3b	<u> </u>				
4	Describe in Part XIV the intended uses of the											
Pa	rt VI Investments—Land, Buildi	<u>ņgs, and Equipme</u>	nt. See Form 99	<u>0, Part X,</u>	line 10.	<u>,</u>						
	Description of investment	(a) Cost or other basis	(b) Cost or ot	her	(c) Accumulated		(d) Book value					
		(investment)	basis (other	r)	depreciation							
1a	Land											
b	Buildings				· · ·							
C	Leasehold improvements											
d	Equipment		71	,768	66,	309	5,	459				
е	Other											
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, o	column (B), line 10(c))		•	5,	459				

Schedule D (Form 990) 2009 MICHIGAN ASSOCIATIO	N OF UNITED WAYS	38-1359596 Page 3
Part VII Investments—Other Securities. See Form		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		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	000 Port V line 12	
Part VIII Investments—Program Related. See Form (a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of Investment type	(b) Book value	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 1	5	
(a) Description		(b) Book value
CERTIFICATES OF DEPOS		614,201
DUES RECEIVABLE		3,146
INTEREST RECEIVABLE		2,100
	DEFINED BENEFIT	
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		▶ 619,447
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.	
1 (a) Description of liability	(b) Amount	
Federal income taxes		
ACCRUED POST RETIREMENT	393,043	
		s
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 393.043	

^{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

Sche	edule D (Form 990) 2009 MICHIGAN ASSOCIATION OF UNITED WAYS	38-1359596	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Fir	nancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а			
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	<u>2e</u>	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities 2a		
þ	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5		5	
	art XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F		
	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 p	part to provide any additional information		
		. – – – – –	
		· 	

Schedule D (Form 990) 2009		2009	MICHIGAN ASSOCIATION OF UNITED WAYS 38-1359596 tal Information (continued)									Page 5									
Part XIV	Supp	lemen	ıtal lı	nforn	natio	n (cc	ntin	ued)													
							_			_	 	_	 	_	 		_			_	
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SCHEDULE O (Form 990) 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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MICHIGAN ASSOCIATION OF UNITED WAYS

Employer identification number 38-1359596

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
SERVE AS A COMMUNITY AND STATEWIDE RESOURCE, PROVIDING
LEADERSHIP, EXCELLENCE, PARTNERSHIP AND STEWARDSHIP THROUGH
THE PROVISION OF EXPERT SERVICES FOR THE CHARITABLE AND
HUMAN SERVICE SECTOR, IDENTIFYING NEEDS; FORMING
COLLABORATIONS WITH AND RAISING FUNDS FOR OTHER SERVICE
PROVIDERS AND SERVICE FUNDERS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

LABOR RELATIONS: ACQUAINT UNION COUNSELORS AND MEMBERS

WITH THE SERVICES AVAILABLE IN THEIR LOCAL COMMUNITY OR

VIA THE NETWORK OF SERVICE PROVIDERS IN PLACE ACROSS THE

STATE OF MICHIGAN. BROAD BASED INFORMATION AND REFERRAL

SERVICES ARE PROVIDED, AS WELL AS COORDINATION OF EFFORTS

TO MEET SPECIAL NEEDS SUCH AS PLANT CLOSING, EMERGENCY

NEEDS SUPPORT, UNEMPLOYMENT, RE-EMPLOYMENT, RETRAINING,

ETC.

CONSULTATION & TRAINING: MAUW FACILITATES THE

DEVELOPMENT AND GROWTH OF THE LOCAL UNITED WAYS SERVICE

NETWORK BY PROVIDING TECHNICAL DIRECTION RELATIVE TO

BOARD TRAINING, CAMPAIGN, ALLOCATIONS, FINANCIAL

ADMINISTRATION, INFORMATION SYSTEMS, AND BUSINESS

STANDARDS.

PUBLIC AFFAIRS/GOVERNMENT RELATIONS: ASSUME THE
RESPONSIBLITY FOR ON-GOING MONITORING OF ISSUES THAT

IMPACT THE NOT-FOR-PROFIT, CHARITABLE FEDERATION AND UNITED WAY SYSTEMS. COMMUNICATE ISSUES AND OPTIONS TO THE NETWORK OF LOCAL UNITED WAYS ACROSS THE STATE AND WHERE APPROPRIATE, REPRESENT THE INTERESTS OF THE LOCAL UNITED WAYS TO VARIOUS LEGISLATIVE AND REGULATORY BODIES. BORN LEARNING: MAUW IN CONJUNCTION WITH SEVERAL OTHER NOT-FOR-PROFIT ORGANIZATIONS, INCLUDING INTERMEDIATE SCHOOL SYSTEMS, DAY CARE PROVIDER ASSOCIATIONS, ETC., IS INVOLVED IN A STATEWIDE PUBLIC AWARENESS CAMPAIGN TO INFORM PARENTS AND CAREGIVERS OF EARLY CHILDHOOD (PRE-KINDERGARTEN) LEARNING OPPORTUNITIES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR BEFOR FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
WHENEVER THERE IS A PERCEIVED OR POTENTIAL CONFLICT OF INTEREST, THERE MUST
BE DECLARATION AND CLARIFICATION ON THE ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR TOP MANAGEMENT OFFICIALS IS DETERMINED BY THE BOARD OF

DIRECTORS. A VOTE IS REQUIRED FOR APPROVAL OF ALL COMPENSATION ADJUSTMENTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

FOR OTHER KEY EMPLOYEES A PERFORMANCE REVIEW IS PERFORMED BY THE BOARD OF

DIRECTORS AND EXECUTIVE DITECTOR. THEN ALL ADJUSTMENTS MUST BE APPROVED.

Schedule O (Form 990) 2009

Page 2

Name of the organization

MICHIGAN ASSOCIATION OF UNITED WAYS

Employer identification number

38-1359596

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.