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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	$\pm$ 2017 calendar year, or tax year beginning $04/01/17$ , 2017, and en	ding $03/31/1$		, 20								
В	Check if	applicable: C Name of organization UNITED WAY OF ST CLAIR COUNTY		D Employe	er identification nur	nber							
П	Address	change Doing business as			38-1357996								
	Name cl		/suite	E Telephor	ne number								
	Initial ref	4700 MILITARY CTREET		810-9	85-8169								
		C': 170 for in a state of											
		PORT HURON MI 48060		<b>G</b> Gross re	occinte \$								
	Amende	DOLICI AS DOLIBL	1		subordinates? Yes	Y							
	Applicat	ion pending F Name and address of principal officer: DOUGLAS DOLFN 1723 MILITARY STREET MI 48060			s included? Yes								
	-				list. (see instruction:								
		mpt status:				~ <sub>1</sub>							
_	Website		V - 14 - 2 - 15 - 15 - 15 - 15 - 15 - 15 - 15	exemption		MI							
P	Part I Summary												
	1	Briefly describe the organization's mission or most significant activities:	ביד דרו צוני בי.	X-K-115-7-75-7	ב מבכתוומרים								
ce		MOBILIZE THE COMMUNITY OF ST. CLAIR COUNTY TO RAISE FUNDS AND/ OR RESOUR											
nar		TO MEET IDENTIFIED HUMAN SERVICE WITH THE HIGHEST LEVEL OF ACCOUNTABILITY.											
Ver	2	Check this box ▶☐ if the organization discontinued its operations or dispose	d of more tha		its net assets. 23								
တ္တ	3												
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1	b)		23								
ties	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	10								
Activities & Governance	6	Total number of volunteers (estimate if necessary)		. 6	70								
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0								
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0								
			Prior Y		Current Yea	ar							
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,183,17	'3	1,267,765								
	9	Program service revenue (Part VIII, line 2g)		0	0								
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,56	5	30,623								
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,195,73	8	1,298,388								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	847,72	2	911,023								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0								
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	341,07	72	357,844								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0								
ber	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		44									
X	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	176,61	0	178,534								
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,365,40		1,447,400								
	19	Revenue less expenses. Subtract line 18 from line 12	-169,66		-149,012								
		Trevende 1000 expenses. Capitalet into 10 front into 12 1 1 1 1 1 1 1 1 1	Beginning of C		End of Yea	ır							
tso	20	Total assets (Part X, line 16)	3,735,90	3	3,777,036								
Asse	21	Total liabilities (Part X, line 26)	80,13		105,719								
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20	3,655,76		3,671,317								
-	art II	Signature Block	0,000,10		0,0								
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements and to	the best of	my knowledge and	belief, it is							
tru	ie, corre	attes of perjury, 1 declare that 1 have examined this letter, including accompanying scriedated and oct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	vledge.	Classes.								
		of segles ( ) Nolyl		8/1	13/2018								
Sig		Signature of officer		ate									
Here DOUGLAS DOLPH EXECUTIVE DIRECTOR													
	Type or print name and title												
Paid Print/Type preparer's name Preparer's signature Date Check ☐ if													
	epare	ar		self-em	ployed								
	se On	The state of the s	Fi	m's EIN ▶	•								
		Firm's address ▶	Ph	one no.									
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)			<u> </u>	☐ No							

2483 UNITED WAY OF ST CLAIR COUNTY

38-1357996

FYE: 3/31/2018

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY ST PORT HURON, MI 48060

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year March 31, 2018 is being filed electronically with the IRS by the services of STEWART, BEAUVAIS & WHIPPLE P.C..
- [X] Your extension was accepted by the IRS on 08/06/18 and the Submission Identification Number assigned to your return is 40743920182180013704.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

2483 08/06/2018 10:58 AM

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 38-1357996 UNITED WAY OF ST CLAIR COUNTY Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. 1723 MILITARY ST File by the City, town or post office, state, and ZIP code. For a foreign address, see instructions. due date for filing your return. See MI 48060 PORT HURON instructions 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Return Application Code Code Is For Is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ Form 1041-A 80 02 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) DOUGLAS DOLPH 1723 MILITARY ST. 48060 The books are in the care of ▶ PORT HURON Telephone No. ▶ 810-985-8169 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box \_\_ . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)\_\_\_ a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until 02/15/19 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year \_\_\_\_\_ or  $\blacktriangleright$  X tax year beginning 04/01/17 , and ending 03/31/18If the 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

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

n 990	UNITED WAY OF ST CLAIR COUNTY	38-1357996	Page 2
art I			
	Check if Schedule O contains a response or note to any line in this Part III .	<u> </u>	<u> 🔯</u>
ı	Briefly describe the organization's mission: SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?		es 🛚 No
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conservices?		es 🛛 No
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three large expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount total expenses, and revenue, if any, for each program service reported.	gest program services, as m unt of grants and allocation	easured by s to others,
а	(Code: ) (Expenses \$ 931,850 including grants of \$ 765,396 CAMPAIGN AND ALLOCATIONS - PROVIDE RESOURCES TO ALLOW FAND / OR GROWTH OF THE LOCAL HUMAN SERVICE PROGRAMS AN IDENTIFIED AND EMERGING COMMUNITY NEEDS. TO ACCOMPLISH SOLICITED COUNTY WIDE IN AN ORGANIZED ANNUAL GIVING CAMP	D PROJECTS TO ADDI THIS, RESOURCES AR	RESS E
	THROUGH A GRANT PROCESS TO VARIOUS HUMAN SERVICE ORGAT ARE MONITORED THROUGHOUT THE YEAR TO ENSURE ACCOUNTAIN RECIPIENTS OF SERVICES. ADDITIONALLY, THE CAMPAIGN AND ALEA VEHICLE TO DONORS TO ESTABLISH DESIGNATED FUNDS TO ADITHEY PERSONALLY CONSIDER RELEVANT EITHER DURING THEIR LESTATE. ALL CAMPAIGN, ALLOCATIONS AND GRANT MONITORING	BILITY TO THE DONOF LOCATIONS PROCESS DRESS COMMUNITY N IFETIME OR AFTER, FF	RS AND S PROVIDE EEDS THA ROM THEIR
	WITH THE SUPPORT OF A SMALL STAFF. OVER 50,000 RESIDENTS ANNUALLY.	ARE PROVIDED NEED!	D SERVI
b	(Code: ) (Expenses \$ 241,697 including grants of \$ 145,627 DIRECT SERVICES/DONOR DESIGNATED FUNDS - DIRECT SERVICE FUNDS EXIST TO ASSIST LOW INCOME RESIDENTS WITH CANCER, ABUSE, DENTAL AND EMERGENCY NEEDS. THESE FUNDS PROVID VENDORS/PROVIDERS FOR: RENT, FOOD, UTILITIES, MEDICATIONS ACCESSIBILITY RAMPS, OR TREATMENT. ADDITIONALLY, A MEDICA AND SUPPLY DEPOT ARE MAINTAINED FOR DONATION AND REDISMENT AND SUPPLIES. OVER 1 500 RESIDENTS ARE ASSISTED IN THE	DISABILITIES, SUBSTA E ASSISTANCE TO APF , ABILITY APPLIANCES AL EQUIPMENT LOAN ( FRIBUTION OF USABLE HIS MANNER ANNUALL	NCE PROPRIAT CLOSET E EQUIP- Y.
	ACCOUNTABILITY AND OVERSIGHT CONTROLS ARE PROVIDED BY VOLUNTEER BOARD OF DIRECTORS AND CARRIED OUT BY THE ST	POLICIES DETERMINE AFF.	D BY THE
C	(Code:) (Expenses \$including grants of \$	.) (Revenue \$	)
d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
е	Total program service expenses ► 1,173,547		

Form 99	0 (2017) UNITED WAY OF ST CLAIR COUNTY 38-13	357996	1	Page 3
Part I	V Checklist of Required Schedules		Lv	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "I complete Schedule A	/es," 1	Yes	No
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 candidates for public office? If "Yes," complete Schedule C, Part I	on to		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 election in effect during the tax year? If "Yes," complete Schedule C, Part II			Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership of assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedul Part III	'e C, . 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which do have the right to provide advice on the distribution or investment of amounts in such funds or account "Yes," complete Schedule D, Part I	s? If 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open specified the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repadebt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	ir, or . 9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restrendowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	. 10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "complete Schedule D, Part VI	· 11a	X	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	· 11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	· 11c	;	X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total as reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	· 11c	_	X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	esses		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comeschedule D, Parts XI and XII	plete . 12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax yea "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optimized.	r? If tional 12k	,	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13	_	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	-	3	X
b	fundraising, business, investment, and program service activities outside the United States, or aggregation foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	egate · 14k	0	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance	to or		X

	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		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	11d		X
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		_X_ X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Χ	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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)	17		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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
		For	n 990	(2017)

Part IV	Checklist	of Required	Schedules	(continued)
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			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	•	Χ
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):			X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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.	35b		
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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		
			000	

1a b c	Check if Schedule O contains a response or note to any line in this Part V	1c	Yes	No
c b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1c	Yes	No
c b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	Yes	No
c b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		2,500
_	reportable gaming (gambling) winnings to prize winners?	1c	100	
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 10	1c		
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	STATE OF	Χ	ADDRESS PARKS
	Otationicitis, inca for the dalchaar your change with or within the your covered by the return			
		1221343		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Χ	Em Control (No.)
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	1002		Χ
	account)?	4a	1/2/2/31/38/24	
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		au.	
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		Χ
С	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			Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	pomini	VI SCHOOLS
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		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		Х
	required to file Form 8282?	7c	NAME OF STREET	C123/2
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	المدمسية والك	Χ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7g		_^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	988999	7.77	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Sisteria
_	sponsoring organization have excess business holdings at any time during the year?			AASIC NO.
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		25,534.0
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b		44.00		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
b	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a 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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	was a subject of the	14b		7 (201

	U(2017) UNITED WAT OF ST CLARK COUNTY	- 1		"AL-"
Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and t	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	· ·	• •	<u> </u>
Section	on A. Governing Body and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year   1a 23	18356	103	110
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			X
	stockholders, or persons other than the governing body?	7b	16500025	72 VOICE
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Χ	10.010.0
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No -
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	U Stenicustruscia
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Χ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
40	Did the organization have a written whistleblower policy?	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	<b>-</b>
15	Did the process for determining compensation of the following persons include a review and approval by		5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	ADDRESS!	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Χ
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► MI  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	s only
18	available for public inspection. Indicate how you made these available. Check all that apply.		(0)(0)	. o.n.y
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict of interpretation of the conflict of interpretation of the conflict of the	terest	polic	y, and
13	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:▶	
	DOUGLAS DOLPH 1723 MILITARY STREET, PORT HURON, MI 48060 818-985-8169	}	004	

# 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. 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 n	or any relate	d orga	aniza	atio	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	ot ch unles er and	Pos eck s pe d a d	ition more rson irecto	than of the thick the thic	one an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARSHA ADAMKIEWICZ DIRECTOR	1.00	Х						0	0	0
(2) RANDALL FERNANDEZ DIRECTOR	1.00	Х						0	0	0
(3) ELIA HUSSAIN DIRECTOR	1.00	X						0	0	0
(4) BILL FEALKO DIRECTOR	1.00	X				-		0	0	0
(5) ROY KLECHA DIRECTOR	1.00	X						0	0	0
(6) ROB CARSON DIRECTOR	1.00	X						0	0	0
(7) STEPHANIE YENNA DIRECTOR	1.00	X						0	0	0
(8) SANDY STAFFNE DIRECTOR	1.00	X						0	0	0
(9) JOHN STUART DIRECTOR	1.00	Х						0	0	0
(10) THELMA CASTILLO DIRECTOR	1.00	X						0	0	0
(11) MICHAEL TAWNEY DIRECTOR	1.00	X						0	0	0
(12) CHAD DEANER DIRECTOR	1.00	X						0	0	0
(13) TIMOTHY LUBBERS DIRECTOR	1.00	X						0	0	0
(14) REBEKAH SMITH DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(C)											
(A)	(B)	(do n	ot ch	Pos		e than c	nne	(D)	(E)		(F)
Name and title	Average					is both		Reportable	Reportable		Estimated
	hours per week (list any		er and	_	irect	or/trust	_	compensation	compensation fr related	om	amount of other
	hours for	ordi	Inst	Officer	Key	emp	Former	the	organizations		compensation
	related	vidu	ituti	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from the organization
	organizations below dotted	tor t	ona		ploy	ee cor		(VV-2/1099-IVIISC)			and related
	line)	Individual trustee or director	Institutional trustee		/ee	nper					organizations
		e	stee			Highest compensated employee					
THE DOLLOLAG DOLDLI	40.00	V			_	ă.	_			+	
(15) DOUGLAS DOLPH EXECUTIVE DIRECTOR	40.00	X		X				73,000.00		0	21,966
	1.00	X	-		-			73,000.00		+	
(16) ANNETTE MERCATANTE PRESIDENT	1.00	^		X				0		0	0
(17) KEVIN MILLER	1.00	X	-	X		-		0			
VICE PRESIDENT	1	1						0		0	0
(18) TIMOTHY DONNELLON	1.00	X	_	X		$\vdash$	$\vdash$			$\neg$	
SECRETARY				(				0		0	0
(19) STEVE WARSINSKE	1.00	Х		X							
TREASURER								0		0	0
(20) DANNY NEGIN	1.00	X		X							
VICE TREASURER								0		0	0
(21) CINDY ROURKE	1.00	X						0		0	•
CRC CHAIR		ļ.,		_			_	0		4	00
(22) LEANN WARNER	1.00	X						0		0	0
HUMAN RESOURCE CHAIR	4.00	-	-	-	-		-			-	
(23) RICHARD CUMMINGS	1.00	X						0		0	0
ORGANIZED LABOR REPRESENTA	VIIVE		-	-	┢		-			4	
(24)		1									
(25)	<b>†</b>	1			$\vdash$					7	
<u> </u>	-	1									
1b Sub-total			•	•				73,000			21,966
c Total from continuation sheets to Part	VII, Section	n A	*	*							
d Total (add lines 1b and 1c)							<b></b>	73,000		ᆚ	21,966
2 Total number of individuals (including bu		d to th	nose	e list	ted	above	e) w	ho received m	ore than \$100	),000	0 of
reportable compensation from the organ	ization >									_	
2 Did the exemination list only former of	fficar direc	tor (	or to	ruot	00	kov.	amr	olovee or high	act company	eate	Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete							sm	oloyee, or riigi	iest compens	sale:	a 3 X
							n s	and other comm	nensation from	n th	
4 For any individual listed on line 1a, is the organization and related organizations	areater th	an \$	150.	.000	)? /	f "Ye	s."	complete Sch	nedule J for	suc	h
individual											4 X
5 Did any person listed on line 1a receive	or accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or indiv	/idua	al
for services rendered to the organization	? If "Yes," (	comp	lete	Scl	hedi	ule J	for :	such person	<u></u>		5 X
Section B. Independent Contractors											
1 Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	act	ors that receive	ed more than	\$10	0,000 of
compensation from the organization. Re	port compe	ensati	on f	or th	he c	alenc	dar	year ending wi	th or within th	e or	ganization's tax
year.											
(A) (B) (C) Name and business address Description of services Compensation											
ivame and business address Description of services Compensation											
							1				
2 Total number of independent contract	ors (includi	ng bi	ut r	ot	limi	ted to	o ti	hose listed ab	ove) who		
received more than \$100,000 of compens	sation from	the o	rgar	nizat	tion	<b>&gt;</b>			jag same		

Part	VIII	Statement of Reve		0 K00	anno ar nota t	a any lina in thia	Dort VIII		
		Check if Schedule O	Contains	a resp	onse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns		1a		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			100
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	1 - 32				
s, G	C			1c					
3ift	d	Related organizations	·	1d					
imi	е	Government grants (con	tributions)	1e					
tior	f	All other contributions, gi			1 267 765				
ib #		and similar amounts not inc		1f	1,267,765			4	
ontr	g	Noncash contributions include			4,432				
	h	Total. Add lines 1a-1	f	· · ·	, , , , ▶				and the second second
anue					Business Code		andre installed the second	en de la companya de La companya de la co	e de la companya de l
eve	2a				1				
Program Service Revenue	b								
	c d								
	e								
gran	f	All other program ser	vice reveni	IE					
Prog	g	Total. Add lines 2a-2							
	3	Investment income							
		and other similar amo			▶	30,623			30,623
	4	Income from investmen	t of tax-exe	mpt bo	ond proceeds ▶				
	5	Royalties			🕨				
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A CONTRACTOR OF THE CONTRACTOR		
	_d	Net rental income or	(loss) . (i) Securit		▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other				
	ь	Less: cost or other basis				-			
	b	and sales expenses .							
	С	Gain or (loss)		_		-			
	d	Net gain or (loss) .			>		tana mata di pandadah menerah	Sagan garage and Sagar and In Construction Construction of the	de para la presi, se esta esta esta de la persona de la pe
	"	riot gain or (1000)				2			N. P. C.
ne	8a	Gross income from fu	undraising						
/en		events (not including \$	-						
Other Revenue		of contributions reporte	ed on line 1	c).					
ē		See Part IV, line 18 .		· a					
	b	Less: direct expenses		. b				Super Committee of the Committee of the	
	С	Net income or (loss) f			events . >	Listanger St. St. Shape St. Set St. 1980	Table 1		The state of the s
	9a	Gross income from ga				, 6.	, ,		Marin Services
		THE RESERVE OF THE PROPERTY OF		a					
	b	Less: direct expenses		. b		The Control of the Co	Julia de La Carlo de Santo de Arto de La Carlo de La C	and the second s	an han da san san san san san san san san san sa
	100	Net income or (loss) f Gross sales of ir			vities				The state of the s
	104	returns and allowance		· a			(	4.0	
	b	Less: cost of goods s		. a					
	C	Net income or (loss) f		- 15.00 m	entory ►				en 1976 States (entre services Space (entre services Services (entre services )
	_ <u> </u>	Miscellaneous F			Business Code	4		7	
	11a					The American Section (Section Section	The second secon	and the second s	
	b								
	С								
	d	All other revenue .						Contraction of the Contract Co	The second to th
	е	Total. Add lines 11a-			▶	1.000.000			00.000
	12	Total revenue. See in	nstructions	S	▶	1,298,388			30,623

# Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns.	All other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				🗆
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	765,396	765,396		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	145,627	145,627		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	73,000	37,960	1460	33,580
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	200,620	115,948	6,531	78,141
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,758	15,613	811	11,334
9	Other employee benefits	34,184	19,229	998	13,957
10	Payroll taxes	22,282	12,533	651	9,098
11	Fees for services (non-employees):				
a	Management				
b	Legal	14,900		14,900	
c C	Accounting	14,900		14,500	
d e	Lobbying				
f	Investment management fees		* /** *** *** *** *** *** *** *** *** *		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			,	
12	Advertising and promotion	47,503			47,503
13	Office expenses	20,300	7,100	345	12,855
14	Information technology				
15	Royalties				
16	Occupancy	23,169	13,745	629	8,795
17	Travel	4,011	677		3,334
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	892	546	24	322
20	Interest	11.001			
21	Payments to affiliates	14,334	14,334	010	10 006
22	Depreciation, depletion, and amortization .	31,364	17,642	916 143	12,806 1,996
23	Insurance	4,889	2,750	143	1,990
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		4.5		
	(A) amount, list line 24e expenses on Schedule O.)		0		
а	COMMUNITY RELATIONS	7,958	7,958		
b	211 NORTHEAST MICHIGAN	1,955	1,955		
С	DUES & MEMBERSHIP	4,750	2,026	1,253	1,471
d	FIRST CALL FOR HELP	2,509	2,509		
е	All other expenses		1 100	00.004	005 400
25	Total functional expenses. Add lines 1 through 24e	1,447,400	1,183,547	28,661	235,192
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2017)

PE	art X				
		Check if Schedule O contains a response or note to any line in this F		<del></del>	<i>.</i> ⊔
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	72,921	1	78,621
	2	Savings and temporary cash investments	1,950,133	2	1,622,423
	3	Pledges and grants receivable, net	342,892	3	528,148
	4	Accounts receivable, net	16,415	4	719
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	1		
		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			grave produced from the conference of the confer
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	11.001
	9	Prepaid expenses and deferred charges	8,961	9	14,634
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,191,563	704.004		774,232
	b	Less: accumulated depreciation 10b 417,331	791,281	10c	
	11	Investments—publicly traded securities	519,135	11	723,578
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets	34,165	15	34,681
	15	Other assets. See Part IV, line 11	3,735,903	16	3,777,036
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,095	17	56,540
	17	Grants payable	53,043	18	49,179
	18 19	Deferred revenue	00,010	19	797
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors			
Liabilities	22	trustees, key employees, highest compensated employees, and	d		
pill		disqualified persons. Complete Part II of Schedule L		22	
Ľ.	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 (including federal income tax, payables to related third	d		
		parties, and other liabilities not included on lines 17-24). Complete Part 2	X		
		of Schedule D	00.100	25	105 710
	26	Total liabilities. Add lines 17 through 25	80,138	26	105,719
S		Organizations that follow of the fire proof, sure and	nd		
ce		complete lines 27 through 29, and lines 33 and 34.	2,166,462	27	2,090,537
lar	27	Unrestricted net assets	1,455,138	28	1,546,099
Ba	28	Temporarily restricted net assets	34,165	29	34,681
nd	29	Permanently restricted net assets			- 1
Ē		complete lines 30 through 34.			
ō	20	Capital stock or trust principal, or current funds	and the second second second second second second	30	and the second s
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et/	33	Total net assets or fund balances	3,655,765	33	3,671,317
Z	34	Total liabilities and net assets/fund balances	3,735,903	34	3,777,036
_	104	1000 10			Form <b>990</b> (2017

Part	70 COM BR VA				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,298,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,447,		
3	Revenue less expenses. Subtract line 2 from line 1	3	-149		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,655,		
5	Net unrealized gains (losses) on investments	5	-10,7	766	
6	Donated services and use of facilities	6			
7	Investment expenses	7	47E A	00	
8	Prior period adjustments	8	175,3	30	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		3,671,	217	
	33, column (B))	10	0,071,		
Part	The international control of the con				
	Check if Schedule O contains a response or note to any line 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," ex Schedule O.	olain ir	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a		X
b	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 ed on a	2b	X	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year, excepted to the organization changed either its oversight process or selection process during the tax year.	ntant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo the udits.	3b		
			For	m <b>990</b>	(2017)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

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.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

		UNITED WAY OF	F ST CLAIR COU	NTY			38-13	5/996
Par	3.	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instruction	ns.
The o	rganiz	zation is not a private founda	tion because it is	: (For lines 1 through	12, chec	k only on	e box.)	
1	ĎΑ	church, convention of church	nes, or association	on of churches describ	oed in <b>se</b>	ction 170	)(b)(1)(A)(i).	
2	=							
3		hospital or a cooperative hos						
4	□ A ı	medical research organization	n operated in co	njunction with a hosp	ital desci	ribed in <b>s</b>	ection 170(b)(1)(A)(i	ii). Enter the
	ho	spital's name, city, and state	e:					
5		n organization operated for tection 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a governmenta	al unit described in
6		federal, state, or local govern						
7		n organization that normally escribed in section 170(b)(1)			oort from	a govern	nmental unit or from	the general public
8	□ A	community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or un	n agricultural research organi university or a non-land-gra niversity:	nt college of agri	culture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or
10	red su ac	n organization that normally r ceipts from activities related apport from gross investment cquired by the organization a	to its exempt fur income and unr fter June 30, 197	nctions—subject to ce elated business taxat 5. See <b>section 509(a</b>	ertain exc ble incom <b>)(2).</b> (Cor	eptions, e (less se nplete Pa	and (2) no more than ection 511 tax) from ert III.)	1 33 1/3% of its
11	☐ Ar	n organization organized and	operated exclus	ively to test for public	safety.	See <b>secti</b>	on 509(a)(4).	100 100
12	☐ Ar	n organization organized and	operated exclus	ively for the benefit of	, to perfo	orm the fu	nctions of, or to car	ry out the purposes
	of Cl	one or more publicly supponeck the box in lines 12a thro	ugh 12d that des	cribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g
а		Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppor	ted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	ne directors or truste	ees of the
		supporting organization. Y						
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
С		Type III functionally integ its supported organization(	rated. A support s) (see instructio	ing organization oper ns). <b>You must comp</b> l	ated in c ete Part	onnectior <b>IV, Secti</b>	n with, and functiona ons A, D, and E.	illy integrated with,
d		Type III non-functionally ithat is not functionally integred requirement (see instructionally	grated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an	rted organization(s d an attentiveness
е		Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from thoporting (	ne IRS tha organizati	at it is a Type I, Type on.	e II, Type III
f	Ente	er the number of supported of						
g	Pro	vide the following information	n about the supp	orted organization(s).				
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)					-			
(D)								
(E)								
			1	i	1	I .		

Total

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	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,464,305	1,386,490	1,176,106	1,183,173	1,267,765	6,477,839
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	1,464,305	1,386,490	1,176,106	1,183,173	1,267,765	6,477,839
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)						
6	Public support. Subtract line 5 from line 4	V					6,477,839
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,464,305	1,386,490	1,176,106	1,183,173	1,267,765	6,477,839
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,097	10,952	11,543	12,565	30,623	75,780
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 VI.)					and the second s	
11	Total support. Add lines 7 through 10				10.0		6,553,619
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	= E01(a)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere		d, third, fourth		ear as a section	► □
Secti	on C. Computation of Public Suppo	rt Percentag	е				00.0.0/
14	Public support percentage for 2017 (line	6, column (f) di	ivided by line 1	1, column (f))		15	98.8 %
15	Public support percentage from 2016 Sc	hedule A, Part	II, line 14 .				
16a	331/3% support test—2017. If the organ box and stop here. The organization qua	lization did not	cneck the box	organization	10 11110 14 15 50	5 73 70 OI IIIOIE,	
	331/3% support test—2016. If the organ	illies as a publ	shook a box o	organization	and line 15	is 331/3% or m	ore check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		
17a	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th meets the "fac  lid not check a	ne "facts-and-ots-and-ots-and-circum box on line 13	circumstances stances" test.  , 16a, 16b, 17a	" test, check The organizati a, or 17b, chec	this box and sion qualifies as	a publicly ►
	instructions			<u></u>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
Ÿ	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
14	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						
	Add lines 7a and 7b	-					
С 8	Public support. (Subtract line 7c from		1947 (1747) (1747)				
0	line 6.)						
Socti	on B. Total Support	100000000000000000000000000000000000000	t procession and the second	7. 19806 1200 22940	/	E SOUTH SECTION OF A COST OF A COST	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(0, 2010	(-/				
10a	Gross income from interest, dividends,						
104	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for t	he organization	n's first, secor	nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere	<u>.</u>			· · · · ·	🕨 📋
Sect	ion C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2017 (line	8, column (f)	divided by line	13, column (f))		. 15	%
16	Public support percentage from 2016 Sc	hedule A, Par	t III, line 15 .			. 16	%
Sect	ion D. Computation of Investment Ir	come Perce	entage				01
17	Investment income percentage for 2017	(line 10c, colu	mn (f) divided l	oy line 13, colu	ımn (f))	. 17	%
18	Investment income percentage from 201	6 Schedule A.	Part III, line 17	'		.   18	% and line
19a	331/2% support tests - 2017. If the organ	nization did no	t check the bo	ox on line 14, a	and line 15 is r	more than 331/3	and line
	17 is not more than 331/3%, check this box	and stop here	<ul> <li>The organizat</li> </ul>	tion qualifies as	a publicly supp	ported organiza	tion .
b	331/3% support tests—2016. If the organi	zation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifie	s as a publicly	supported orga	nization
20	Private foundation. If the organization of	lid not check a	a box on line 14	4, 19a, or 19b,	check this box	x and see instri	uctions 🕨 🗌

**Supporting Organizations** Part IV

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Carrier	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Topica You	3.3.2.2.2.2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		24.0
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	Зс		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		i y y
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

9a

9b

9c

10a

10b

Part	Supporting Organizations (continued)			
		SSEC	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	93/43/4/4	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		SOCIETY N	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			in Marie
		1	14010141	500000
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	201337432	mangari
Secti	on C. Type II Supporting Organizations			
		tot Stant	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	Y		
	the supported organization(s).	1		Shankeak
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	****		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	minumin	CAPADAYAS
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	12-21-0-14 1-1-21-0-14	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ir	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	7		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24	12	7
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		S degradade of	
	activities but for the organization's involvement.	2b	S ROUGHSTAN	n Kajilania
3	Parent of Supported Organizations. Answer (a) and (b) below.			77
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	ž staliai,	i ie Sud
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		12.10	1 50000
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	THE PERSON NAMED IN	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (expl ions must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	*	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1000	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	ly in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
			110-2011	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
С	From 2014					
d	From 2015			· ·		
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from		97			
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
•	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in <b>Part VI.</b> See instructions.	1767		The second secon		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:		English of the control of the contro	0.00		
а	Excess from 2013			2 20 20 20 20 20 20 20 20 20 20 20 20 20		
b	Excess from 2014		A STATE OF STATE OF			
С	Excess from 2015			The state of the s		
d	Excess from 2016			Va 100 100 100 100 100 100 100 100 100 10		
е	Excess from 2017		198			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	,

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

38-1357996 UNITED WAY OF ST CLAIR COUNTY Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☑ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification numbe
UNITED WAY OF ST CLAIR COUNTY	38-1357996

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	EMERGENCY FOOD AND SHELTER PROGRAM  701 NORTH FAIRFAX STREET  ALEXANDRIA VA 22314	\$42,357	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	DTE ENERGY - 1 ENERGY PLAZA  1585 WCB  DETROIT MI 48226	\$ 62,843	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	DTE ENERGY - 1 ENERGY PLAZA,843  1585 WCB  DETROIT MI 48226	\$41,198	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	ROURKE FAMILY CHARITABLE FUND  8353 COLONY ROAD  ALGONAC MI 48001	\$32,500	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	FIAT CHRYSLER AUTOMIBLES, LLC  840 EAST HURON BLVD.  MARYSVILLE  MI 48040	\$60,875	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	SEMCO ENERGY GAS COMPANY  1411 3RD STREET, SUITE A  PORT HURON MI 48060	\$33,963	Person				

Name of organization		Employer identification number
	UNITED WAY OF ST CLAIR COUNTY	38-1357996

	DIVITED WAT OF ST CEAR COOKET		
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SEMCO ENERGY GAS COMPANY  1411 3RD STREET  PORT HURON, MI 48060	\$58,232	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	UNITED WAY OF ST CLAIR COUNTY	38-1357996
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.
4	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 cor	ntrol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, o	r for any other purpose
	conferring impermissible private benefit?	The state of the s
Part	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation	of a historically important land area
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	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) .	
d	Number of conservation easements included in (c) acquired after 7/25/06, and no	
	historic structure listed in the National Register	I I
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated 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,	
	violations, and enforcement of the conservation easements it holds?	Tes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci	ng conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports conservation easements in its rever	nue 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.	Other Circilar Assets
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	O.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition,	advection or research in furtherance of
	public service, provide, in Part XIII, 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 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:	education, or research in furtherance of
	· · · · · · · · · · · · · · · · · · ·	▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
•	If the organization received or held works of art, historical treasures, or other sim	ilar assets for financial gain, provide the
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	e items:
_	Revenue included on Form 990, Part VIII, line 1	
a	Assets included in Form 990, Part X	
b	Assets included in Form 500, Fair A	

38-1357996	Page

Part	Organizations Maintaining	Collections of A	Art, His	torical T	reasures,	or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner reco	rds, checl	any of the	e follow	ving that are a sig	mificant use of its
а	☐ Public exhibition		d	Loan (	or exchang	e progr	rams	
b	☐ Scholarly research		е	Other				
C	☐ Preservation for future generations	;						
4	Provide a description of the organizat	ion's collections a	nd expla	ain how th	ey further	the org	anization's exemp	ot purpose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donation	is of art, h	nistorical tre	easures	s, or other similar	
	assets to be sold to raise funds rather	than to be mainta	ined as p	oart of the	organization	on's co	Illection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?		3.00					Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	ollowing ta	ıble:			
							Arr	ount
C	Beginning balance					10	;	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	ıstodia	I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatior	has been	provide	ed on Part XIII .	<u> U</u>
Part	V Endowment Funds.							
	Complete if the organization				Part IV, line	10.		
		(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Three years back	
1a	Beginning of year balance	34,165		32,665		32,759	31,551	29,866
b	Contributions							500
C	Net investment earnings, gains, and	516		1,500		435	2,702	3,500
	losses							_
d	Grants or scholarships						1,111	1,976
е	Other expenditures for facilities and							
	programs							_
f	Administrative expenses					529		
g	End of year balance	34,681		34,165		32,665		31,551
2	Provide the estimated percentage of	the current year en	d baland	ce (line 1g	, column (a	)) held	as:	
а	Board designated or quasi-endowme	nt ▶	_%					
b	Permanent endowment ▶	100%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in th	e possession of th	e organ	ization tha	at are held	and ad	Iministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i) 🗸
								3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requ	ired on So	chedule R?			3b
4	Describe in Part XIII the intended use	s of the organization	on's end	owment fu	unds.			
Part	VI Land, Buildings, and Equip	oment.						
	Complete if the organization	answered "Yes	" on Fo	rm 990, F	Part IV, line	e 11a.	See Form 990,	
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land				153,500		*	153,500
b	Buildings			_	944,420		336,020	608,400
C	Leasehold improvements							
d	Equipment				93,643		81,311	12,332
e	Other							
	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90. Part	X, column	(B), line 10	)c.) .		774,232
. otal.	, as miss is anough for polarini (a) i	1						

Part VII	Investments—Other Securities.				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, lin		
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation: of-year market value
(1) Financial					
	neld equity interests				
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
The same of the sa	b) must equal Form 990, Part X, col. (B) line 12.) ▶			Committee Commit	
Part VIII	Investments—Program Related Complete if the organization answ		rm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	9	(b) Book value		nod of valuation: of-year market value
(1)					
(2)					
(3)					
(5)		1.10			
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)	_	]		The state of the s
Part IX	Other Assets. Complete if the organization answ	worod "Vee" on Fo	rm 000 Part IV lir	ne 11d See Form	990 Part X line 15
		) Description	1111 000, 1 411 14, 111	10 114. 000 1 0111	(b) Book value
(1)		The state of the s			
(2)					
(3)				0.000	
(4)					
(5)					
(6)					
(8)					
(9)	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<del></del>		
Part X	Other Liabilities. Complete if the organization ansuline 25.		rm 990, Part IV, lii	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1	1.	
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)				1000000	
(5)				And the second second second	
(6)					
(7)					**************************************
(8)		1			e P
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provi	de the text of the footi	note to the organization	on's financial stateme	ents that reports the
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	n provided in Part XIII

UNITED WAY OF ST CLAIR COUNTY

Schedul	e D (Form 990) 2017 UNITED WAY OF ST CLAIR COUNTY		38-13	57996	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stater	ments \	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990				
1	Total revenue, gains, and other support per audited financial statements			1	1,234,579
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	.   2a	-10,766		
b	Donated services and use of facilities	. 2b	,		
C	Recoveries of prior year grants	. 2c			
	Other (Describe in Part XIII.)	. 2d			
d				2e	-10766
e	Add lines 2a through 2d			3	1,245,345
3		· i · ·		3	1,243,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1-			
a	Investment expenses not included on Form 990, Part VIII, line 7b		50.040		
b	Other (Describe in Part XIII.)		53,043	AND AND POSITION	F2 042
C	Add lines 4a and 4b			4c	53,043
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,298,388
Part				r Keturn.	
	Complete if the organization answered "Yes" on Form 990				
1	Total expenses and losses per audited financial statements			1	1,394,357
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		r.		
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,394,357
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	i		1,000,000
4		. 4a		2	
a	Investment expenses not included on Form 990, Part VIII, line 7b		53,043		
b	Other (Describe in Part XIII.)			Schige (a france)	E2 042
c	Add lines 4a and 4b			4c 5	53,043
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	III 10.)	· · · · · · ·	3	1,447,400
Part	Supplemental Information.	d 4. D	art IV lines the and Oh	. Dort V lin	1. Port V line
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; P	art IV, lines 10 and 20	formation	e 4, Part A, IIIIe
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to pro	ovide any additional il	iiomation.	
PART	XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER				
					4=0.040
DONG	OR DESIGNATIONS				\$53,043
PART	XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER				
DONG	OR DESIGNATIONS				\$53,043
	·				

Schedule D (For	m 990) 2017	UNITED WAY OF ST CLAIR COUNTY	38-1357996	Page 5
Part XIII	Supplementa	I Information (continued)		
				- interpretation

SCHEDULEI (Form 990

Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2017

Open to Public Inspection

Employer identification number

38-1357996

oN ⊠

□ Yes

ization answered "Yes" on Form

(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury Internal Revenue Service	<ul><li>▶ Attach to Form 990.</li><li>▶ Go to www.irs.gov/Form990 for the latest information.</li></ul>	
Name of the organization	Employer ident	ant
	UNITED WAY OF ST CLAIR COUNTY	38
Part   Genera	Part II General Information on Grants and Assistance	
1 Does the orga	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	Q
the selection	the selection criteria used to award the grants or assistance?	
2 Describe in Pa	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	- 1
Part [] Grants	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered	7
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
(C) (D) (A) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		

890, Part IV, little 21, 101 attly recipient that received into that \$0,000.1 attli can be	ally leciple in	וומו ופספואפת ווו	טום וומו לסיסס.	מונון סמיי מיי	משטווסמוכם וו ממשוווי	מומי סלים ווכמספים	
(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 noncash assistance	(h) Purpose of grant or assistance
(1) Blue Water Community Action 302 Michigan St Port Huron MI4806	38-2284121	501C3	17,200				HEALTH & WELFARE
(2) Blue Water Hospice	38-2381589	50103	11,990				HEALTH & WELFARE
(3) Blue Water Safe Horizons PO Box 610968 Port Huron MI 4806	38-2234145	501C3	130,575				HEALTH & WELFARE
(4) Blue Water Area Rescue Msn 1920 24th St Port Huron MI 48060	33-1200007	501C3	8000				HEALTH & WELFARE
(5) Catholic Charities of SE MI 2601 13th St Port Huron MI 48060	45-3623184	501C3	53,633				HEALTH & WELFARE
(6) Comp. Youth Svcs - Harbor 929 Pine St Porth Huron MI 48060	38-1948056	501C3	41,000				HEALTH & WELFARE
(7) DHS - Foster Kids Care 220 Fort St Porth Huron MI 48060	38-6000134	005	7,500				HEALTH & WELFARE
(8) Girl Scouts of SE MI 3011 W.Grand Ave Detroit MI 48060	38-1459387	501C3	17,486				HEALTH & WELFARE
(9) Hunter Hospitality House 1010 Lincoln AvePort Huron Mi4806	45-2814487	501C3	7,000				HEALTH & WELFARE
(10) I.M.P.A.C.T. 1001 Military St Port Huron MI48060	38-2842742	501C3	30,000				HEALTH & WELFARE
(11) Micigan Crossroads BSA 924 7th St Port Huron Mi 48060	45-4003240	501C3	39,400				HEALTH & WELFARE
(12) MI Vocational Rehabilitation	38-6000134	600	60,000				HEALTH & WELFARE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5 Exter total number of other organizations listed in the line 1 table	501 (c)(3) and gor	vernment organiza	ations listed in the li	ine 1 table			<b>A</b> . <b>A</b> .
בוונס וסומ וומווסו סו הייני					C 2000 C 14 15		(7100) (000 miss)   cliribodes

Schedule I (Form 990) (2017)

Cat. No. 50055P

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

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047	2017

Open to Public Inspection

Employer identification number

	UNITED WAY OF	UNITED WAY OF ST CLAIR COUNTY	>				38-1357996
Fartily General Information on Grants and Assistance	in records to subs	Assistance	nt of the grants or	accietance the	rantees' eligibility fo	or the grants or assistance	puz e
the selection criteria used to award the grants or assistance?	award the grants	or assistance?		49919141104, 1114 y			· · □ Yes ☑ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ansi 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do or any recipient	mestic Organiz that received me	ations and Domore than \$5,000.	estic Governm Part II can be d	nents. Complete if uplicated if additio	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rered "Yes" on Form
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 noncash assistance	(h) Purpose of grant or assistance
(1) People's Clinic For Better Hith 3111 Electric Ave Port Huron MI480	38-2113393	501C3	7,384	*			HEALTH & WELFARE
(2) SONS PO Box 610968 Port Huron MI48060	38-3090778	501C3	20,000				HEALTH & WELFARE
(3) SCC Resa · Imagination PO Box 1500 Marysville MI 48060	38-1709221	000	46,857				HEALTH & WELFARE
(4) The Arc of St. Clair County 1530 Pine Grove Ave Port Huron MI	38-1561920	50103	70,000				HEALTH & WELFARE
(5) Touchstone Services, Inc. 512 Quay St Port Huron MI 48060	38-3302125	50103	13,801				HEALTH & WELFARE
(6) Visiting Nurses Association 1430 Military St Port HuronMI48060	38-2667827	50103	066,76				HEALTH & WELFARE
(7)							
(8)							
(6)							
(10)	9						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	1 501 (c)(3) and gov organizations listed	vernment organiza I in the line 1 table	tions listed in the li	ne 1 table		· · · · · · · · · · · · · · · · · · ·	A. A.
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2017)

38-1357996

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

Part III can be duplicated it additional space is needed	space is needed		(d) Amount of	(e) Method of valuation (book.	(f) Description of noncash assistance
(a) Type of grant or assistance	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1	c	7			
1 CANCER SERVICES	2	2001			
2 DENTAL SERVICES	11	11,547			
	85	106,080			
1	43	6 731			
4 SOBSTANCE ABOSE TREATMENT	?				
D.	,				
9		25			
_					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.
					Schedule I (Form 990) (2017)

### **SCHEDULE 0** (Form 990 or 990-EZ)

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

UNITED WAY OF ST CLAIR COUNTY	38-1357996	
FORM 990 - ORGANIZATION'S MISSION:		
THE MISSION OF THE UNITED WAY OF SAINT CLAIR COUNTY IS TO MOBILIZE THE COMMUNIT		
RESOURSCES NECESSARY TO MEET IDENTIFIED HUMAN SERVICE NEEDS OF ACCOUNTABILITY AND COMMUNITY INVOLVEMENT.	S WITH THE HIGHEST LEVEL	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990:	ADLETION OF THE DEVIEW	
THE FINANCE COMMITTEE REVIEWS THE FORM 990 INITIALLY. UPON COMPLETION OF THE REVIEW THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR WILL SIGN A CERTIFICATION STATEMENT TO THE BOARD OF		
DIRECTORS APPROVING THE ANNUAL FINANCIAL STATEMENTS AND FORM 990 ARE COMPLETE AND		
TRUE TO THE BEST OF THEIR KNOWLEDGE. THE EXECUTIVE DIRECTOR OF THE UNITED WA		
SIGN THE FORM 990.		
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY: THE ORGANIZATION ANNUALLY REVIEWS EACH BOARD MEMBER'S AFFILIATION WITH THE O	RGANIZATIONS WHICH RECEIVE	
FUNDING FROM THE UNITED WAY OF ST. CLAIR COUNTY. IT IS IN THE BY-		
ORGANIZATION THAT MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES OF THE UI	NITED WAY MAY NOT SERVE ON THE	
BOARDS OR BE EMPLOYED BY THE ORGANIZATIONS FUNDED BY THE UNI		
FEEL THESE OR ANY ADDITIONAL CONFLICTS MAY EXIST THEY ARE TO REPORT THEM IN WE	RITING TO THE BOARD PRESIDENT.	
NO CONFLICTS WERE NOTED IN 2017/2018.		
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFIC	DIAL:	
THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION PACKAGE WAS REVIEWED	D BY THE COMPENSATION	
COMMITTEE. THE REVIEW INCLUDED PERFORMANCE AGAINST GOALS &		
COMPARABILITY DATA WITHIN THE INDUSTRY AND LOCALITY. CHANGES IN THE COMPENSA		
RECOMMENDED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.	DELIBERATION AND MINUTES	
OF ALL MEETINGS AND DECISIONS WERE MAINTAINED.		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:		
ACCESS TO THE ORGANIZATION'S GOVERNING DOCUMENTS WILL BE MAI		
ORGANIZATION'S HEADQUARTERS AT A MUTUALLY AGREED UPON TIME. INDIVIDUALS WILL BE ALLOWED A REASONABLE		
AMOUNT OF TIME TO REVIEW THE DOCUMENTS AND MAY REQUEST COPIES. THE 990 IS MADE		
AVAILABLE ON THE ORGANIZATION'S WEBSITE.		