

Filing Instructions

United Way of Tuscola County

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2017

Date Due: November 15, 2018

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/17 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Anderson, Tuckey, Bernhardt & Doran, PC
715 E. Frank Street
Caro, MI 48723

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

United Way of Tuscola County
P.O. Box 51
Cass City, MI 48726

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20 _____

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

UNITED WAY OF TUSCOLA COUNTY

38-3004648

Name and title of officer

**DAWN PRIESKORN
SECRETARY / TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>59,690</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ANDERSON, TUCKEY, BERNHARDT & DORAN to enter my PIN 38300 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ 05/02/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38296738247

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 05/02/18

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TUSCOLA COUNTY	D Employer identification number 38-3004648
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 51	E Telephone number 989-872-4290
	City or town, state or province, country, and ZIP or foreign postal code CASS CITY MI 48726	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **60,366**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	52,886
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	570
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	6,910	
c Less: direct expenses from gaming and fundraising events	6c	676	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,234	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,690	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	51,598
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,070
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	2,189
17 Total expenses. Add lines 10 through 16	17	54,857	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,833
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27,769
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,602

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	27,769	22	32,602	
23 Land and buildings	0	23		
24 Other assets (describe in Schedule O)	0	24		
25 Total assets	27,769	25	32,602	
26 Total liabilities (describe in Schedule O)	0	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,769	27	32,602	

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 FUNDING TO VARIOUS NON-PROFIT ORGANIZATIONS TO MEET HUMAN SERVICES NEEDS OF TUSCOLA COUNTY.		28a	
(Grants \$ 51,598)	If this amount includes foreign grants, check here <input type="checkbox"/>		51,598
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		31a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)		32	51,598

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JIM HEISER DIRECTOR OF OPERATIO	8.00	0	0	0
SUSAN RICKWALT-HOLDER VICE PRES	2.00	0	0	0
DAWN PRIESKORN SECRETARY/TREASURER	2.00	0	0	0
MARY KULIS PRESIDENT	4.00	0	0	0
SUSAN GAUDREAU DIRECTOR	2.00	0	0	0
KEN SPENCER DIRECTOR	2.00	0	0	0
MYRTLE OATZES DIRECTOR	2.00	0	0	0
JASON BITZER DIRECTOR	2.00	0	0	0
JODI FETTING DIRECTOR	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed MI
42a The organization's books are in care of DAWN PRIESKORN Telephone no. 989-872-5033
PO BOX 135 Located at CASS CITY MI ZIP + 4 48726
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No X

b If "Yes," was the related organization a section 527 organization?

49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

X Yes No

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

Sign Here Signature of officer: DAWN PRIESKORN Date: SECRETARY / TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: ANGELA M. BURNETTE, CPA Preparer's signature Date: 05/23/18 Check self-employed PTIN: P00916895 Firm's name: ANDERSON, TUCKEY, BERNHARDT & DORAN, PC Firm's EIN: 38-2475073 Firm's address: 715 E. FRANK STREET CARO, MI 48723 Phone no.: 989-673-3137

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF TUSCOLA COUNTY

Employer identification number

38-3004648

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(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 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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—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 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,032	53,938	51,187	63,034	52,886	270,077
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					6,910	6,910
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	49,032	53,938	51,187	63,034	59,796	276,987
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						276,987

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	49,032	53,938	51,187	63,034	59,796	276,987
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10		10			20
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10		10			20
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.)	49,042	53,938	51,197	63,034	59,796	277,007
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions) .		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify 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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	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	
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	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e 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)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c 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 Part VI . See instructions.			
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:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**Name of the organization****Employer identification number****UNITED WAY OF TUSCOLA COUNTY****38-3004648****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (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 foundationCheck 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) filing 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 totaling \$5,000 or more during the year ▶ \$

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization UNITED WAY OF TUSCOLA COUNTY	Employer identification number 38-3004648
---	---

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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNITED WAY OF TUSCOLA COUNTY

Employer identification number

38-3004648

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS**NAME: HDC THUMB AREA ASSAULT CRISIS****ADDRESS: 429 MONTAGUE****CARO, MI 48723****CASH CONTRIBUTION: 6,500****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES****OFFICE \$ 295****CELL PHONE \$ 30****PROMOTIONAL MATERIALS \$ 80****MEMBERSHIP DUES \$ 1,784****TOTAL \$ 2,189****FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE AGENCY IS TO MEET THE HUMAN SERVICES NEEDS OF TUSCOLA COUNTY AND THE SURROUNDING COMMUNITIES THROUGH RAISING, ALLOCATING AND MONITORING VOLUNTARY CONTRIBUTIONS AND INCREASING THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

FUNDING TO VARIOUS NON-PROFIT ORGANIZATIONS TO MEET HUMAN SERVICES NEEDS OF TUSCOLA COUNTY.

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JIM HEISER

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 8.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR OF OPERATIO

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: SUSAN RICKWALT-HOLDER

ADDRESS 335 FREMONT SREET

CITY, STATE ZIP CODE: CARO, MI 48723

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE VICE PRES

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: DAWN PRIESKORN
 ADDRESS: PO BOX 135
 CITY, STATE ZIP CODE: CASS CITY, MI 48726
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? YES
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE SECRETARY/TREASURER
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: MARY KULIS

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 4.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE PRESIDENT

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION _____

BONUS/INCENTIVE: _____ RELATED _____

OTHER: _____ OTHER _____

RETIREMENT/DEFERRED BENEFITS: _____ EXPENSE ACCOUNT AND _____

OTHER COMP/NONTAXABLE: _____ OTHER ALLOWANCES: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION _____

PRIOR YEAR: _____ RELATED _____

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: SUSAN GAUDREAU

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION**RELATED****OTHER**

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION**RELATED**

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KEN SPENCER

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: MYRTLE OATZES

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JASON BITZER

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JODI FETTING

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 2.00

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE DIRECTOR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____ ORGANIZATION

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____ ORGANIZATION

PRIOR YEAR: _____

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

38-3004648

CONTRIBUTOR INFORMATION

FYE: 12/31/2017

GENERAL INFORMATION

NAME: CONSUMERS ENERGY E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 5131 HACKETT ROAD NAME AND ADDRESS? YES
 CITY, STATE ZIP CODE: SAGINAW , MI 48601
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 5,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:
 E-FILING TYPE: INDIVIDUAL
 ADDRESS

SCHEDULE A

EXCLUDE FROM 2% LIMITATION?: NO
 DISQUALIFIED PERSON?: NO
 4TH PRECEDING YEAR:
 3RD PRECEDING YEAR:
 2ND PRECEDING YEAR:
 1ST PRECEDING YEAR:
 CURRENT YEAR:

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 47,886
CONSUMERS ENERGY CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 52,886</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
AUCTION MILLION DOLLAR CELEBRATION	\$ 6,910
TOTAL	<u>\$ 6,910</u>

Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
LESS: DEDUCTIONS	\$ 570
TOTAL	<u>\$ -1,000</u>
	<u>\$ -430</u>