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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

2010**Open to Public Inspection****A** For the 2010 calendar year, or tax year beginning , and ending**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**UNITED WAY OF BAY COUNTY**

Doing Business As

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

909 WASHINGTON AVE SUITE 2

Room/suite

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

BAY CITY**MI 48708****D** Employer identification number**38-1360524****E** Telephone number**989-893-7508****G** Gross receipts \$ **1,202,691****F** Name and address of principal officer**JENNIFER CARROLL****909 WASHINGTON AVE SUITE 2****BAY CITY****MI 48708****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)☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or☐ 527**J** Website: ▶ **UNITEDWAYBAYCOUNTY.ORG****H(c)** Group exemption number ▶**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation **1930****M** State of legal domicile **MI****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**See Schedule O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **34****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **34****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **8****6** Total number of volunteers (estimate if necessary)**6** **2163****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****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) ▶ **99,687****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

Current Year

1,293,237**1,081,432****-93,324****77,910****31,359****36,261****1,231,272****1,195,603****706,580****564,503****373,235****364,233****233,519****241,728****1,313,334****1,170,464****-82,062****25,139**

Beginning of Current Year

End of Year

2,508,622**2,521,135****414,922****371,457****2,093,700****2,149,678****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

JENNIFER CARROLL

Date

5.12.11

Type or print name and title

CEO/EXECUTIVE DIRECTOR**Paid**

Print/preparer's name

Heather A. Thomas

Preparer's signature

Heather A. Thomas

Date

05/12/11Check ☐ if self-employed

PTIN

P00020875**Preparer**

Firm's name ▶

Gardner, Provenzano, Schauman & Thomas

Firm's EIN ▶

38-2613351**Use Only**

Firm's address ▶

P.O. Box 6457**Saginaw, MI 48608**

Phone no

989-790-3900

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

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SCANNED JUL 12 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1 Briefly describe the organization's mission

See Schedule O

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 \$ **742,907** including grants of \$ **564,503**) (Revenue \$)

COMMUNITY INVESTMENT & PLANNING: INCLUDES RESEARCH ON BAY COUNTY DATA, COMMUNITY PLANNING AND COLLABORATION WITH NON-PROFIT, BUSINESS AND GOVERNMENT TO AFFECT CHANGE IN THE UNITED WAY PRIORITY AREAS OF YOUTH, HEALTH AND BASIC NEEDS. COORDINATION OF OVER 50 VOLUNTEERS TO ALLOCATE RESOURCES TO LOCAL PROGRAMS THAT DEMONSTRATE MEASURABLE OUTCOMES ON COMMUNITY IDENTIFIED ISSUES. INCLUDES UNITED WAY'S BACK TO SCHOOL CLOTHING PROGRAM AND THE AMERICAN DREAM INITIATIVE THAT REMOVES BARRIERS TO EDUCATION, EMPLOYMENT AND TEACHES BUDGETING AND NUTRITION TO FAMILIES WITH ELEMENTARY CHILDREN IN BAY COUNTY PUBLIC SCHOOLS. UNITED WAY STAFF PARTICIPATES IN ALL MAJOR ACTIVE COMMUNITY COLLABORATIVE TASK FORCE GROUPS ESTABLISHED BY THE HUMAN SERVICE COLLABORATIVE COUNCIL. UNITED WAY

4b (Code) (Expenses \$ **139,434** including grants of \$) (Revenue \$)

COMMUNITY SERVICES : THIS PROGRAM PROVIDES PLANT CLOSING AND LAY OFF PROGRAMS, CASE MANAGEMENT, DIRECT SERVICE, INFORMATION AND REFERRAL TO THOUSANDS OF COMMUNITY MEMBERS; ALSO THE PROGRAM OFFERS A TRAINING COURSE TO COMMUNITY MEMBERS TEACHING VOLUNTEERS TO BECOME COMMUNITY SERVICE ACTIVISTS IN BAY COUNTY.

4c (Code) (Expenses \$ **77,768** including grants of \$) (Revenue \$)

VOLUNTEER RESOURCES: INCLUDES VOLUNTEER RECRUITMENT AND ENGAGEMENT TO ANSWER COMMUNITY NEEDS. OVER 800 INDIVIDUALS AGES 12-54 ARE RECRUITED FOR HUNDREDS OF NON-PROFIT AGENCIES AND COMMUNITY PROJECTS THROUGHOUT BAY COUNTY. UNITED WAY ALSO PROVIDES A RETIRED & SENIOR VOLUNTEER PROGRAM FOR 150 RESIDENTS, AGE 55 AND OLDER RETURNING MATERIAL GOODS AND SERVICES TO LOCAL NON-PROFIT AGENCIES AND PROGRAMS WHILE ENRICHING THE LIVES OF LOCAL RESIDENTS. VOLUNTEERS CAN ACCESS ALL OPPORTUNITIES AT UNITEDWAYBAYCOUNTY.ORG. IN 2010, 12,976 HOURS OF SERVICE WERE PROVIDED TO THE COMMUNITY.

4d Other program services (Describe in Schedule O)

(Expenses \$ **42,490** including grants of \$) (Revenue \$)4e Total program service expenses **1,002,599**

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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	21 <input checked="" type="checkbox"/>	
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	22	<input checked="" type="checkbox"/>
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	23	<input checked="" type="checkbox"/>
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	24a	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<input checked="" type="checkbox"/>
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	25b	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<input checked="" type="checkbox"/>
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	27	<input checked="" type="checkbox"/>
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	28a	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	<input checked="" type="checkbox"/>
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	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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	36	<input checked="" type="checkbox"/>
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	37	<input checked="" type="checkbox"/>
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	38 <input checked="" type="checkbox"/>	

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 8		
b 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 (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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 goods and services provided to the payor?	7a		X
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 required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
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		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	34	
b Enter the number of voting members included in line 1a, above, who are independent	34	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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 ► **JENNIFER CARROLL**
909 WASHINGTON AVE
BAY CITY MI 48708

989-893-7508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RYAN CARLEY DIRECTOR	2.00	X						0	0	0
(2) ROBERT RAJEWSKI DIRECTOR	2.00	X						0	0	0
(3) BILL BOWEN DIRECTOR	2.00	X						0	0	0
(4) KIM COONAN DIRECTOR	2.00	X						0	0	0
(5) JARROD ERPELDING DIRECTOR	2.00	X						0	0	0
(6) AMY DEHAAN DIRECTOR	2.00	X						0	0	0
(7) STEPHEN FRALICK DIRECTOR	2.00	X						0	0	0
(8) CHRIS FACUNDO DIRECTOR	2.00	X						0	0	0
(9) JOYCE HARDY DIRECTOR	2.00	X						0	0	0
(10) BLAIR MOULTHROP DIRECTOR	2.00	X						0	0	0
(11) CASEY PARKINSON DIRECTOR	2.00	X						0	0	0
(12) SUZANNE KART DIRECTOR	2.00	X						0	0	0
(13) J. J. BOEHM DIRECTOR	2.00	X						0	0	0
(14) ROBYN MCDANIEL DIRECTOR	2.00	X						0	0	0
(15) RON RACHWITZ DIRECTOR	2.00	X						0	0	0
(16) JOHN MERTZ DIRECTOR	2.00	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 (describe hours for related organizations in Schedule O)	(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			
(17) SHAWN BISHOP DIRECTOR	2.00	X						0	0	0
(18) LAURA OGAR DIRECTOR	2.00	X						0	0	0
(19) CYNTHIA ORR DIRECTOR	2.00	X						0	0	0
(20) RON SUTTON DIRECTOR	2.00	X						0	0	0
(21) SHARI PELTIER DIRECTOR	2.00	X						0	0	0
(22) PAUL PFENNINGER DIRECTOR	2.00	X						0	0	0
(23) KIMBERLY PRIME DIRECTOR	2.00	X						0	0	0
(24) TIM QUINN DIRECTOR	2.00	X						0	0	0
(25) MARY LOU GUSTIN DIRECTOR	2.00	X						0	0	0
(26) ELLEN TALBOTT DIRECTOR	2.00	X						0	0	0
(27) VALERIE ROOF DIRECTOR	2.00	X						0	0	0
(28) RICH SHEPPARD DIRECTOR	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								67,275		4,561
d Total (add lines 1b and 1c)								67,275		4,561

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) FREDERICK HOLLISTER DIRECTOR	2.00	X						0	0	0
(18) TANIA RIDLEY DIRECTOR	2.00	X						0	0	0
(19) JENNIFER CARROLL CEO/EXEC DIRECTOR	40.00			X				67,275	0	4,561
(20) ELLEN ALBRECHT PRESIDENT	2.00			X				0	0	0
(21) RANDY KIENBAUM TREASURER	2.00			X				0	0	0
(22) MARK BAUER SECRETARY	2.00			X				0	0	0
(23) DARREN MCALLISTER VICE PRESIDENT	2.00			X				0	0	0
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								67,275		4,561
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

- 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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 ►

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	76,436			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,004,996			
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		1,081,432			
Program Service Revenue	2a	Busn. Code				
	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)		78,737		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real 20,483	(ii) Personal			
b Less: rental exps						
c Rental inc. or (loss)		20,483				
d Net rental income or (loss)				20,483		20,483
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
b Less: cost or other basis & sales exps			827			
c Gain or (loss)			-827			
d Net gain or (loss)				-827	-827	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	13,633			
b Less: direct expenses		b	6,261			
c Net income or (loss) from fundraising events				7,372		7,372
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 DESIGNATIONS ADMIN FEE		561000	8,406			8,406
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			8,406			
12 Total revenue. See instructions			1,195,603	-827	0	114,998

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	564,503	564,503		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	67,275	57,678	3,898	5,699
7 Other salaries and wages	216,397	141,679	34,567	40,151
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,039	9,958	3,230	3,851
9 Other employee benefits	39,058	30,392	3,954	4,712
10 Payroll taxes	24,464	17,329	3,255	3,880
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,802	4,391	1,100	1,311
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,415	4,918	1,595	1,902
g Other				
12 Advertising and promotion	193	193		
13 Office expenses	15,832	9,553	2,865	3,414
14 Information technology	1,815	1,433	174	208
15 Royalties				
16 Occupancy	9,978	5,831	1,892	2,255
17 Travel	3,642	2,671	443	528
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,128	2,331	364	433
20 Interest	4,462	2,608	846	1,008
21 Payments to affiliates	10,560	9,053	612	895
22 Depreciation, depletion, and amortization	7,603	4,626	1,358	1,619
23 Insurance	5,358	3,307	936	1,115
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INITIATIVES	58,691	58,691		
b CAMPAIGN EXPENSE	18,258			18,258
c HOMELESS PREVENTION	16,813	16,813		
d OTHER COMMUNITY SERVICES	14,769	14,769		
e VOLUNTEER RECOGNITION	13,064	12,538	240	286
f All other expenses	42,345	27,334	6,849	8,162
25 Total functional expenses. Add lines 1 through 24f	1,170,464	1,002,599	68,178	99,687
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	293,648	1	294,833
	2 Savings and temporary cash investments	455,568	2	366,974
	3 Pledges and grants receivable, net	815,941	3	738,288
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,739	9	9,026
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 237,293		
	b Less: accumulated depreciation	10b 87,665	10c	
	11 Investments—publicly traded securities	122,391	11	149,628
	12 Investments—other securities. See Part IV, line 11	802,302	12	950,228
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	12,033	15	12,158
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,508,622	16	2,521,135	
Liabilities	17 Accounts payable and accrued expenses	208,043	17	165,075
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	206,879	25	206,382
	26 Total liabilities. Add lines 17 through 25	414,922	26	371,457
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,171,543	27	1,349,987
	28 Temporarily restricted net assets	907,157	28	784,691
	29 Permanently restricted net assets	15,000	29	15,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	2,093,700	33	2,149,678
	34 Total liabilities and net assets/fund balances	2,508,622	34	2,521,135

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,195,603
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,170,464
3	Revenue less expenses Subtract line 2 from line 1	3	25,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,093,700
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,839
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,149,678

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 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 separate basis, consolidated 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		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

UNITED WAY OF BAY COUNTY

Employer identification number

38-1360524**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An 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 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,667,186	1,322,322	1,151,457	1,293,237	1,081,432	6,515,634
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	1,667,186	1,322,322	1,151,457	1,293,237	1,081,432	6,515,634
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)						196,206
6 Public support. Subtract line 5 from line 4						6,319,428

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,667,186	1,322,322	1,151,457	1,293,237	1,081,432	6,515,634
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,417	126,145	29,979	-89,998	99,220	239,763
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	31,518	31,803	27,823	41,126	22,039	154,309
11 Total support. Add lines 7 through 10						6,909,706
12 Gross receipts from related activities, etc. (see instructions)					12	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.46%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	93.43%
16a 33 1/3% support test—2010. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

SPECIAL EVENTS GROSS INCOME \$ 106,573

DESIGNATIONS ADMIN FEE \$ 47,736

**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

2010Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF BAY COUNTY**38-1360524****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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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:

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

	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	1,056,139	886,387	1,223,875		
b Contributions	123,000				
c Net investment earnings, gains, and losses	106,694	205,058	-283,284		
d Grants or scholarships					
e Other expenditures for facilities and programs	60,215	38,300	45,152		
f Administrative expenses	8,416	7,006	9,052		
g End of year balance	1,217,202	1,056,139	886,387		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 98.80 %
 b Permanent endowment ▶ 1.20 %
 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

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

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

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

Part VI 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		3,881	2,274	1,607
e Other		233,412	85,391	148,021
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				149,628

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) CAPITAL LEASE	81,030
(3) DESIGNATIONS PAYABLE	70,252
(4) POST RETIREMENT HEALTH BENEFITS	55,100
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	206,382

2. FIN 48 (ASC 740) 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 (ASC 740)

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	1,195,603
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,170,464
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,139
4	Net unrealized gains (losses) on investments	4	30,839
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	30,839
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	55,978

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	1,226,442
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	30,839
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	30,839
3	Subtract line 2e from line 1	3	1,195,603
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	1,195,603

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

1	Total expenses and losses per audited financial statements	1	1,170,464
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,170,464
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	1,170,464

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 XIV **Supplemental Information** (continued)

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Employer identification number

38-1360524**UNITED WAY OF BAY 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. Part II can be duplicated 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
(1)	AMERICAN RED CROSS, EAST SHORELINE 228 WASHINGTON AVE. BAY CITY MI 48708	38-1366901	3	102,708				DISASTER, HELP, SAFET
(2)	BAY AREA FAMILY YMCA 111 N. MADISON BAY CITY MI 48708	38-1358471	3	32,745				YOUTH DEVELOPMENT
(3)	SACRED HEART REHABILITATION SERVICE 400 STODDARD ROAD MEMPHIS MI 48041	38-1880385	3	20,216				SUBSTANCE ABUSE PREV
(4)	BAY AREA WOMEN'S CENTER P.O. BOX 1458 BAY CITY MI 48706	38-2118004	3	67,000				DOMESTIC VIOLENCE SV
(5)	BIG BROTHERS/BIG SISTERS OF SAGINAW 1910 FORDNEY SAGINAW MI 48601	38-1438660	3	48,779				YOUTH MENTORING
(6)	BOY SCOUTS, LAKE HURON AREA COUNCIL P.O. BOX 129 AUBURN MI 48611	38-1972383	3	29,875				YOUTH DEVELOPMENT
(7)	BOYS AND GIRLS CLUB OF BAY COUNTY 300 LAFAYETTE BAY CITY MI 48706	38-1648580	3	44,045				TRIPLE PLAY
(8)	NATHAN WEIDNER CHILDREN'S ADVOCACY 715 N. EUCLID BAY CITY MI 48706	38-2520774	3	21,045				FORENSIC INTERVIEW
(9)	CATHOLIC FAMILY SERVICE 915 COLUMBUS AVE. BAY CITY MI 48708	38-1795701	3	34,000				COUNSELING

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

3 Enter total number of other organizations

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

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF BAY COUNTY**38-1360524****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☐ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**Part II****Grants and Other Assistance to 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. Part II can be duplicated 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
(1)	DO-ALL, INC. 1400 S. LINCOLN STREET BAY CITY MI 48708	38-2024600	3	30,545				MATERIAL ASSIST CNTR
(2)	HIDDEN HARVEST 940 E. GENESEE SAGINAW MI 48601	38-3350163	3	9,000				FOOD RESCUE/DISTRIB
(3)	LITERACY COUNCIL OF BAY COUNTY 407 W. OHIO ST. BAY CITY MI 48706	38-2693026	3	29,500				ADULT LITERACY
(4)	LUTHERAN CHILD & FAMILY SVC OF MICH P.O. BOX 48 BAY CITY MI 48707	38-1359524	3	47,000				COUNSELING
(5)	GIRL SCOUTS HEART OF MICHIGAN 5470 DAVIS ROAD SAGINAW MI 48604	38-1684222	3	10,000				GIRL SCOUT PROGRAM
(6)	NEW DIMENSIONS 2 JOHNSON STREET BAY CITY MI 48708	38-2066095	3	9,000				SUPPORTED EMPLOYMENT
(7)	SALVATION ARMY 322 ADAMS BAY CITY MI 48708	36-2167910	3	20,545				EMERGENCY SERVICES
(8)								
(9)								

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

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

DAA

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
SIX MONTH AND YEAR END REPORTS OF REVENUE, EXPENSES, AND OUTCOMES ARE PROVIDED BY AGENCIES TO UNITED WAY FOR ALL GRANT PROGRAMS.

REPORTS ARE COMPARED TO ORIGINAL GRANT SUBMISSION. SIGNIFICANT VARIANCES ON OUTCOMES MUST BE EXPLAINED WITH ADDITIONAL PLANS ON HOW TO ACHIEVE ORIGINAL OUTCOMES PROVIDED.

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

UNITED WAY OF BAY COUNTY

Employer identification number

38-1360524**Form 990 - Organization's Mission or Most Significant Activities**

TO BUILD THE COMMUNITY'S FINANCIAL AND HUMAN ABILITY TO EFFECTIVELY AND
EFFICIENTLY MEET ITS HUMAN CARE NEEDS.

THE UNITED WAY OF BAY COUNTY WILL PROVIDE EFFICIENT AND EFFECTIVE OUTCOMES
FOR PEOPLE IN ITS COMMUNITY BY ASSESSING GAPS IN HUMAN SERVICES AND
COLLABORATING WITH PARTNERS TO ADDRESS THOSE GAPS. AS WE DEVELOP RESOURCES
IN AND FOR THE COMMUNITY, WE WILL PROACTIVELY SECURE FUNDS, ASSETS, AND
VOLUNTEERS TO SUPPORT THOSE EFFORTS, AS WELL AS TO ADDRESS BASIC NEEDS OF
FAMILIES AND INDIVIDUALS. OUR ACTIONS WILL DEMONSTRATE THAT WE ARE
COMMUNITY PROBLEM-SOLVERS, AND WE WILL MEASURE OUR RESULTS REGULARLY,
OBJECTIVELY, AND PUBLICLY.

UNITED WAY OF BAY COUNTY SUPPORTS 36 PROGRAMS WITHIN 18 AGENCIES IN OUR
COMMUNITY. THESE PROGRAMS EACH SUPPORT THE WORK OF OUR THREE PRIORITY
AREAS: YOUTH, HEALTH, AND BASIC NEEDS.

* UNITED WAY WOMEN'S LEADERSHIP CABINET CREATED THE AMERICAN DREAM
INITIATIVE TO HELP FAMILIES WITH KIDS IN ALL BAY COUNTY PUBLIC ELEMENTARY
SCHOOLS. THIS PROGRAM TEACHES BUDGETING, PARENTING SKILLS, HEALTH AND
NUTRITION AND REMOVES BARRIERS TO EMPLOYMENT.

* UNITED WAY RECRUITS HUNDREDS OF VOLUNTEERS AGES 12 AND OLDER AND
MOBILIZES THEM TO SERVE ON COMMUNITY PROJECTS WITH LOCAL NON-PROFIT HUMAN
SERVICE AGENCIES.

Name of the organization

UNITED WAY OF BAY COUNTY

Employer identification number

38-1360524

* THE UNITED WAY PROVIDES A FREE TAX PROGRAM FOR ANY SENIOR, LOW INCOME, OR DISABLED INDIVIDUALS IN BAY COUNTY. EFFORTS RETURNED OVER \$2.2 MILLION IN REFUNDS AND CREDITS TO OUR COMMUNITY.

* UNITED WAY'S AFL-CIO COMMUNITY SERVICE PROGRAM RECEIVED 3,306 CALLS FOR ASSISTANCE, 74% WERE REQUESTS FOR BASIC NEEDS (FOOD, HOUSING, SHELTER, UTILITIES, AND TRANSPORTATION & MATERIAL GOODS).

THE UNITED WAY WAS PROVIDED A MOST GENEROUS GIFT BY STEVE AND DENA WIRT THAT SECURED A BUILDING FOR OUR ORGANIZATION. UNITED WAY ENTERED INTO AN AGREEMENT THAT WOULD ALLOW THE ENTIRE 909 WASHINGTON AVENUE BUILDING TO BE DONATED TO THE UNITED WAY OF BAY COUNTY, AND WILL FULFILL OUR VISION OF BEING A HUMAN SERVICE HUB FOR THE COMMUNITY. IN 2010, THE BUILDING WAS RENOVATED AND THE UNITED WAY NON-PROFIT CENTER OPENED. IT IS A MULTI-SERVICE FACILITY THAT HOUSES FIVE NON-PROFITS.

Form 990, Part III, Line 4a - First Achievement

PROVIDES LEADERSHIP TO THE EMERGENCY FOOD AND SHELTER PROGRAM THAT PROVIDES BAY COUNTY OVER \$93,000 IN FEDERAL FUNDING.

Form 990, Part III, Line 4d - All Other Achievements

COMMUNITY EDUCATION AND COMMUNICATION: COMMUNICATING THE GAPS AND NEEDS OF HUMAN SERVICES IN BAY COUNTY TO RESIDENTS AND BUSINESSES IN THE FORM OF FORMAL PRESENTATIONS, GROUP EDUCATION, PRINT MEDIA, WEB BASED COMMUNICATION AND SOCIAL MEDIA. INCLUDES COMMUNITY WIDE

Name of the organization

UNITED WAY OF BAY COUNTY

Employer identification number

38-1360524

PERCEPTION SURVEY PERFORMED EVERY TWO YEARS AND ANNUAL
TABULATION OF MEASURABLE RESULTS FROM FUNDED UNITED WAY
PROGRAMS.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
EACH CONTRIBUTOR BECOMES AN INDIVIDUAL MEMBER AND IS ENTITLED TO ATTEND AND
VOTE AT ALL MEMBERSHIP MEETINGS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERSHIP AT THE ANNUAL MEETING.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE 990 IS MADE AVAILABLE TO THE FULL BOARD AND APPROVED BY THE BOARD
BEFORE IT IS FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
A CONFLICT OF INTEREST STATEMENT FOR STAFF AND BOARD MEMBERS IS REVIEWED
AND SIGNED ANNUALLY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
NATIONAL UWWW SALARY GUIDELINES ARE USED, OTHER LOCAL NON-PROFIT CEO PAY IS
REVIEWED, & ACCOMPLISHMENT OF BUSINESS PLAN OBJECTIVES AND FULFILLMENT OF
JOB DESCRIPTION ARE REVIEWED. SALARY IS SET BY THE ORGANIZATIONAL CAPACITY
COMMITTEE BASED ON RESOURCES AVAILABLE AND RESULTS ACHIEVED, AND IS
APPROVED BY THE BOARD.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization

UNITED WAY OF BAY COUNTY

Employer identification number

38-1360524

- Key employees

NATIONAL UWWW SALARY GUIDELINES ARE USED, OTHER LOCAL NON-PROFIT SALARIES ARE REVIEWED, & ACCOMPLISHMENT OF BUSINESS PLAN OBJECTIVES AND FULFILLMENT OF JOB DESCRIPTION ARE REVIEWED. SALARY RECOMMENDATION IS PROVIDED BY THE CEO TO THE ORGANIZATIONAL CAPACITY COMMITTEE AND THE FINAL BUDGET IS APPROVED BY THE BOARD. ALL STAFF ARE PROVIDED 6 MONTH AND YEAR END REVIEWS.

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

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

UNITED WAY OF BAY COUNTY

Identifying number

38-1360524

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,603

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	7,603
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

There are no amounts for Page 2

38-1360524

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
2	Network Rewiring	7/18/97	6,429				6,429	5 MO S/L	6,429	0
4	Data Pro Software	10/16/97	4,485				4,485	5 MO S/L	4,485	0
7	Windows 2000	8/27/00	154				154	5 MO S/L	154	0
8	#20-HP LASERJET 5N	5/31/97	1,685				1,685	5 MO S/L	1,685	0
11	Dell Inspiron	6/30/01	2,119				2,119	5 MO S/L	2,119	0
20	Dell Inspiron 5160 Laptop	1/14/05	2,159				2,159	5 MO S/L	2,159	0
21	Dell Dimension 8400	1/14/05	1,667				1,667	5 MO S/L	1,667	0
22	3 Dell Dimension 8400 Series	1/14/05	4,896				4,896	5 MO S/L	4,896	0
23	Dell PowerEdge 2800 Server	1/14/05	6,655				6,655	5 MO S/L	6,655	0
25	CHAIR	7/13/95	204				204	5 MO S/L	204	0
28	CANNON FAX	2/15/96	1,149				1,149	5 MO S/L	1,149	0
30	Phone lines	9/15/98	525				525	5 MO S/L	525	0
31	SIMPLICITY 7250 VACUME	3/11/99	350				350	5 MO S/L	350	0
32	3 PHONES AND WIRING	9/23/99	978				978	7 MO S/L	978	0
33	5 CONFERENCE TABLES	7/24/99	953				953	5 MO S/L	953	0
36	Check Printer-Okidata ML 420 Dot	4/22/04	380				380	5 MO S/L	380	0
39	Painting Office	12/12/97	676				676	10 MO S/L	676	0
40	Ceiling Work	12/15/97	4,606				4,606	10 MO S/L	4,606	0
41	Partitions	12/15/97	12,719				12,719	10 MO S/L	12,719	0
47	Digital Camera HP315 - RSVP	6/30/01	324				324	5 MO S/L	324	0
49	RSVP Software-programming	6/30/02	1,303				1,303	3 MO S/L	1,303	0
51	RSVP File Cabinets-2	2/03/04	136				136	5 MO S/L	136	0
53	OFFICE STACK CHAIRS	3/05/92	675				675	5 MO S/L	675	0
55	DESKS/FILES	5/08/92	195				195	5 MO S/L	195	0
65	EXHIBIT DISPLAY BOARD	8/22/96	946				946	10 MO S/L	946	0
66	Hewlett Packard Computer	2/27/00	1,464				1,464	5 MO S/L	1,464	0
67	Volunteer Works software	2/27/00	744				744	5 MO S/L	744	0
70	Phone System	9/01/06	6,966				6,966	7 MO S/L	3,317	996
71	Donated Sharp copier	12/31/06	9,503				9,503	3 MO S/L	9,503	0
72	Computer Steve-Formerly Vista	12/31/06	1,179				1,179	3 MO S/L	1,179	0
73	Donation traker software	9/25/07	5,995				5,995	5 MO S/L	2,698	1,199
74	Building	9/01/08	114,995				114,995	40 MO S/L	3,833	2,875
75	RSVP Desk l-shape with hutch -Staples	11/17/08	530				530	7 MO S/L	82	76
76	Drapes	11/19/08	1,045				1,045	10 MO S/L	113	105
Sold/Scrapped: 12/31/10										
77	E-Way Software (truist)	3/15/09	2,500				2,500	3 MO S/L	694	834
78	Dell Computer	7/01/09	727				727	3 MO S/L	121	243
79	Dell Computer	4/01/09	654				654	3 MO S/L	164	218
81	Vostro #230 slim	8/03/10	784				784	3 MO S/L	0	109
82	Reception desk and three chairs	10/13/10	1,117				1,117	7 MO S/L	0	40
83	Sauder Executive Desk	11/01/10	570				570	7 MO S/L	0	14
84	Concrete Front Entrance	7/14/10	1,700				1,700	10 MO S/L	0	85
85	Walls LL	8/05/10	6,857				6,857	10 MO S/L	0	286
86	Cat 5 Wiring	10/28/10	1,435				1,435	10 MO S/L	0	24
87	Carpeting	10/19/10	11,995				11,995	7 MO S/L	0	286
88	Dorr Access System & Locks	11/23/10	4,845				4,845	10 MO S/L	0	40
89	Signage	10/25/10	5,765				5,765	7 MO S/L	0	137
90	Garden Tiller	9/10/10	600				600	5 MO S/L	0	36
Total Other Depreciation			238,338				238,338		80,280	7,603
Total ACRS and Other Depreciation			238,338				238,338		80,280	7,603
Grand Totals			238,338				238,338		80,280	7,603
Less: Dispositions and Transfers			1,045				1,045		113	105
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			237,293				237,293		80,167	7,498

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>	<u>US Obs (\$ or %)</u>
	\$ 78,737		14			
Total	\$ 78,737					

40270 UNITED WAY OF BAY COUNTY

38-1360524

FYE: 12/31/2010

Federal Statements

5/6/2011 3:05 PM

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE	\$ 12,645	\$ 7,404	\$ 2,391	\$ 2,850
MISCELLANEOUS	11,632	8,027	1,645	1,960
SPECIAL EVENTS/SPONSORSHI	7,690	2,434	2,398	2,858
EARLY CHILDHOOD	7,398	7,398		
MEMBERSHIP DUES	2,829	1,983	386	460
PUBLICATIONS	151	88	29	34
Total	\$ 42,345	\$ 27,334	\$ 6,849	\$ 8,162

Form **8868**
(Rev. January 2011)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization UNITED WAY OF BAY COUNTY	Employer identification number 38-1360524
	Number, street, and room or suite no. If a P O box, see instructions 909 WASHINGTON AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BAY CITY MI 48708	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JENNIFER CARROLL
909 WASHINGTON AVE

- The books are in the care of ► **BAY CITY**
Telephone No. ► **989-893-7508**

FAX No ►

MI 48708

- 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.