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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

Open to Public

A For	the 2010	calendar year, or tax year begi	nning 07-01-2010 and ending 06-30-201	1		
B Che	ck if applicab	e C Name of organization UNITED WAY OF GENESEE COUI	MTV		D Employer	identification number
┌ Addı	ress change				38-1359	516
┌ Nam	ne change	Doing Business As			E Telephone	number
Initia	al return	Number and street (or P.O. box	if mail is not delivered to street address)	Room/suite	(810)23	
┌ Terr	minated	PO BOX 949	in mains not delivered to street dudiessy	Noom, saice	(810)23.	2-8121
┌ Ame	ended return	City or town, state or country, a	and ZIP + 4		G Gross receip	ots \$ 5,719,021
_	lıcatıon pendı	FLINT, MI 48501				
,		F Name and address of	nrincinal officer	14/5)		
		JERRY LEMAN	principal officer	n(a) Isthisa	group return for affil	liates? Yes V No
		PO BOX 949 FLINT, MI 48501		H(b) Are all	affiliates included	I?
		121117,141 40301				t (see instructions)
I Tax	-exempt stat	us 501(c)(3) 501(c)()	◀ (insert no)	H(c) Group	exemption n	umber 🟲
J We	ebsite: 🕨 \	VWW UNITEDWAYGENESEE O	RG	1		
K Form	of organizat	on 🔽 Corporation 🗀 Trust 🦳 Assoc	lation ☐ Other ▶	L Year of for	mation 1922	M State of legal domicile MI
Par		mmary	action ()	E real or lon	Hation 1922	Trotate or legal dofficile 112
			ssion or most significant activities			
Activities & Governance	HELP AND WORK FAMI	CREATE SOLUTIONS WE HA GRANTOR WE HAVE EITHER: ING TO FIND EFFICIENT SOI LIES AND OLDER ADULTS IN this box if the organization er of voting members of the gov	n discontinued its operations or disposed erning body (Part VI, line 1a)	MMUNITY BEY LLABORATIN TY NET" OF S of more than 2!	OND BEING G OR PARTNI ERVICES, FO 5% of its net a	JUST A FUNDRAISER ERSHIPS THAT ARE R CHILDREN, assets 17
를			ers of the governing body (Part VI, line 1b		4	17
₹			ın calendar year 2010 (Part V, line 2a)		5	150
		number of volunteers (estimate	• •		6	245
			m Part VIII, column (C), line 12		7a	0
\rightarrow	b Net u	related business taxable incon	ne from Form 990-T, line 34	T notes	7b	0
	•		- 1 - 413	Prior	Year	Current Year
			I	4 425 022	E 142 012	
9		- ,	I, line 1h)		4,425,833	
renne	9 Pro	gram service revenue (Part VII	I, line 2g)		97,610	141,739
Revenue	9 Pro10 Inv	gram service revenue (Part VII estment income (Part VIII, colo	I, line 2g)			141,739
_	9 Pro10 Inv11 Oth	gram service revenue (Part VII estment income (Part VIII, coli er revenue (Part VIII, column (I, line 2g)		97,610 66,799	141,739 132,478
_	9 Pro10 Inv11 Oth12 Tot12)	gram service revenue (Part VII estment income (Part VIII, colu er revenue (Part VIII, column (al revenue—add lines 8 through	I, line 2g)		97,610 66,799 0 4,590,242	141,739 132,478 0 5,418,030
	 9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 	gram service revenue (Part VII estment income (Part VIII, colu er revenue (Part VIII, column (al revenue—add lines 8 through 	I, line 2g)		97,610 66,799 0	141,739 132,478 0 5,418,030
	 9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 	gram service revenue (Part VII estment income (Part VIII, column (er revenue (Part VIII, column (el revenue—add lines 8 through	I, line 2g)		97,610 66,799 0 4,590,242	141,739 132,478 0 5,418,030
	 9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 15 Sali 	gram service revenue (Part VII estment income (Part VIII, column (er revenue (Part VIII, column (al revenue—add lines 8 through	I, line 2g)		97,610 66,799 0 4,590,242 2,252,874	141,739 132,478 0 5,418,030 1,641,109
	 9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 15 Sala 5-1 	gram service revenue (Part VII estment income (Part VIII, column (er revenue (Part VIII, column (el revenue—add lines 8 through ents and similar amounts paid (Parts paid to or for members (Parties, other compensation, emplo)	I, line 2g)		97,610 66,799 0 4,590,242 2,252,874	141,739 132,478 0 5,418,030
	9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 15 Sala 5-1 16a Pro	gram service revenue (Part VII estment income (Part VIII, column (er revenue (Part VIII, column (el revenue—add lines 8 through	I, line 2g)		97,610 66,799 0 4,590,242 2,252,874 0 3,130,888	141,739 132,478 0 5,418,030 1,641,109
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Expenses	 9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 15 Salis 5-1 16a Pro b Tota 17 Oth 	gram service revenue (Part VII estment income (Part VIII, column (er revenue (Part VIII, column (el revenue—add lines 8 through ents and similar amounts paid (Parts paid to or for members (Partices, other compensation, emplo) essional fundraising fees (Part fundraising expenses (Part IX, column (er expenses (er	I, line 2g)		97,610 66,799 0 4,590,242 2,252,874 0 3,130,888	141,739 132,478 0 5,418,030 1,641,109 0 1,710,481 0
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Signature Fund Balances Expenses	9 Pro 10 Inv 11 Oth 12 Tot 12) 13 Gra 14 Ben 15 Sali 5-1 16a Pro b Tota 17 Oth 18 Tot 19 Rev 20 Tot 21 Tot 22 Net t III Sign penalties of edge and be edge.	gram service revenue (Part VII estment income (Part VIII, column (part vIII), column (I, line 2g)	Beginning Ye chedules and st er) is based on a	97,610 66,799 0 4,590,242 2,252,874 0 3,130,888 0 3,558,262 8,942,024 -4,351,782 of Current ear 8,842,808 1,838,757 7,004,051	141,739 132,478 0 5,418,030 1,641,109 0 1,710,481 0 3,071,034 6,422,624 -1,004,594 End of Year 8,415,357 1,815,801 6,599,556
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FLINT, MI 485021647

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Par	t III	Statement of Program S Check if Schedule O contains a				୮
1	Brief	ly describe the organization's mi	ssion			
		OPLE, DEVELOP RESOURCES A Y MOBILIZING OUR COMMUN			IS TO BUILD A STRONGE	R FLINT AND GENESEE
2		ne organization undertake any sig rior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Y∈	es," describe these new services	on Schedule O			
3	servi	ne organization cease conducting ces?			nducts, any program	┌ Yes ┌ No
	If "Ye	es," describe these changes on S	chedule O			
4	Secti	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga ations to others, the total expens	nizations and section	on 4947(a)(1) trusts a	ire required to report the am	
	(Cod	e) (Expenses \$	3,893,262	ıncludıng grants of \$) (Revenue \$)
		ED WAY OF GENESEE COUNTY'S SPECIA - BASIC NEEDS/ STRENGTHENING FAMI				BUILDING BLOCKS FOR A QUALITY
4b	(Cod	e) (Expenses \$	1,641,109	ıncludıng grants of \$	1,641,109) (Revenue \$	141,739)
		ED WAY OF GENESEE COUNTY PROVIDE MUNITIES OF GENESEE COUNTY, MICHI		SIGNATIONS TO NUMEROUS	S NONPROFIT AGENCIES THAT PR	OVIDE DIRECT SERVICES TO THE
4c	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
4d	Oth	er program services (Describe ii	n Schedule O)			
	(Exp	penses \$	including grants o	f \$) (Revenue \$)
4e	Tota	al program service expenses►\$	5,534,37	1		

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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	5		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
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.	11c		No
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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check 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							
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable							
	1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	~						
	Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
		2b	Yes					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo				
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		No				
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		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3 D						
·		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo				
b	organization solicit any contributions that were not tax deductible?							
	were not tax deductible?	6b						
7								
а	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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		140				
				1				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as							
h	required?	7g						
	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.							
а	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							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	u						
-	year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	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							
	ın which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Lu	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	1		
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 SHARON S CECI 328 S SAGINAW ST

FLINT, MI 48502 (810)762-5828

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

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

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

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

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

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

(A) Name and Title	(B) (C) Average Position (check all that apply) per that apply							(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
(1) MIKE CANTOR TREASURER	1 00	х		Х				0	0	0	
(2) RUDY ARMSTRONG TRUSTEE	1 00	Х						0	0	0	
(3) ALICIA BOOKER TRUSTEE	1 00	х						0	0	0	
(4) RANDY WISE VICE-CHAIR	1 00	х		х				0	0	0	
(5) RAUL GARCIA TRUSTEE	1 00	х						0	0	0	
(6) DAVID SOLIS CHAIR	1 00	х		х				0	0	0	
(7) DAVID NICKOLA TRUSTEE	1 00	Х						0	0	0	
(8) LAURIE PROCHAZKA TRUSTEE	1 00	Х						0	0	0	
(9) MARCY GARCIA TRUSTEE	1 00	Х						0	0	0	
(10) LARRY ROEHRIG TRUSTEE	1 00	х						0	0	0	
(11) TAMMY SAUNAITIS TRUSTEE	1 00	х						0	0	0	
(12) RAVI YALAMANCHI SECRETARY	1 00	х		х				0	0	0	
(13) KAREN TOLER TRUSTEE	1 00	х						0	0	0	
(14) AARON WHITSON TRUSTEE	1 00	х						0	0	0	
(15) NORWOOD JEWELL TRUSTEE	1 00	х						0	0	0	
(16) DONA KYLE TRUSTEE	1 00	Х						0	0	0	

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

(A) Name and Title	(B) Average hours		tion ((che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estimated amount of othe compensation		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from from forganizat relat organiza	the ion and ed
(17) KATHLEEN DILWORTH TRUSTEE		1 00	х						0		0		0
(18) HANNAH GOODSTEIN CHIEF OPERATING OFFICER		36 30			х				63,131		0		27,113
(19) AMY MEISTER DIRECTOR OF FINANCE AND TO	E	36 30			х				62,954		0		30,359
(20) RONALD J BUTLER EXECUTIVE DIRECTOR		36 30			х				92,553		0		27,692
(21) DIANA KELLY COMMUNITY INVESTMENT MAN	IAG	36 30			х				69,179		0		17,381
(22) JERRY LEMAN INTERIM EXECUTIVE DIRECTOR	₹	36 30			х				0		0		0
											<u> </u>		
								Ļ			_		
c Total from continuo		o Part VII. Sec				•	· ·	-			+		
d Total (add lines 1b						•		-	287,817	0	\dagger		102,545
Total number of ind \$100,000 in report						ted a	above) who	received more tha	n			
3 Did the organization on line 1a? If "Yes,"	•	•							-	ated employee	3	Yes	No No
For any individual li organization and rel individual											4		No
5 Did any person liste services rendered t										r individual for	5		No
Section B. Indepe	ndent Cont	tractors											
Complete this table \$100,000 of compe		the organizatio		ndep	ende	ent c	ontra	ctors	that received more				
	(A) (B) Name and business address 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 **F**0

		(2010)					P	age 9
Рагс	V111	Statement of Revenu	1e		(A) Total revenue	(B) Related or exempt function		(D) Revenue excluded from
						revenue		tax under sections 512, 513, or
<i>w</i>	1a	Federated campaigns	1a	113,628				514
rant fund		Membership dues						
s, g		Fundraising events		6,448				
<u>₩</u>		Related organizations						
ans, SIII.	e	Government grants (contributions)	1e	929,343				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, similar amounts not included above	2	4,094,394				
	g	Noncash contributions included in lii Total. Add lines 1a-1f			5,143,813			
	n	iotai. Add lines 1a-11		Business Code	3,143,013			
Program Serwice Revenue	2a	SERVICE FEES		900099	91,083	91,083		
æ		MISCELLANEOUS		900099	50,656	50,656		
MC.	d							
ž.	e							
gran	f	All other program service rev	/enue					
چ	g	Total. Add lines 2a-2f			141,739			
	3	Investment income (includin			00.055			
	4	and other similar amounts) Income from investment of tax-exe	80,266			80,26		
	5	Royalties		-				
			(ı) Real	(II) Personal				
		Gross Rents Less rental						
	-	expenses Rental income						
		or (loss) Net rental income or (loss)	.					
	_	Tree remean meeting or (1999)	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	353,145					
		assets other than inventory						
	b	Less cost or other basis and	300,933					
	С	sales expenses Gain or (loss)	52,212					
	d	Net gain or (loss)			52,212			52,21
ıne	8a	Gross income from fundraisir (not including	ng events					
Other Revenue		\$6,448 of contributions reported on I	ine 1c)					
<u>።</u> ແ		See Part IV, line 18	•					
Ě	Ь	Less direct expenses	a . b	58 58				
•		Net income or (loss) from fur		30	0			
			ctivities See Part IV, line 19 . a					
		Less direct expenses Net income or (loss) from ga		b				
	-	a Gross sales of inventory, les						
		returns and allowances .	a					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa Miscellaneous Revenue	les of inventory 🟲	Business Code				
	11a			busilless Code				
	Ŀ							
		All other revenue	•					
	e	Total. Add lines 11a-11d .	· · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See Instruction	ons .	ļ	5,418,030	144 700	0	132,478

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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 no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,641,109	1,641,109		<u> </u>						
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	371,032	150,669	63,662	156,701						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	772,600	613,294	150,680	8,626						
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)										
9	Other employee benefits	489,931	298,374	149,078	42,479						
10	Payroll taxes	76,918	51,195	18,846	6,877						
a	Fees for services (non-employees) Management										
b	Legal	72,648		72,648							
С	Accounting	17,466	9,122	5,195	3,149						
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other	1,784,071	1,708,161	75,910							
12	Advertising and promotion										
13	Office expenses	149,644	114,373	13,003	22,268						
14	Information technology	17,746	7,673	5,508	4,565						
15	Royalties										
16	Occupancy	93,081	60,495	20,309	12,277						
17	Travel	10,598	10,598								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	58,427	48,644	6,324	3,459						
20	Interest										
21	Payments to affiliates	28,124	28,124								
22	Depreciation, depletion, and amortization	1,960		1,960							
23 24	Insurance	7,702	3,140	2,840	1,722						
а	FOUNDATION GRANT EXPENS	441,463	441,463								
b	GRANT RETURN EXPENSE	297,068	297,068	 							
c	EQUIPMENT RENTAL AND MA	57,135	31,043	23,597	2,495						
d	MISCELLANEOUS	28,487	15,992	11,579	916						
e	SUBSCRIPTIONS AND DUES	5,414	3,834	951	629						
f	All other expenses	, = 1	,								
25	Total functional expenses. Add lines 1 through 24f	6,422,624	5,534,371	622,090	266,163						
26	Joint costs. Check here ► ☐ If following	,,	, = 1,= 7 =	,							
	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										
	companied educational earnpaign and fandraising soficitation	I	l								

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		5,366,869	2	4,944,902
	3	Pledges and grants receivable, net	•	934,650	3	864,992
	4	Accounts receivable, net		116,074	4	183,790
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing emsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	ployers, and			
- S		Schedule L			6	
ssets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>				
	ь	Less accumulated depreciation	10b 115,156	4,940	10 c	2,980
	11	Investments—publicly traded securities	1,356,216	11	1,643,277	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,064,059	15	775,416
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,842,808	16	8,415,357
	17	Accounts payable and accrued expenses .		566,651	17	617,406
	18	Grants payable			18	
	19	Deferred revenue			19	300,000
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lia		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		1,272,106	25	898,395
	26	Total liabilities. Add lines 17 through 25		1,838,757	26	1,815,801
		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lines 27			
ġ		through 29, and lines 33 and 34.				
Fund Balances	27	Unrestricted net assets		3,804,886	27	4,591,583
ထိ	28	Temporarily restricted net assets		2,577,749	28	1,316,978
Ξ	29	Permanently restricted net assets		621,416	29	690,995
æ		Organizations that do not follow SFAS 117, check here ► ┌ and	l complete			
ŏ		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fun	ds		32	
¥	33	Total net assets or fund balances		7,004,051	33	6,599,556
_	34	Total liabilities and net assets/fund balances		8,842,808	34	8,415,357

Pal	Check 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		5,4	118,03
2	Total expenses (must equal Part IX, column (A), line 25)	2			122,624
3	Revenue less expenses Subtract line 2 from line 1	3		-1,0	04,59
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,0	04,05
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6	500,099
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		6,5	599,550
Par	The triangle of the contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

DLN: 93493135052052

OMB No 1545-0047

2040

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization UNITED WAY OF GENESEE COUNTY

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

4547(a)(1) Hollexempt Charteable trust.

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

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

Employer identification number

38-1359516

з Г					tach Sched	/						
- 1	A hosp	ital or a coo	perative hospital sei	vice organiz	zatıon descr	ibed in sectio	n 170(b)(1)	(A)(iii).				
4 _			n organization operat ty, and state	ed ın conjun	iction with a	hospital desc	cribed in sec	tion 170(b)(1	l)(A)(ii	i i). Ente	rthe	
· _			erated for the benefit		e or universi	ty owned or o	perated by a	a governmenta	al unit c	describe	d ın	
_			A)(iv). (Complete Pa									
· _			local government or	_								
· [~	describ	oed in	at normally receives A)(vi) (Complete Pa		al part of its	support from	a governme	ental unit or fro	om the	general	public	:
Г			described in section		Al(vi) (Cor	nnlata Dart II	1					
, -			at normally receives					hutians mamb	hare bin	foos ar	d aro	
,	_										_	55
	•		ities related to its ex	•	=							
	-	-	oss investment incor				-		ax) iror	n busine	sses	
_			janization after June									
)	=		ganized and operated ganized and operated	-		•						,
- ,	one or the box	more public	y supported organization by supported organization by the supported by the support of su	ations descr orting organ	ribed in sect li <u>za</u> tion and	ion 509(a)(1)	or section s 11e throu	509(a)(2) Se gh 11h	e secti		a)(3).	Check
	other the section of the o	han foundatı n 509(a)(2) organızatıon	ox, I certify that the on managers and oth received a written de	ner than one	or more pub	olicly support	ed organızat	ions describe	d in se	ction 50	9(a)(:	1) or
		thıs box							ıı supp	orting o	ryaniz	ation,
	Since A	August 17, 2	2006, has the organı						II Supp	orting o	ryaniz	ration,
	Since A followir	August 17, 2 ng persons?		zatıon accep	oted any gift	or contributi	on from any	of the	ii supp	orting o		
	Since A followir (i) a pe	August 17, 2 ng persons? erson who di	rectly or indirectly c	zation accer	oted any gift er alone or t	or contributions	on from any	of the			Yes	No
	Since A followir (i) a pe and (iii	August 17, 2 ng persons? erson who di) below, the	rectly or indirectly co	zation accer ontrols, eith e the suppoi	oted any gift er alone or t rted organiz	or contributions	on from any	of the		11g(i)		
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1	Since A followin (i) a pe and (iii (ii) a fa (iii) a 3	August 17, 2 ng persons? erson who di) below, the amily membe 35% control	rectly or indirectly co	zation accep ontrols, eith e the suppoi ped in (i) abo n described	oted any gift er alone or t rted organiz ove? in (i) or (ii) a	or contributions or con	on from any	of the	[11g(i)		
J	Since A followin (i) a pe and (iii (ii) a fa (iii) a 3	August 17, 2 ng persons? erson who di) below, the amily membe 35% control	rectly or indirectly congoverning body of the governing body of the ground string in the government of a personing information about	zation accepontrols, either the supported in (i) about the supported the supported	oted any gift er alone or t rted organiz ove? in (i) or (ii) a ed organizat	or contributions or con	on from any	of the	[11g(i) 11g(ii)		
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(i Nam supp	Since A following (i) a per and (iii) a faction (iiii) a faction (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	August 17, 2 ng persons? erson who di) below, the amily membe 35% control e the followin	rectly or indirectly congoverning body of the governing body of the ground state of a person described on the government of the government	zation acceptontrols, either the supported the supported the supported the supported to organization (i) lis your gove	er alone or tred organizove? In (I) or (II) a ed organizat e Ion In ted In erning	cor contributions cogether with pation? above? cion(s) (v) Did you not organizat col (i) of	on from any persons des tify the ion in your	(vi) Is the organizati	e on in anized	11g(i) 11g(ii)	Yes (v A mo	No No viii)
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(i Nam suppr	Since A following (i) a per and (iii) a faction (iiii) a faction (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	August 17, 2 ng persons? erson who di) below, the amily membe 35% control e the followin	rectly or indirectly congoverning body of the person describled entity of a person guidential (iii) Type of organization (described on lines 1-9 above or IRC section (see	zation acceptontrols, either supported the supported the supported the supported (iv) Is the organizate col (i) lis your gove docume	er alone or t rted organiz ove? in (i) or (ii) a ed organizat e ion in ted in erning ent?	cor contributions cogether with pation? con(s) (v) Did you not organizat col (i) of support	on from any persons des tify the ion in your t?	(vi) Is the organizaticol (i) orga	e on in anized S ?	11g(i) 11g(ii)	Yes (v A mo	No No viii)

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.)

	ection A. Public Support	organización i	ans to quanty a	naci the tests i	isted below, pr	case co	inpicte i	<u>urc 111.</u>
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,727,409	8,629,198	9,379,704	4,125,833	5	5,143,815	37,005,959
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							
4 5	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	9,727,409	8,629,198	9,379,704	4,125,833	5	5,143,815	37,005,959
	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							8,026,153
6	(f) Public Support. Subtract line 5 from line 4							28,979,806
S	ection B. Total Support		I .	L			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	9,727,409	8,629,198	9,379,704	4,125,833	5	,143,815	37,005,959
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	355,751	237,698	142,986	82,651		80,266	899,352
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)	134,305	79,505	22,000				235,810
11	Total support (Add lines 7 through 10)							38,141,121
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		484,127
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, thırd, fourth, or fı	fth tax year as a	501(c)(3	3) organız	ation, ▶/
S	ection C. Computation of Pul	olic Support P	ercentage					
14	Public Support Percentage for 201	0 (lıne 6 column (f) dıvıded by lıne	11 column (f))		14		75 980 %
15	Public Support Percentage for 200	9 Schedule A, Pai	t II, line 14			15		78 290 %
	33 1/3% support test—2010. If the and stop here. The organization qua	alıfıes as a publıcl	y supported orga	nızatıon				▶▽
	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meanization meanization meanization	n qualifies as a pu — 2010. If the orga tion meets the "fa	blicly supported inization did not d icts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16 k this box and st	b and line o p here.	e 14 Explain	▶ ┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the	facts and circu	mstances" test, c	heck this box an	d stop he	ere.	▶ ┌
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	. .

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **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. 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).

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS

DLN: 93493135052052

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** UNITED WAY OF GENESEE COUNTY 38-1359516

	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other accou	nts
Tota	al number at end of year		†			
	regate contributions to (during year)					
Agg	regate grants from (during year)					
Agg	regate value at end of year					
	the organization inform all donors and donor advi ds are the organization's property, subject to the		onor advi	sed	┌ Yes	ΓN
use	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben ferring impermissible private benefit				┌ Yes	┌ N
rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form	1 990, Part 1	V, line 7.	
Г Г Сог	pose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space nplete lines 2a-2d if the organization held a quali	on or pleasure)	a certified	l historic stru	-	a
eas	ement on the last day of the tax year			Hold at th	e End of the	Vear
Tot	al number of conservation easements		2a	neiu at tii	e cha or the	Teal
	al acreage restricted by conservation easements		2b			
	mber of conservation easements on a certified his		2c			
	mber of conservation easements included in (c) a		2d			
	. ,	. , ,				
	taxable year •	rred, released, extinguished, or termina	ted by th	e organizatioi	n during	
the	taxable year ▶			e organizatioi	n during	
the Nur Doe		ation easement is located ► g the periodic monitoring, inspection, ha				ΓN
the Nur Doe enfo	taxable year - mber of states where property subject to conserva es the organization have a written policy regarding	ation easement is located ►g the periodic monitoring, inspection, ha	 ndling of	violations, ar	^{id} ┌ Yes	,
the Nur Doe enfo	taxable year - mber of states where property subject to conserva es the organization have a written policy regarding procement of the conservation easements it holds?	ation easement is located - g the periodic monitoring, inspection, ha p pecting and enforcing conservation ease	ndling of	violations, ar iring the year	d ┌ Yes ▶	,
the Nur Doe enfo Sta Am	taxable year - mber of states where property subject to conserva es the organization have a written policy regarding orcement of the conservation easements it holds? If and volunteer hours devoted to monitoring, insp	etion easement is located - g the periodic monitoring, inspection, have ecting and enforcing conservation ease ng, and enforcing conservation easemen	ndling of ments du	violations, ar iring the year	d ┌ Yes ▶	,
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the Nur Doe enfo Sta Am Doe 170 In F bala the If th art, pro If th hist pro (i) (ii) If th	mber of states where property subject to conservates the organization have a written policy regarding orcement of the conservation easements it holds? If and volunteer hours devoted to monitoring, inspecting ount of expenses incurred in monitoring, inspecting each conservation easement reported on line 20 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)? Part XIV, describe how the organization reports conservation's accounting for conservation easement organization's accounting for conservation easement. Organizations Maintaining Collection Complete if the organization answered " The organization elected, as permitted under SFAS historical treasures, or other similar assets held wide, in Part XIV, the text of the footnote to its find the organization elected, as permitted under SFAS corical treasures, or other similar assets held for particular treasures, or other similar assets held for particular and the following amounts relating to these items are relating to these items. Revenues included in Form 990, Part VIII, line 1	g the periodic monitoring, inspection, has beeting and enforcing conservation easeing, and enforcing conservation easements and above satisfy the requirements of some servation easements in its revenue and the footnote to the organization's financiments In sof Art, Historical Treasures I'Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue statement for public exhibition, education or resease ancial statements that describes these substitution, education, or research public exhibition, education, or research coublic exhibition, education, or research coupling the same statements.	ndling of ments during ection al expensal statem or Other and erch in further in further end balancing further expensal erch in further expensal erch in further expensal erch erch erch erch erch erch erch erch	violations, ar uring the year the year ** se statement hents that des mer Similar balance shee therance of p ince sheet wo rance of publ ** ** ** ** ** ** ** ** **	Yes Yes Assets. t works of ublic service rks of art, ic service,	- N
the Nur Doe enfo Sta Am Doe 170 In F bala the rt III If th art, pro If th hist pro (i) (ii) If th follo	mber of states where property subject to conservates the organization have a written policy regarding orcement of the conservation easements it holds? If and volunteer hours devoted to monitoring, inspecting ount of expenses incurred in monitoring, inspecting each conservation easement reported on line 20 (h)(4)(B)(i) and 170 (h)(4)(B)(ii)? Part XIV, describe how the organization reports of ance sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered the organization elected, as permitted under SFAS historical treasures, or other similar assets held wide, in Part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS corical treasures, or other similar assets held for part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS corical treasures, or other similar assets held for part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS corical treasures, or other similar assets held for part XIV, the text of the footnote to its finite organization elected, as permitted under SFAS corical treasures, or other similar assets held for part XIV, the text of the footnote to its finite organization elected in Form 990, Part VIII, line 1 Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art, historical treasures, or other similar assets and the organization received or held works of art	g the periodic monitoring, inspection, has beeting and enforcing conservation easeing, and enforcing conservation easements and above satisfy the requirements of some servation easements in its revenue and the footnote to the organization's financiments In sof Art, Historical Treasures I'Yes" to Form 990, Part IV, line 8. 116, not to report in its revenue statement for public exhibition, education or resease ancial statements that describes these substitution, education, or research public exhibition, education, or research coublic exhibition, education, or research coupling the same statements.	ndling of ments during ection al expensal statem or Other and erch in further in further end balancing further expensal erch in further expensal erch in further expensal erch erch erch erch erch erch erch erch	violations, ar uring the year the year ** se statement hents that des mer Similar balance sheet therance of publications of publications in the province of publications in the province of publications in the publications	Yes Yes Assets. t works of ublic service rks of art, ic service,	- N

Par	311 Organizations Maintaining Co	llections of Art	, His	storic	cal Tre	<u>easur</u>	es, or O	ther	Simila	r Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he follo	-		-		e of its c	ollection	ו	
а	Public exhibition		d	Г	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	furthe	the or	ganızatıon	's ex	empt pur	pose in		
5	During the year, did the organization solicit	or receive donations	sofar	rt, hıst	orical t	reasure	es or othe	sımı	lar			
	assets to be sold to raise funds rather than t	to be maintained as	part	of the	organız	atıon's	collection	?			Yes	┌ No
Par	Part IV, line 9, or reported an ar						answere	d "Y€	es" to Fo	rm 990), 	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	ble		г					
_							F	_		Amou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?)						Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\											
Pai	rt V Endowment Funds. Complete											
	Danish a faranchalana	(a)Current Year 928,272	(b	Prior Y	ear 868,372	(c) Two	Years Back 1,072,46	+ • •	Three Year	s Back (e	:)Four Y	ears Back
1a	Beginning of year balance	928,272		•	000,372		1,072,40	+				
b	Contributions	444.020			F0 000		204.00	_				
С	Investment earnings or losses	111,939			59,900		-204,09	4				
d	Grants or scholarships							+-				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	1,040,211		9	928,272		868,37	2				
2	Provide the estimated percentage of the year	rend balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ► 100 000 %											
c	Term endowment ▶											
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that a	re held	and ad	mınıstered	fort	:he			
	organization by										Yes	No
	(i) unrelated organizations							٠		3a(i)	Yes	
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		<u> </u>
4	t VI Investments—Land, Building)() Day	et V. Juno	10				
Æ	Tilvestillents—Land, Building	s, and Equipme	III. S			-					Т	
	Description of investment) Cost of		(b) Cost or basis (oth			ımulated cıatıon	(d) B	ook value
1 a	Land		•	<u> </u>								
	Buildings		•									
С	Leasehold improvements		•				9	9,081		96,101		2,980
d	Equipment						1	9,055		19,055	<u> </u>	0
	Other											
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B), line	10(c).)				▶			2,980
						-			Sche	dule D (F	orm 9	90) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		l of valuation year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-	year market value
	_		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	no 15		
(a) Descri			(b) Book value
(1) BENEFICIAL INTEREST HELD BY THIRD PARTY			690,995
(2) PROMISES TO GIVE			84,421
			·
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		775,416
Part X Other Liabilities. See Form 990, Part X			. , 5,110
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(-)		
POSTRETIREMENT BENEFIT OBLIGATIONS	898,395		
POSTRETTREMENT BENEFIT OBLIGATIONS	090,393		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	898,395		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,418,030
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,422,624
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,004,594
4	Net unrealized gains (losses) on investments	4	226,483
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-300,000
8	Other (Describe in Part XIV)	8	673,616
9	Total adjustments (net) Add lines 4 - 8	9	600,099
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-404,495
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	5,484,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 69,579		
e	Add lines 2a through 2d	2e	339,030
3	Subtract line 2e from line 1	3	5,145,494
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 272,536		
C	Add lines 4a and 4b	4c	272,536
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,418,030
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	6,164,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	42,968
3	Subtract line 2e from line 1	3	6,121,964
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	300,660
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,422,624
Pa	rt 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,

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ANNUAL DISTRIBUTIONS FROM BENEFICIAL INTERESTS HELD BY 3RD PARTIES DO NOT HAVE RESTRICTIONS FOR USE ANNUAL DISTRIBUTIONS FROM BENEFICIAL INTERESTS HELD BY 3RD PARTY WITH VARIANCE POWER CAN BE USED ONLY FOR 1) RESPONSES TO SHORT-TERM CRISIS CONDITIONS IMPACTING HUMAN SURVIVAL AMONG GROUPS OF PEOPLE, 2) INITIAL PROGRAM START- UP TO MEET EMERGING NEW HUMAN NEEDS, OR 3) CAPITAL NEEDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	UNDER PROVISION OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF MICHIGAN, THE ORGANIZATION IS EXEMPT FROM INCOME TAXES THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501 (C)(3) THERE WERE NO UNRELATED BUSINESS ACTIVITIES IN 2011 AND 2010 ACCORDINGLY NO TAX EXPENSE WAS INCURRED DURING THE YEARS ENDED JUNE 30, 2011 AND 2010 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2011 AND 2010, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 604,037 CHANGE IN VALUE OF TRUSTS HELD BY THIRD PARTY 69,579
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 69,579
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 272,536
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 272,536 PAYMENTS TO NATIONAL ORGANIZATION 28,124

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Schedule I (Form 990)

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

DLN: 93493135052052

Department of the Treasury **Inspection** Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF GENESEE COUNTY 38-1359516 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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
	Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE UNITED WAY COMMUNITY INVESTMENT CABINET PERFORMS ANNUAL FINANCE REVIEW OF ALL PARTNER AGENCIES FINANCIAL AUDITS THESE REVIEWS ARE COMPLETED BY CPA'S AND FINANCIAL EXPERTS PARTNER AGENCIES ALSO HAVE A YEARLY ONSITE VISIT BY UNITED WAY STAFF AND VOLUNTEERS AND MUST SUBMIT MIDYEAR AND FINAL REPORTS

Software ID:

Software Version:

EIN: 38-1359516

Name: UNITED WAY OF GENESEE COUNTY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1401 S GRAND TRAVERSE FLINT,MI 48503	53-0196605	501 (C)(3)	95,000				ALLOCATION
BIG BROTHERS BIG SISTERS OF FLINT410 SECOND FLINT,MI 48502	38-2259541	501 (C)(3)	66,750				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALL PINE COUNCIL BOY SCOUTS507 W ATHERTON FLINT,MI 48507	38-1357988	501 (C)(3)	23,000				ALLOCATION
CATHOLIC CHARITIES910 CHIPPEWA FLINT,MI 48503	38-1359243	501 (C)(3)	143,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER OF FLINT902 E SIXTH ST FLINT,MI 48503	38-2620824	501 (C)(3)	30,000				ALLOCATION
FAMILY SERVICE AGENCY 1422 W COURT FLINT,MI 48503	38-1360539	501 (C)(3)	122,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-C CHILD CARE UNLIMITED1509 1/2 E COURT FLINT,MI 48503	38-2821360	501 (C)(3)	17,000				ALLOCATION
JEWISH COMMUNITY SERVICES619 WALLENBERG FLINT,MI 48502	38-2752384	501 (C)(3)	20,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCATIONAL INDEPENDENCE PROGRAM G5069 VANSLYKE FLINT,MI 48507	38-1558541	501 (C)(3)	30,000				ALLOCATION
LEGAL SERVICES OF EASTERN MICHIGAN436 S SAGINAW FLINT, MI 48503	38-1958131	501 (C)(3)	80,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF SOUTHEAST MICHIGAN 2300 AUSTIN PKWY FLINT,MI 48507	38-1359207	501 (C)(3)	20,000				ALLOCATION
RESOURCE GENESEE1401 S GRAND TRAVERSE FLINT,MI 48503	23-7355855	501 (C)(3)	228,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE COUNTY YOUTH CORP914 CHURCH FLINT,MI 48502	38-2299753	501 (C)(3)	41,541				ALLOCATION
SALVATION ARMY211 W KEARSLEY FLINT,MI 48502	38-1370971	501 (C) (3)	95,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNICATION ACCESS CENTER1505 W COURT FLINT,MI 48502	38-1991687	501 (C)(3)	20,000				ALLOCATION
YWCA310 E THIRD FLINT,MI 48502	38-1360597	501 (C)(3)	60,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESEE INTERMEDIATE SCHOOL DISTRICT2284 BALLENGER STE A FLINT, MI 48503	38-2722499	501 (C)(3)	46,500				ALLOCATION
PRIORITY CHILDREN924 CEDAR ST FLINT,MI 48503	38-3086969	501 (C)(3)	19,860				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER FLINT3701 N AVERILL FLINT,MI 48506	38-3381808	501 (C)(3)	31,750				ALLOCATION
GENESEE CO CHILD CARE FUND932 BEACH FLINT,MI 48502	38-6004849	GOVERNMENT	50,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACT2415 BAGLEY FLINT,MI 48504	56-2593271	501 (C)(3)	15,000				ALLOCATION
MSU OUTREACHKELLOGG CENTER EAST LANSING,MI 48824	38-6005984	501 (C)(3)	10,000				ALLOCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
WEISS ADVOCACY CENTER515 EAST ST FLINT,MI 48503	43-2031361	501 (C)(3)	15,000				ALLOCATION

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DLN: 93493135052052

OMB No 1545-0047

2010

Open to Public
Inspection

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization UNITED WAY OF GENESEE COUNTY

Employer identification number

38-1359516

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WAS PROVIDED TO THE BOARD MEMBERS AFTER FILING AT THE FINANCE COMMITTEE AND BOARD OF DIRECTORS MEETINGS

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND EMPLOYEES SIGN CONFLICT OF INTEREST POLICY ON A YEARLY BASIS AND ABSTAIN IN ANY VOTE WHERE CONFLICTS OCCUR

Identifier Return Reference		Explanation
		BOARD OF TRUSTEES PERFORM EVALUATIONS AND A COMPARISON IS CONDUCTED OF COMPARABLE JOBS TO DETERMINE COMPENSATION

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 226,483 PRIOR PERIOD ADJUSTMENTS -300,000 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 604,037 CHANGE IN VALUE OF TRUSTS HELD BY THIRD PARTY 69,579 TOTAL TO FORM 990, PART XI, LINE 5 600,099

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