

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 04-01-2016, and ending 03-31-2017

- B Check if applicable
Address change
Name change
Initial return
Final
Return/terminated
Amended return
Application pending

C Name of organization
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
709 S WESTNEDGE AVENUE
City or town, state or province, country, and ZIP or foreign postal code
KALAMAZOO, MI 49007

D Employer identification number
38-1359193
E Telephone number
(269) 343-2524
G Gross receipts \$ 12,870,587

F Name and address of principal officer
Christopher Sargent
709 S WESTNEDGE AVENUE
KALAMAZOO, MI 49007

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.CHANGETHESTORY.ORG

K Form of organization
Corporation Trust Association Other

L Year of formation 1926

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION ENGAGES PEOPLE IN BUILDING AND SUSTAINING A VIBRANT COMMUNITY THROUGH EDUCATION, INCOME, HEALTH, AND ADDRESSING BASIC HUMAN NEEDS

Table with 2 columns: Description, Amount. Rows 2-7a, 7b. Includes total unrelated business revenue and net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12. Includes contributions, program service revenue, investment income, other revenue, and total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19. Includes grants, benefits, salaries, professional fundraising fees, other expenses, total expenses, and revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22. Includes total assets, total liabilities, and net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: Christopher Sargent
Date: 2017-09-29
Type or print name and title: PRESIDENT/CEO

Paid Preparer Use Only
Print/Type preparer's name: Vicki L VanDenBerg CPA
Preparer's signature: Vicki L VanDenBerg CPA
Date: 2017-09-29
Check if self-employed
PTIN: P00100422
Firm's name: PLANTE & MORAN PLLC
Firm's EIN: 38-1357951
Firm's address: 750 Trade Centre Way Ste 300, Portage, MI 49002
Phone no: (269) 567-4500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 DRIVE IMPACT BY LEADING SHARED EFFORTS THAT ENGAGE DIVERSE PEOPLE, IDEAS AND RESOURCES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 7,629,639 including grants of \$ 7,629,639) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 1,932,010 including grants of \$ 1,932,010) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 1,903,521 including grants of \$) (Revenue \$)
 See Additional Data

(Code) (Expenses \$ 489,228 including grants of \$ 489,228) (Revenue \$)
 UWBCR ALSO CREATES "VALUE-ADD" WITHIN THE COMMUNITY THROUGH ITS UNIQUE POSITION TO CONVENE, CONNECT AND ENGAGE COMMUNITY ORGANIZATIONS, INSTITUTIONS AND PEOPLE TO CREATE COLLABORATIVE OPPORTUNITIES FOR PLANNING & EXECUTION OF INITIATIVES, LEVERAGE FUNDING FROM SOURCES OTHER THAN THE ANNUAL CAMPAIGN, LEAD COLLECTIVE ACTION/SHARED EFFORTS, ETC SOME EXAMPLES OF THIS INCLUDE EVICTION DIVERSION UWBCR WORKS WITH OTHER COMMUNITY PARTNERS IN BOTH KALAMAZOO AND BATTLE CREEK, TO SUPPORT EVICTION DIVERSION INITIATIVES INTENDED TO ASSIST 1) HOME RENTERS TO AVOID COSTLY EVICTION AND LANDLORDS AVOID THE EXPENSIVE EVICTION PROCESS, AND 2) EXPANDED TO NOW INCLUDE HOME OWNERS FROM EXPERIENCING A LOSS OF HOUSING AND POTENTIAL HOMELESSNESS WHEN FACED WITH A POTENTIAL FORECLOSURE CRADLE KALAMAZOO UWBCR WAS ONE OF THE SPEARHEAD ORGANIZATIONS IN THIS MULTI-AGENCY COMMUNITY INITIATIVE DESIGNED TO BRING TOGETHER COMMUNITY LEADERS AND ORGANIZATIONS IN KALAMAZOO TO IMPLEMENT EVIDENCE-BASED AND HOLISTIC INTERVENTIONS WITH THE SHARED GOAL OF REDUCING INFANT DEATH AND PROMOTE RESPECT FOR FAMILIES, WOMEN AND CHILDREN KALAMAZOO YOUTH DEVELOPMENT NETWORK (KYDNETWORK) KYDNET IS DESIGNED AS AN "INTERMEDIARY INSTITUTION" FOCUSED ON MOBILIZING PARTNERSHIPS AND BUILDING QUALITY AND COLLECTIVE IMPACT AMONG ORGANIZATIONS PROVIDING OUT-OF-SCHOOL TIME SERVICES IN THE GREATER KALAMAZOO COMMUNITY KYDNET IMPROVES THE STATUS OF YOUTH-SERVING ORGANIZATIONS ENGAGED IN THIS SECTOR THROUGH NETWORKING, PROGRAM IMPROVEMENT, STAFF TRAINING, AND AGENCY COLLABORATION ITS MISSION IS TO INCREASE OPPORTUNITIES FOR YOUTH IN KALAMAZOO COUNTY TO GAIN SKILLS AND REALIZE THEIR POTENTIAL BATTLE CREEK COMMUNITY LITERACY COLLABORATIVE (CLC) THE CLC IS A COMMUNITY-WIDE INITIATIVE, MADE UP OF SEVERAL COMMUNITY ORGANIZATIONS WITHIN THE BATTLE CREEK COMMUNITY AND LED BY UWBCR, ORGANIZED TO ACCOMPLISH THE VISION OF A HIGHLY LITERATE COMMUNITY WHERE ALL ARE PROVIDED OPPORTUNITIES TO EMBRACE LEARNING AS A LIFELONG LIFESTYLE AND MOVES TOWARD GREATER LITERACY AS A PATHWAY TOWARD IMPROVING THE QUALITY OF LIFE FOR ALL

4d Other program services (Describe in Schedule O)
 (Expenses \$ 489,228 including grants of \$ 489,228) (Revenue \$)

4e Total program service expenses 11,954,398

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV		No
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	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
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		No
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		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records (DAVE HEALY 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007 (269) 343-2524)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							474,570	0	75,145	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2**

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,229,466				
	g Noncash contributions included in lines 1a-1f \$ _____	93,149					
	h Total. Add lines 1a-1f		12,229,466				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		263,205			263,205	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		16,110					
		b Less rental expenses	0				
		c Rental income or (loss)	16,110				
	d Net rental income or (loss)			16,110		16,110	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		15,034					
		b Less cost or other basis and sales expenses	0				
		c Gain or (loss)	15,034				
	d Net gain or (loss)			15,034		15,034	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099		220,017			220,017	
b professional services revenue	900099		126,755			126,755	
c _____							
d All other revenue							
e Total. Add lines 11a-11d			346,772				
12 Total revenue. See Instructions			12,870,587	0	0	641,121	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,050,877	10,050,877		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	647,038	287,948	243,927	115,163
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.	958,510	470,491	140,715	347,304
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	143,755	71,294	33,776	38,685
9 Other employee benefits.	213,934	103,359	51,530	59,045
10 Payroll taxes.	113,158	54,086	25,714	33,358
11 Fees for services (non-employees)				
a Management.				
b Legal.	6,175	179	5,880	116
c Accounting.	94,952		94,952	
d Lobbying.	600		600	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	79,121		79,121	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	577,308	455,745	51,093	70,470
12 Advertising and promotion.	390,893	182,073	3,681	205,139
13 Office expenses.	31,251	22,148	2,504	6,599
14 Information technology.				
15 Royalties.				
16 Occupancy.	92,677	41,776	23,726	27,175
17 Travel.	45,727	22,687	5,717	17,323
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	35,418	11,197	10,962	13,259
20 Interest.				
21 Payments to affiliates.	145,880	65,758	37,347	42,775
22 Depreciation, depletion, and amortization.	87,820	39,587	22,482	25,751
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES	75,787	33,506	18,774	23,507
b RENTAL & MAINTENANCE	55,072	24,800	14,140	16,132
c TELEPHONE	24,332	10,407	5,568	8,357
d POSTAGE AND SHIPPING	16,887	5,201	2,785	8,901
e All other expenses	3,346	1,279	319	1,748
25 Total functional expenses. Add lines 1 through 24e.	13,890,518	11,954,398	875,313	1,060,807
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,926	1	4,918
	2 Savings and temporary cash investments	5,915,826	2	1,976,659
	3 Pledges and grants receivable, net	7,138,133	3	6,374,975
	4 Accounts receivable, net		4	
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,581	9	19,423
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,635,932		
	b Less accumulated depreciation	1,851,166		
	11 Investments—publicly traded securities	6,821,844	11	10,605,906
	12 Investments—other securities See Part IV, line 11	683,732	12	733,282
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,449,829	16	20,499,929	
Liabilities	17 Accounts payable and accrued expenses	796,956	17	594,808
	18 Grants payable	2,921,230	18	3,053,898
	19 Deferred revenue	36,500	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	65,916	25	1,663
	26 Total liabilities. Add lines 17 through 25	3,820,602	26	3,650,369
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,926,697	27	6,679,786
	28 Temporarily restricted net assets	11,702,530	28	10,169,774
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	17,629,227	33	16,849,560
	34 Total liabilities and net assets/fund balances	21,449,829	34	20,499,929

Part XI Reconciliation of Net Assets

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	12,870,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,890,518
3	Revenue less expenses Subtract line 2 from line 1	3	-1,019,931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,629,227
5	Net unrealized gains (losses) on investments	5	240,264
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,849,560

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Form 990 (2016)

Form 990, Part III, Line 4a:

PROGRAM INVESTMENTS - THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION (UWBCKR) AND ITS DEDICATED STAFF ARE DEVOTED TO ADVANCING THE COMMON GOOD BY OPTIMIZING OPPORTUNITIES FOR SYSTEMS CHANGE AND IMPROVEMENT IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS THIS IS ACCOMPLISHED THROUGH ONGOING COLLABORATION, DATA COLLECTION AND ASSESSMENT OF COMMUNITY CONDITIONS, TRENDS, ETC , ENGAGEMENT WITH COMMUNITY, WORK WITH COMMUNITY VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO IDENTIFY GREATEST NEEDS AND INVEST RESOURCES IN COMMUNITY PROGRAMS WITH THE GOAL OF ACHIEVING MEASURABLE IMPACT ON STATED OUTCOMES AND COMMUNITY GOALS THROUGH THE GENEROUS, UNDESIGNATED GIFTS FROM DONORS, UWBCKR INVESTS IN ESSENTIAL SERVICES AND ALSO SUPPORTS COMPREHENSIVE AND INNOVATIVE APPROACHES THAT ADDRESSES THE UNDERLYING CAUSES OF PROBLEMS UWBCKR ASSEMBLES VOLUNTEERS REPRESENTING BOTH THE BATTLE CREEK AND KALAMAZOO COMMUNITIES EACH WHO GIVE OF THEIR TIME AND KNOWLEDGE TO DETERMINE WHAT PROGRAMS WILL ACHIEVE THE GREATEST IMPACT ON STATED OUTCOMES AND ADVANCEMENT ON IDENTIFIED COMMUNITY GOALS WITH THE SUPPORT FROM THE INVESTMENT OF AVAILABLE UWBCKR RESOURCES (E G GRANTS, STAFF SUPPORT AND TECHNICAL ASSISTANCE, PEER NETWORKING AND COLLABORATION, ETC) RECIPIENT ORGANIZATIONS OF UWBCKR RESOURCES ARE CAREFULLY MONITORED ON AN ANNUAL BASIS TO ENSURE 1) FISCAL RESPONSIBILITY AND APPROPRIATE USE OF RESTRICTED GRANT FUNDS FROM UWBCKR, 2) ENSURE PROGRAM SERVICES ARE DELIVERED WITH FIDELITY IN ACCORDANCE TO APPROVAL OF STATED GRANT PROPOSALS, AND 3) EVALUATE THE QUALITY AND IMPACT OF DELIVERED SERVICES TO IMPACT STATED OUTCOMES AND ACHIEVE MEASURABLE PROGRESS ON IDENTIFIED COMMUNITY LEVEL GOALS IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS STUDIES SHOW CHILDREN THAT EXPERIENCE TRAUMATIC INSTANCES ARE CHALLENGED GREATLY IN HAVING SUCCESS IN EDUCATION RESEARCH INDICATES THAT YOUTH PARTICIPATE IN SOCIAL EMOTIONAL LEARNING FOCUSED PROGRAMS, THEY GAIN 11% ON GPA, SCORE HIGHER ON STANDARDIZED TESTS AND ARE LESS LIKELY TO ENGAGE IN HIGH RISK BEHAVIORS ASSESSMENT OF AGGREGATE DATA PROVIDED BY UWBCKR-SUPPORTED PROGRAMS PROVIDING SUPPORTS FOR CHILDREN EXPERIENCING SOCIAL EMOTIONAL CHALLENGES DEMONSTRATED THE FOLLOWING RESULTS FOR 2016-17 84 2% OF STUDENTS SURVEYED REPORTED IMPROVED SOCIAL-EMOTIONAL COMPETENCE AFTER TAKING PART IN UNITED WAY PARTNER PROGRAMS THAT INCLUDES 100% OF HISPANIC/WHITES, 96 2% OF HISPANIC/NON-WHITES, AND 77 7% OF AFRICAN-AMERICANS IN OUR REGION, STATISTICALLY BABIES OF COLOR ARE 2 TO 4 5 TIMES MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY THAN THEIR WHITE COUNTERPARTS AGGREGATE DATA COLLECTED FROM UWBCKR-SUPPORTED PROGRAMS DEMONSTRATED THE FOLLOWING AS RECORDED MEASURABLE PROGRESS ON ADDRESSING THIS STATISTIC IN 2016-17 85% OF AFRICAN-AMERICAN MOTHERS GAVE BIRTH TO BABIES AT HEALTHY WEIGHT AND 72% CARRIED THEIR BABIES TO FULL TERM THANKS TO INTENSIVE HOME VISITING PROGRAMS FOR PRE- AND POST-NATAL CARE FUNDED THROUGH UNITED WAY A SIGNIFICANT, ON-GOING CHALLENGE FACED BY FAMILIES STRUGGLING FINANCIALLY AND IN THE CYCLE OF POVERTY IS LIMITED FOOD ACCESS STATISTICS SHOW THAT 1 OUT OF 4 (25%) OF THE CHILDREN IN OUR REGION DO NOT KNOW WHERE THEIR NEXT MEAL WILL COME FROM ON A DAILY BASIS FOR HOUSEHOLDS EXPERIENCING FOOD INSECURITY, AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED BASIC NEEDS SERVICES IN ACCESS TO FOOD PROVIDED THE FOLLOWING AS RECORDED IMPACT FOOD INSECURITY IN 2016-17 58,422 FOOD-INSECURE RESIDENTS IN THE BATTLE CREEK AND KALAMAZOO REGION RECEIVED ABOUT 698,800 MEALS THROUGH MULTIPLE PROGRAMS SUPPORTED BY UNITED WAY SOME 2,443,972 POUNDS OF FOOD WENT TO VULNERABLE INDIVIDUALS AND FAMILIES FACING HUNGER

Form 990, Part III, Line 4b:

DONOR DESIGNATIONS - UWBCR ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES APPROXIMATELY 3,600 DONORS DESIGNATED THEIR GIFTS TO 675 AGENCIES IN THE 2016 CAMPAIGN

Form 990, Part III, Line 4c:

COMMUNITY IMPACT/SERVICE DIVISION DEDICATED STAFF DEVOTED TO ADVANCING THE COMMON GOOD BY OPTIMIZING OPPORTUNITIES FOR SYSTEMS CHANGE AND IMPROVEMENT IN THE AREAS OF EDUCATION, INCOME, HEALTH AND COMMUNITY SUPPORTS THIS IS ACCOMPLISHED THROUGH ONGOING COLLABORATION, ASSESSMENT AND WORK WITH COMMUNITY VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO UNDERSTAND THE NEEDS AND TO INVEST FUNDS IN TARGETED OUTCOME AREAS AND COMMUNITY PROGRAMS WITH MEASURABLE OUTCOMES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ERICK STEWART BOARD CHAIR	5 00 0 00	X		X				0	0	0	
RENEE MCPARLAN VICE CHAIR	5 00 0 00	X		X				0	0	0	
JOHN BIEVER SECRETARY	5 00 0 00	X		X				0	0	0	
RHONDA NEWMAN TREASURER	5 00 0 00	X		X				0	0	0	
ANMAR ATCHU BOARD MEMBER	1 00 0 00	X						0	0	0	
BECKY BALDWIN BOARD MEMBER	1 00 0 00	X						0	0	0	
BOB BETZIG BOARD MEMBER	1 00 0 00	X						0	0	0	
JON BYRD BOARD MEMBER	1 00 0 00	X						0	0	0	
CECILY CAGLE BOARD MEMBER	1 00 0 00	X						0	0	0	
DON COPPO BOARD MEMBER	1 00 0 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK CRAWFORD BOARD MEMBER	1 00 0 00	X						0	0	0
TIM KOOL BOARD MEMBER	1 00 0 00	X						0	0	0
JAMES LIGGINS BOARD MEMBER	1 00 0 00	X						0	0	0
KEVIN LOBO BOARD MEMBER	1 00 0 00	X						0	0	0
TODD MCDONALD BOARD MEMBER	1 00 0 00	X						0	0	0
BOB MILLER BOARD MEMBER	1 00 0 00	X						0	0	0
PAVAN PATTADA BOARD MEMBER	1 00 0 00	X						0	0	0
STEVE POWELL BOARD MEMBER	1 00 0 00	X						0	0	0
JENNIFER PURUCKER BOARD MEMBER	1 00 0 00	X						0	0	0
BEV RILEY BOARD MEMBER	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHANIE SLINGERLAND BOARD MEMBER	1 00 0 00	X						0	0	0
CARLA THOMPSON BOARD MEMBER	1 00 0 00	X						0	0	0
SYDNEY WALDORF BOARD MEMBER	1 00 0 00	X						0	0	0
KATHY YOUNG BOARD MEMBER	1 00 0 00	X						0	0	0
KATHLEEN BABBITT BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
SUSAN BIRCH BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
DENISE CRAWFORD BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
RICHARD FRANTZ BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
ROSEMARY GARDINER BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
JODI GIBSON BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY KOLE BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
DAVID LUCAS BOARD MEMBER - PART YEAR	1 00 0 00	X						0	0	0
CHRISTIPHER SARGENT VP/COO & INTERIM CEO	40 00 0 00			X				155,498	0	27,929
DAVID HEALY INTERIM CFO	40 00 0 00			X				30,488	0	0
MICHAEL LARSON PRESIDENT & CEO - Part Year	40 00 0 00			X				217,635	0	36,946
LISA STOVER CFO - PART YEAR	40 00 0 00			X				70,949	0	10,270

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Employer identification number

38-1359193

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 **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		
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,709,353	14,919,925	13,561,769	14,637,656	12,229,466	80,058,169
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	24,709,353	14,919,925	13,561,769	14,637,656	12,229,466	80,058,169
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)						10,865,972
6 Public support. Subtract line 5 from line 4						69,192,197

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	24,709,353	14,919,925	13,561,769	14,637,656	12,229,466	80,058,169
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	187,926	292,633	334,935	327,414	279,315	1,422,223
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.)	398,530	360,657	354,326	331,062	346,772	1,791,347
11 Total support. Add lines 7 through 10						83,271,739
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	83.090 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	86.930 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? 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.		
	1		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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		
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 Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
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)? 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.		
	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 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).		
	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		
c	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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
b	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.)		
	10b		

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. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)	1	
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	
<input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	OTHER RELATED INCOME - 2012 Amount \$ 288,750 2013 Amount \$ 230,570 2014 Amount \$ 354,326 2015 Amount \$ 331,062 2016 Amount \$ 346,772 FUNDRAISING EVENT INCOME - 2012 Amount \$ 79,537 2013 Amount \$ 130,087 GAMING REVENUE - 2012 Amount \$ 30,243

Schedule A Form 990 or 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number 38-1359193
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		600
j	Total. Add lines 1c through 1i			600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	LOBBYING ACTIVITIES TOPICS CONSISTED OF 2-1-1, VITA FUNDS, EARLY CHILDHOOD EDUCATION, HEATING ASSISTANCE, AND ACCESS TO HEALTHCARE

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Employer identification number
38-1359193

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	250,000	250,000	250,000	250,000	250,000
b Contributions					
c Net investment earnings, gains, and losses	9,728	1,228	6,206	9,423	5,499
d Grants or scholarships					
e Other expenditures for facilities and programs	9,728	1,228	6,206	9,423	5,499
f Administrative expenses					
g End of year balance	250,000	250,000	250,000	250,000	250,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,666		170,666
b Buildings		1,801,605	1,251,127	550,478
c Leasehold improvements		65,835	55,881	9,954
d Equipment		597,826	544,158	53,668
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				784,766

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
AGENCY ACCOUNTS	1,663
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,663

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,099,720
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	240,264
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	240,264
3	Subtract line 2e from line 1	3	10,859,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,121
b	Other (Describe in Part XIII)	4b	1,932,010
c	Add lines 4a and 4b	4c	2,011,131
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,870,587

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,879,387
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,879,387
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,121
b	Other (Describe in Part XIII)	4b	1,932,010
c	Add lines 4a and 4b	4c	2,011,131
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,890,518

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Supplemental Information

Return Reference	Explanation
Part V, Line 4	ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL OPERATIONS OF THE ORGANIZATION

Supplemental Information

Return Reference	Explanation
Part X, Line 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Donor Designations 1,932,010

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	DONOR DESIGNATIONS 1,932,010

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION

Employer identification number

38-1359193

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows (1) through (12) and a 'See Additional Data Table' header.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 142
3 Enter total number of other organizations listed in the line 1 table. 0

Part III 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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	AGENCIES RECEIVING ALLOCATIONS ARE MONITORED FROM THE POINT OF APPLICATION THROUGH FINAL REPORTING THE APPLICATION PROCESS INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM THE USE OF FUNDING, A FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES, AND VERIFICATION OF PATRIOT ACT COMPLIANCE GRANTEEES PROVIDE ANNUAL REPORTS THAT ARE USED TO VERIFY THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AGENCIES RECEIVING DONOR DESIGNATIONS ARE MONITORED BY VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS USE OF THESE FUNDS ARE NOT MONITORED AS THEY ARE CONSIDERED PASS THROUGH DOLLARS TO THE RESPECTIVE AGENCY

Additional Data

Software ID:
Software Version:
EIN: 38-1359193
Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCACY SERVICES FOR KIDS 414 E MICHIGAN AVENUE KALAMAZOO, MI 49007	20-0996694	501(C)(3)	17,762				FAMILY SUPPORT PARTNERS
AFL CIO SC MI TRI-COUNTY LABOR COUNCIL 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49017	38-2181989	501(C)(3)	145,957				PROGRAM OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SPECIES KINSHIP (ASK) PO BOX 4055 BATTLE CREEK, MI 49016	20-0498076	501(C)(3)	8,049				DONOR DESIGNATION
ALLEGAN COUNTY UNITED WAY 650 GRAND STREET ALLEGAN, MI 49010	38-6063214	501(C)(3)	6,971				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES OF KALAMAZOO CRISIS 4200 W MICHIGAN AVE STE 100 KALAMAZOO, MI 49006	38-2850563	501(C)(3)	6,607				DONOR DESIGNATION
ALTRUSA DAY NURSERY INC 75 IRVING PARK DRIVE BATTLE CREEK, MI 49017	38-1426880	501(C)(3)	22,133				KIDS KAMPUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 5640 VENTURE COURT KALAMAZOO, MI 49009	53-0196605	501(C)(3)	201,416				ADDRESSING COMMUNITY & LOCAL MILITARY EMERGENCIES
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 949391827	94-3193389	501(C)(3)	6,624				CFC DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRY COUNTY UNITED WAY 231 S BROADWAY HASTINGS, MI 49058	38-6062803	501(C)(3)	9,487				DONOR DESIGNATION
BATTLE CREEK AREA CATHOLIC SCHOOLS 63 NORTH 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	16,662				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVE STE1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	6,373				DONOR DESIGNATION
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	49,800				HEALTHY U BC, YMCA LITERACY & WORKFORCE READINESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN ST BATTLE CREEK, MI 49017	38-6000746	GOVERNMENTAL	124,033				ATTENDANCE MATTERS, EGRAP, MULTI-TIERED SYSTEM OF SUPPORTS
BIG BROTHERS BIG SISTERS 3501 COVINGON ROAD KALAMAZOO, MI 49001	38-1720832	501(C)(3)	140,575				BIGS IN BUSINESS, HS BIGS MENTOR PROGRAM, 1-1 MENTORING, MENTOR FOR LITERACY, DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS - SOUTHERN SHORES FIELD SERVICE COUNCIL 1979 HURON PKY ANN ARBOR, MI 48104	38-1357989	501(C)(3)	13,833				LEARNING FOR LIFE
BOY SCOUTS OF AMERICA MICHIGAN 1791 W COLUMBIA BATTLE CREEK, MI 49015	45-4003240	501(C)(3)	21,289				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB 915 LAKE STREET KALAMAZOO, MI 49001	38-1627080	501(C)(3)	169,320				HEALTHY LIFESTYLES FOR YOUTH, PROJECT LEARN
BOYS & GIRLS CLUB OF BATTLE CREEK 35 HAMBLIN AVENUE BATTLE CREEK, MI 49017	20-3936388	501(C)(3)	14,940				HEALTHY LIFESTYLES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER KALAMAZOO 915 LAKE STREET KALAMAZOO, MI 49001	38-1627080	501(C)(3)	107,422				CAREER READINESS, DONOR DESIGNATION, SOCIAL EMOTIONAL WELLBEING
BRONSON HEALTH FOUNDATIONSEXUAL ASSAULT SERVICES 601 JOHN ST KALAMAZOO, MI 49007	38-2415081	501(C)(3)	25,000				SEXUAL ASSAULT PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARES 629 PIONEER KALAMAZOO, MI 49008	38-2784545	501(C)(3)	73,367				TOBACCO CESSATION, HIV CASE MGT, PREVENTION & CARE PROGRAM
CALHOUN COUNTY ANIMAL SHELTER 165 UNION STREET SOUTH BATTLE CREEK, MI 49017	20-5870763	501(C)(3)	5,492				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT 161 EAST MICHIGAN AVE BATTLE CREEK, MI 49017	38-6004358	GOVERNMENTAL	154,240				COMMUNITY HEALTH WORKER, NURSE-FAMILY PARTNER, SCH WELLNESS PROGRAM, SENIOR DENTAL PROGRAM
CALHOUN INTERMEDIATE SCHOOL DISTRICT 17111 G DRIVE NORTH MARSHALL, MI 49068	38-6062816	GOVERNMENTAL	213,917				CALHOUN ISD EARLY CHILDHOOD SERVICES, SCHOLARSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 1819 GULL ROAD KALAMAZOO, MI 49001	38-2072348	501(C)(3)	251,453				CARING NETWORK HEALTHY FAMILIES, ARK SERVICES FOR YOUTH, DONOR DESIGNATIONS
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	86,947				CLOTHES, GAP NUTRITION FOR INFANTS, WORKFORCE BARRIER REMOVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEFF THERAPEUTIC RIDING CENTER 8450 N 43RD ST AUGUSTA, MI 49012	38-6061238	501(C)(3)	9,085				DONOR DESIGNATION
COMMUNITY ACTION PO BOX 1026 BATTLE CREEK, MI 49017	38-1794361	501(C)(3)	155,950				EMERGENCY SERVICES - BASIC NEEDS, INCOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALING CENTER 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	541,733				ADDICTION & PREVENTION SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS & OTHER
COMMUNITY HEALTH CHARITIES 1240 NORTH PITT STREET THIRD FLOOR ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	12,396				CFC DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHCARE CONNECTIONS 190 E MICHIGAN AVE BATTLE CREEK, MI 49014	20-2717744	501(C)(3)	90,201				DENTIST'S PARTNERSHIP, HEALTH ASSISTANCE, MOBILE MEDICAL, NURSING CLINIC
COMMUNITY HOMEWORKS 810 BRYANT ST KALAMAZOO, MI 49001	27-1037159	501(C)(3)	33,750				WEATHERIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INCLUSIVE RECREATION 331 W JACKSON ST BATTLE CREEK, MI 49037	38-3180874	501(C)(3)	5,533				WALK & ROLL WELLNESS
COMMUNITY UNLIMITED INC 221 ELLEN STREET UNION CITY, MI 49094	38-3530155	501(C)(3)	13,418				COMMUNITY UNLIMITED EARLY CHILDHOOD PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMSTOCK COMMUNITY CENTER 6330 KING HWY COMSTOCK, MI 49041	38-1902558	501(C)(3)	101,819				Community Learning Center - Preschool Program, TUTORING
CONSTANCE BROWN HEARING & SPEECH CENTER 1634 GULL ROAD KALAMAZOO, MI 49048	38-1410463	501(C)(3)	49,800				ADULT & CHILDREN'S HEARING SERVICES

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DISABILITY NETWORK OF SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501(C)(3)	23,649				INDEPENDENT LIVING/LIFE MANAGEMENT, YOUTH IN TRANSITION
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO, MI 49007	38-1359200	501(C)(3)	48,500				FREDERICK DOUGLASS RECOVERY CENTER, BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDUCATING FOR FREEDOM IN SCHOOLS PO BOX 51445 KALAMAZOO, MI 49005	30-0700063	501(C)(3)	15,000				AFTERSCHOOL PROGRAM
ERACCE 1000 W PATTERSON ST 150B KALAMAZOO, MI 49007	11-3726091	501(C)(3)	9,350				HEALTH TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY & CHILDREN SERVICES 1608 LAKE ST KALAMAZOO, MI 49001	38-2188101	501(C)(3)	505,269				HOME & SCHOOL BASED SERVICES, COUSELING, CONSORTIUM
FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	56,700				CHILD CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY HEALTH CENTER 117 w PATTERSON ST KALAMAZOO, MI 49007	23-7107569	501(C)(3)	22,500				LINKAGES ENHANCEMENT
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DRIVE COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	21,106				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST TEE OF BATTLE CREEK THE 7255 B DRIVE S BATTLE CREEK, MI 49015	38-2045459	501(C)(3)	22,133				FIRST TEE HEALTHY KIDS INITIATIVE
FIRST WESLEYAN CHURCH 14425 HELMER ROAD SOUTH BATTLE CREEK, MI 49015	93-0805254	501(C)(3)	10,410				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOOD BANK OF SOUTH CENTRAL MICHIGAN 5451 WAYNE ROAD BATTLE CREEK, MI 49037	38-2445948	501(C)(3)	228,780				CFC DONOR DESIGNATION, FOOD DISTRIBUTION
FREEDOM SCHOOLS OF BATTLE CREEK 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	26,067				CDF FREEDOM SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FSH SOCIETY 450 BEDFORD ST LEXINGTON, MA 02420	52-1762747	501(C)(3)	10,000				DONOR DESIGNATION
GFM THE SYNERGY CENTER 625 HARRISON ST KALAMAZOO, MI 49007	20-0034091	501(C)(3)	80,514				MENTAL HEALTH, SUBSTANCE ABUSE, URBANZONE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS HEART OF MICHIGAN 601 W MAPLE ST KALAMAZOO, MI 49008	38-1581300	501(C)(3)	7,389				DONOR DESIGNATION
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	5,505				CFC DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND 4820 WAYE ROAD BATTLE CREEK, MI 49015	38-1426892	501(C)(3)	108,275				GOODWILL CONNECTS, FOC, VITA, WHEELS TO WORK
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO, MI 49001	38-1558550	501(C)(3)	214,155				BASIC NEEDS, FAMILY EMPLOYMENT, FINANCIAL COUNSELING, LIFEGUIDE SUCCESS, LITERACY TOGETHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER OTTAWA COUNTY UNITED WAY 115 CLOVER ST STE 300 HOLLAND, MI 49424	38-3522782	501(C)(3)	7,179				DONOR DESIGNATION
GRYPHON PLACE 3245 S 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	108,700				DONOR DESIGNATION, 2-1-1/HELP LINE, GATEKEEPER PROGRAM, CONFLICT RESOLUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GUARDIAN FINANCE & ADVOCACY SERVICES 18 MICHIGAN AVE STE 300 BATTLE CREEK, MI 49017	38-2282034	501(C)(3)	17,500				GUARDIANSHIP
HABITAT FOR HUMANITY 5700 BECKLEY ROAD STE F BATTLE CREEK, MI 49015	38-2846821	501(C)(3)	46,397				AFFORDABLE HOUSING & REPAIR FOR VULNERABLE FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	181,807				GAP KIDS EDUCATIONAL PROGRAM, LIFE RECOVERY PROGRAM
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW STE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	35,808				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPICE CARE OF SOUTHWEST MI 222 N KALAMAZOO MALL STE 100 KALAMAZOO, MI 49007	38-2293985	501(C)(3)	29,884				DONOR DESIGNATION
HOUSING RESOURCES INC 420 E ALCOTT ST 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	322,521				COMMUNITY HOUSING SOLUTIONS, EMERGENCY SHELTER, EVOCTOPM DIVERSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN 2500 WATKINS BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	17,635				CFC DONOR DESIGNATION
INFANT MASSAGE INSTITUTE 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	16,200				PROFESSIONAL CERTIFICATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTEGRATED HEALTH PARTNERS 77 E MICHIGAN AVE STE 200 BATTLE CREEK, MI 49017	38-3252060	501(C)(3)	16,600				COMMUNITY HEALTHCARE ACCESS TO INFORMATION NETWORK (CHAIN)
JUNIOR ACHIEVEMENT OF SWMI 2775 W DICKMAN RD STE H-3 BATTLE CREEK, MI 49037	38-1515420	501(C)(3)	9,146				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KALAMAZOO AREA YOUTH FOR CHRIST POBOX 514876 KALAMAZOO, MI 49005	38-1873558	501(C)(3)	16,622				DONOR DESIGNATION
KALAMAZOO CHRISTIAN SCHOOL ASSOCIATION 2121 STADIUM DRIVE KALAMAZOO, MI 49008	38-1871520	501(C)(3)	5,996				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KALAMAZOO COMMUNITY FOUNDATION 402 EAST MICHIGAN AVENUE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	36,753				DONOR DESIGNATION
KALAMAZOO COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES 3299 GULL ROAD NAZARETH, MI 49074	38-3313413	GOVERNMENTAL	13,750				MI CHAP EXPANSION

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KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES 3299 GULL ROAD KALAMAZOO, MI 49048	38-6004860	GOVERNMENTAL	128,127				FATHERHOOD INITIATIVE, HEALTHY LIVING PROGRAM
KALAMAZOO COUNTY READY 4S 259 E MICHIGAN AVE STE 209 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	47,917				KALAMAZOO COUNTY READY 4S, NORTHSIDE PRESCHOOL

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KALAMAZOO DEACONS CONFERENCE 1010 N WESTNEDGE AVE KALAMAZOO, MI 49007	38-2018800	501(C)(3)	5,780				DONOR DESIGNATION
KALAMAZOO DROP-IN CHILD CARE CENTER 345 W MICHIGAN AVE KALAMAZOO, MI 49007	38-1359203	501(C)(3)	6,250				KALAMAZOO DROP-IN CHILD CARE CENTER

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KALAMAZOO GOSPEL MISSION 448 N BURDICK ST KALAMAZOO, MI 49007	38-1877515	501(C)(3)	35,148				DONOR DESIGNATION, KALAMAZOO GOSPEL MISSION
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	38-2420575	501(C)(3)	5,914				DONOR DESIGNATION

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KALAMAZOO NEIGHBORHOOD HOUSING SERVICES INC 1219 PARK ST KALAMAZOO, MI 49001	38-2391442	501(C)(3)	31,250				FINANCIAL LITERACY FOR HOMEOWNERSHIP, MORTGAGE FORECLOSURE PREVENTION
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) 1819 EAST MILHAM KALAMAZOO, MI 49002	38-2478137	501(C)(3)	87,500				EARLY GRADE READING, YOUTH OPPORTUNITIES UNLIMITED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KELLOGG COMMUNITY COLLEGE 450 NORTH AVE BATTLE CREEK, MI 49017	38-1942332	GOVERNMENTAL	17,223				BRUIN BOTS
KIDS CAMPUS INC 75 IRVING PARK DRIVE BATTLE CREEK, MI 49017	38-1426880	501(C)(3)	12,500				REMOVING BARRIERS TO SCHOOL READINESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	GOVERNMENTAL	38,800				EARLY READING PROGRAM
LEGAL AID OF WESTERN MICHIGAN 201 W KALAMAZOO AVE STE 427 KALAMAZOO, MI 49007	38-2156874	501(C)(3)	81,767				DONOR DESIGNATION, LEGAL SERVICES FOR LOW INCOME RESIDENTS

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LEGAL SERVICES OF SC MI 70 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-1845444	501(C)(3)	82,808				ADVICE, REPRESENTATION AND ADVOCACY FOR HOUSING PRESERVATION, HEALTHY SHELTER
LOCAL INITIATIVES SUPPORT CORPORATION 141 E MICHIGAN AVE 501 KALAMAZOO, MI 49007	13-3030229	501(C)(3)	20,000				CONTINUUM OF CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 949391827	94-3193418	501(C)(3)	6,713				CFC DONOR DESIGNATION
MINISTRY WITH COMMUNITY 500 NORTH EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501(C)(3)	99,776				DONOR DESIGNATION, RESOURCE CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MRC INDUSTRIES INC 2538 S 26TH ST KALAMAZOO, MI 49048	38-1911437	501(C)(3)	112,367				MCR EMPLOYMENT, SKILL BUILDING
NEW GENESIS 1225 W PATTERSON ST KALAMAZOO, MI 49007	38-2338855	501(C)(3)	30,833				INNOVATIVE/INTERIM, NEW GENESIS SUCCESS ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH AVENUE CHURCH OF GOD 1079 NORTH AVENUE BATTLE CREEK, MI 49017	38-2153030	501(C)(3)	12,101				DONOR DESIGNATION
OPEN DOORS 810 S WESTNEDGE KALAMAZOO, MI 49008	23-7088427	501(C)(3)	27,667				RESIDENCE COMMUNITY FOR WORKING PEOPLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PAWS WITH A CAUSE 4646 S DIVISION WAYLAND, MI 49348	38-2370342	501(C)(3)	10,003				DONOR DESIGNATION
PLANNED PARENTHOOD OF SOUTH CENTRAL MI 4201 W MICHIGAN AVE KALALAMZOO, MI 49006	38-1811120	501(C)(3)	7,356				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PORTAGE COMMUNITY CENTER 325 E CENTRE PORTAGE, MI 49002	38-2178011	501(C)(3)	65,658				DONOR DESIGNATION, AFTER SCHOOL/SUMMER PROGRAMS
PREVENTION WORKS INC 611 WHITCOMB KALAMAZOO, MI 49008	38-3264831	501(C)(3)	49,333				AFTER SCHOOL PROGRAMMING, FAMILY EMPOWERMENT JUMPSTART PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROOTEAD 1501 FULFORD ST KALAMAZOO, MI 49001	47-1161414	501(C)(3)	25,000				ROOTEAD DOULAS
SAFE PLACE SHELTER INC 303 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-2436401	501(C)(3)	69,799				DOMESTIC VIOLENCE - BASIC NEEDS, SHELTER, DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SNAP 28 PENN STREET BATTLE CREEK, MI 49017	23-7427587	501(C)(3)	11,250				PRE SCHOOL
SALVATION ARMY 1700 S BURDICK ST KALAMAZOO, MI 49001	38-2699000	501(C)(3)	35,967				FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECONDS'S NEW VISION AND OUTREACH MINISTRIES 485 WASHINGTON AVE N BATTLE CREEK, MI 49037	38-2926101	501(C)(3)	23,442				"WE'RE READING!" AFTER-SCHOOL LITERACY INCENTIVE PROGRAM
SENIOR SERVICES INC 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501(C)(3)	203,991				HOME DELIVERED MEALS, NUTRITION & SUPPORTIVE SERVICES FOR SENIORS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEXUAL ASSAULT SERVICES OF CALHOUN COUNTY 161 EAST MICHIGAN AVE BATTLE CREEK, MI 49017	38-6004358	GOVERNMENTAL	30,533				CHILD ADVOCACY CENTER
SHARE CENTER 120 GROVE ST BATTLE CREEK, MI 49017	38-3022871	501(C)(3)	40,000				COMMUNITY MEALS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLD READ 5250 LOVERS LAND KALAMAZOO, MI 49002	38-2055709	501(C)(3)	41,667				ACHIEVE SUCCESS, READ TO SUCCEED
SOUTH COUNTY COMMUNITY SERVICES 105 SOUTH KALAMAZOO STREET VICKSBURG, MI 49097	38-1961745	501(C)(3)	63,839				SOUTH COUNTY COMMUNITY SERVICES, BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA OF SOUTHWEST MICHIGAN 6155 WEST KL AVE KALAMAZOO, MI 49009	38-3614688	501(C)(3)	14,566				DONOR DESIGNATION
SPECIALIZED LANGUAGE DEVELOPMENT CENTER 5250 LOVERS LAND KALAMAZOO, MI 49002	38-2055709	501(C)(3)	47,033				SLD READ 360

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPROUT URBAN FARMS PO BOX 1334 BATTLE CREEK, MI 49016	45-3707870	501(C)(3)	69,684				FRESH ON WHEELS, SPROUT MOBILE MARKETS, SPROUT URBAN FARMS
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,063				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CATHERINE OF SIENNA CHURCH 1150 WEST CENTRE AVENUE PORTAGE, MI 49024	38-1854993	501(C)(3)	10,912				DONOR DESIGNATION
ST JOSEPH COUNTY UNITED WAY 660 E MAIN ST CENTREVILLE, MI 49032	38-6095409	501(C)(3)	7,478				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S EPISCOPAL CHURCH 247 W LOVELL ST KALAMAZOO, MI 49008	38-1369613	501(C)(3)	25,000				ST LUKES DIAPER BANK
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	38,800				THE NATIONAL INSTITUTE FOR TRAUMA AND LOSS IN CHILDREN (TLC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUBSTANCE ABUSE COUNCIL 140 WEST MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-2699513	501(C)(3)	30,987				DRUG PREVENTION EDUCATION, TOBACCO CESSATION
TEMPLE BNAI ISRAEL 4409 GRAND PRAIRIE KALALAMZOO, MI 49006	38-6069296	501(C)(3)	16,571				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC COMMUNITY ADVOCATES 3901 EMERALD DRIVE STE B KALAMAZOO, MI 49001	38-1613581	501(C)(3)	30,429				EDUCATION ADVOCACY, REDUCING DISPARITIES
THE ARC OF CALHOUN COUNTY 217 W HAMBLIN ST BATTLE CREEK, MI 49015	38-1734960	501(C)(3)	22,133				EDUCATIONAL ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAVEN OF REST MINISTRIES 11 GREEN ST BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	12,040				DONOR DESIGNATION
THE SALVATION ARMY 1700 S BURDICK ST KALAMAZOO, MI 49001	38-2699000	501(C)(3)	74,667				EMERGENCY UTILITY ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - BATTLE CREEK PO BOX 93 BATTLE CREEK, MI 49016	36-2167910	501(C)(3)	62,500				EMERGENCY FAMILY ASSISTANCE
THE SALVATION ARMY - KALAMAZOO COUNTY 1700 S BURDICK ST KALAMAZOO, MI 49001	38-1370971	501(C)(3)	12,216				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI COUNTY LABOR AGENCY 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	8,584				DONOR DESIGNATION
UNIFIED CLINICS 1000 OAKLAND DR KALAMAZOO, MI 49008	38-6007327	501 (C)(3)	22,470				CHILD TRAUMA ASSESSMENT CENTER - COMMUNITY TRAUMA TRAINING/WORKSHOPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY DUPAGEWEST COOK PO BOX 5317 OAK BROOK, IL 60522	45-1534557	501(C)(3)	5,914				DONOR DESIGNATION
UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	5,326				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN DALLAS INC 1800 N LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	12,610				DONOR DESIGNATION
UNITED WAY OF NORTHWEST MICHIGAN 521 S UNION ST TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	5,424				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 03801	04-2382233	501(C)(3)	10,780				DONOR DESIGNATION
UNITED WAY OF THE LAKESHORE 31 E CLAY AVE MUSKEGON, MI 49442	38-1426895	501(C)(3)	6,995				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 1805 HARNEY STREET OMAHA, NE 68102	47-0376605	501(C)(3)	5,754				DONOR DESIGNATION
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVENUE SUITE 250 SAN JOSE, CA 95126	94-1450153	501(C)(3)	5,391				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN ALLIANCE 1009 E STOCKBRIDGE AVE STE 100 KALAMAZOO, MI 49001	20-4969751	501(C)(3)	48,389				DONOR DESIGNATION, MOMENTUM
URBAN LEAGUE OF BATTLE CREEK 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	50,890				KID'S VILLAGE, PEER, SOJOURNER TRUTH, YOUTH LEADERSHIP CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAN BUREN COUNTY UNITED WAY INC 181 W MICHIGAN AVE STE 4 PAW PAW, MI 49079	23-7113927	501(C)(3)	19,736				DONOR DESIGNATION
VICTORY LIFE CHURCH 6892 D DRIVE NORTH BATTLE CREEK, MI 49014	23-7279369	501(C)(3)	22,690				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	121,933				CREATIVE LEADERS UNITED, TUTORING, ESL, FAMILY LEADERSHIP INSTITUTE
VOLUNTEER SERVICES OF GREATER KALAMAZOO 3901 EMERALD DR KALAMAZOO, MI 49001	38-2026621	501(C)(3)	38,733				BUILDING VOLUNTEER CAPACITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST MICHIGAN CANCER CENTER 200 N PARK ST KALAMAZOO, MI 49007	38-3061574	501(C)(3)	27,060				DONOR DESIGNATION
WEST MICHIGAN TEAM PO BOX 68553 GRAND RAPIDS, MI 49516	20-8873170	501(C)(3)	13,833				KALAMAZOO/BATTLE CREEK EMPLOYER RESOURCE NETWORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WMU HOMER STRYKER MD SCHOOL OF MEDICINE 1000 OAKLAND DR KALAMAZOO, MI 49008	45-4135256	501(C)(3)	123,801				DATA HUB, KALAMAZOO INFANT MORTALITY COMMUNITY ACTION INITIATIVE
WMU-CENTER FOR DISABILITY SERVICES 1000 OAKLAND DR KALAMAZOO, MI 49008	38-6007327	501(C)(3)	51,540				HEALTHY LIFESTYLES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S NETWORK INC 2055 E COLUMBIA AVE BATTLE CREEK, MI 49017	26-2699012	501(C)(3)	52,883				SOLUTIONS HIGHWAY, CO-OP, FINANCIAL STABILITY NETWORK
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501(C)(3)	39,817				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMENS CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN 353 E MICHIGAN KALAMAZOO, MI 49007	38-1360598	501(C)(3)	494,511				FALL/WINTER PROGRAM, YOUTH SERVICES, LEARN AND GROW, SEXUAL ASSAULT SUPPORTIVE SERVICES, DONOR DESIGNATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number 38-1359193
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTIPHER SARGENT VP/COO & INTERIM CEO	(i)	148,297 -----	4,863 -----	2,338 -----	16,151 -----	11,778 -----	183,427 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 MICHAEL LARSON PRESIDENT & CEO - Part Year	(i)	169,840 -----	3,216 -----	44,579 -----	18,316 -----	18,630 -----	254,581 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	THE CEO RECEIVED A DISCRETIONARY SPENDING ACCOUNT THIS IS NOT TREATED AS TAXABLE COMPENSATION TO THE CEO
Part I, Line 4a	Michael Larson received a severance payment in the amount of \$74,204

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
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▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Employer identification number
38-1359193

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	16	93,149	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a	Yes	

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED
Part I, Line 32b	DONATED PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO A BROKER AND SOLD AS SOON AS POSSIBLE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Employer identification number

38-1359193

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	BOARD MEMBERS KATHI BABBITT AND BOB MILLER BOTH WORK FOR WESTERN MICHIGAN UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FINANCE AND EXECUTIVE COMMITTEES REVIEWED THE 990 IN DETAIL AND APPROVED IT FOR FILING BOARD MEMBERS WERE PROVIDED AN ELECTRONIC COPY BEFORE THE 990 WAS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BOARD MEMBERS, KEY VOLUNTEERS, AND STAFF ARE REQUIRED ANNUALLY TO DECLARE POTENTIAL CONFLICTS OF INTEREST RELATIONSHIPS BY SIGNING A CONFLICT OF INTEREST POLICY ADMINISTRATION MONITORS THE ISSUES THAT MAY REQUIRE DISCLOSURE AND/OR OTHER ACTION AS APPROPRIATE IF A MATTER IS UNDER CONSIDERATION BY THE BOARD OR COMMITTEE IN WHICH THERE IS A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE MEMBER SHALL NOT VOTE OR USE THEIR PERSONAL INFLUENCE ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	COMPENSATION REVIEWS BEGIN AT THE PERSONNEL COMMITTEE LEVEL. THEY ARE PROVIDED SALARY AND WAGE SURVEY DATA FOR SIMILAR SIZE UNITED WAYS AND OTHER NOT FOR PROFITS IN THE AREA TO ENSURE SALARIES ARE CONSISTENT WITH PEER ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS DATA RELATING TO THE CEO AND WILL PROPOSE SALARY ADJUSTMENTS TO THE BOARD. THE BOARD DETERMINES COMPENSATION FOR THE CEO. OTHER SALARIES ARE DETERMINED BY THE CEO. THIS PROCESS WAS LAST UNDERTAKEN IN 2017.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT WITHIN THE PAST YEAR