

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

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

OMB No 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **04-01-2019**, and ending **03-31-2020**

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 \$ 12,102,442

F Name and address of principal officer: CHRIS SARGENT, 709 S WESTNEDGE AVENUE, KALAMAZOO, MI 49007

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance		
3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	39
6 Total number of volunteers (estimate if necessary)	6	525
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,677,431	11,671,287
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217,593	262,253
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,586	168,902
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,038,610	12,102,442

Expenses	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,611,509	8,005,072
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,841,529	1,979,308
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,145,440		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,801,092	1,671,156
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,254,130	11,655,536
19 Revenue less expenses Subtract line 18 from line 12	-1,215,520	446,906

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,643,115	17,918,679
21 Total liabilities (Part X, line 26)	3,374,926	3,458,400
22 Net assets or fund balances Subtract line 21 from line 20	14,268,189	14,460,279

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: ***** Date: 2020-08-17
 CHRIS SARGENT PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-08-17
 Check if self-employed PTIN: P00904574
 Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951
 Firm's address ▶ 750 TRADE CENTRE WAY STE 300 Phone no (269) 567-4500
 PORTAGE, MI 49002

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 \$ 6,062,692 including grants of \$ 6,062,692) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,223,042 including grants of \$ 1,223,042) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,855,466 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 719,338 including grants of \$ 719,338) (Revenue \$)

UWBCKR 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 1 EVICTION DIVERSION UWBCKR 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 2 CRADLE KALAMAZOO UWBCKR 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 3 KALAMAZOO YOUTH DEVELOPMENT NETWORK (KYDNETWORK) KYDNET IS DESIGNED AS AN "INTERMEDIARY INSTITUTION" FOCUSED ON MOBILIZED 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 4 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 UWBCKR, ORGANIZED TO ACCOMPLISH THE VISION OF A HIGHLY LITERATE COMMUNITY WHERE ALL ARE PROVIDED OPPORTUNITIES TO EMBRACE LEARNING AS A LIFELONG LIFESTYLE AND MOVE TOWARD GREATER LITERACY AS A PATHWAY TOWARD IMPROVING THE QUALITY OF LIFE FOR ALL

4d Other program services (Describe in Schedule O)
(Expenses \$ 719,338 including grants of \$ 719,338) (Revenue \$)

4e Total program service expenses ▶ 9,860,538

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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
11c	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
11d	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
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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
14b	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 39</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p>2b Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		<p>3a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		<p>3b</p>	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>		<p>4a</p>	<p>No</p>
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		<p>5a</p>	<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p>5b</p>	<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		<p>5c</p>	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		<p>6a</p>	<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		<p>6b</p>	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		<p>7a</p>	<p>No</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		<p>7b</p>	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		<p>7c</p>	<p>No</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p>7e</p>	<p>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p>7f</p>	<p>No</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		<p>7g</p>	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		<p>7h</p>	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>		<p>8</p>	
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p>9a</p>	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		<p>9b</p>	
<p>10 Section 501(c)(7) organizations. Enter</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>		
<p>11 Section 501(c)(12) organizations. Enter</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>		<p>13a</p>	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		<p>14a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		<p>14b</p>	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		<p>15</p>	<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		<p>16</p>	<p>No</p>

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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

- 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-A 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
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
JACK ULLREY 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

See instructions for the order in which to list the persons above

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	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	251,873	0	53,523

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 ▶ **1**

	Yes	No
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>		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	11,671,287		
	g Noncash contributions included in lines 1a - 1f \$	1g	138,213		
h Total. Add lines 1a-1f		11,671,287			

Program Service Revenue			Business Code			
	2a					
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)			227,697			227,697	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	6a	30,730				
			6b Less rental expenses	0				
		(ii) Personal	6c	30,730				
		d Net rental income or (loss)			30,730			30,730
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	34,556				
			7b Less cost or other basis and sales expenses	0				
		(ii) Other	7c	34,556				
		d Net gain or (loss)			34,556			34,556
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a						
	b Less direct expenses	8b						
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities See Part IV, line 19	9a						
b Less direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a PROFESSIONAL SERVICES REVENUE	900099		129,584				129,584	
b MISCELLANEOUS	900099		8,588				8,588	
c								
d All other revenue								
e Total. Add lines 11a-11d			138,172					
12 Total revenue. See instructions			12,102,442	0	0		431,155	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,005,072	8,005,072		
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	296,229	102,165	122,110	71,954
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	1,327,416	685,060	148,493	493,863
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	132,032	70,314	13,798	47,920
9 Other employee benefits	109,941	58,939	6,503	44,499
10 Payroll taxes	113,690	56,468	17,367	39,855
11 Fees for services (non-employees)				
a Management				
b Legal	4,316	1,898	1,089	1,329
c Accounting	28,500		28,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	58,215		58,215	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	609,223	400,040	111,670	97,513
12 Advertising and promotion	373,300	211,899	2,853	158,548
13 Office expenses	16,942	8,690	3,059	5,193
14 Information technology				
15 Royalties				
16 Occupancy	135,927	66,292	29,229	40,406
17 Travel	63,434	21,596	14,270	27,568
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,358	3,475	6,993	6,890
20 Interest	17,540	6,694	5,463	5,383
21 Payments to affiliates	98,018	46,079	22,857	29,082
22 Depreciation, depletion, and amortization	60,075	26,403	15,235	18,437
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 RENTAL & MAINTENANCE	105,914	53,644	21,368	30,902
b DUES	52,851	24,266	12,708	15,877
c TELEPHONE	22,356	9,928	5,316	7,112
d POSTAGE AND SHIPPING	5,233	1,547	1,002	2,684
e All other expenses	1,954	69	1,460	425
25 Total functional expenses. Add lines 1 through 24e	11,655,536	9,860,538	649,558	1,145,440
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	10,744	1	8,101
	2 Savings and temporary cash investments	2,826,798	2	1,906,959
	3 Pledges and grants receivable, net	4,661,948	3	6,023,549
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,903	9	34,589
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 2,811,876		
	b Less accumulated depreciation	10b 2,064,740	756,634	10c 747,136
	11 Investments—publicly traded securities	8,536,020	11	8,535,821
	12 Investments—other securities—See Part IV, line 11	813,068	12	662,524
	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)	17,643,115	16	17,918,679	
Liabilities	17 Accounts payable and accrued expenses	615,703	17	468,144
	18 Grants payable	2,759,223	18	2,480,256
	19 Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	510,000
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,374,926	26	3,458,400
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,018,994	27	5,772,361
	28 Net assets with donor restrictions	8,249,195	28	8,687,918
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	14,268,189	32	14,460,279	
33 Total liabilities and net assets/fund balances	17,643,115	33	17,918,679	

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	12,102,442
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,655,536
3	Revenue less expenses Subtract line 2 from line 1	3	446,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,268,189
5	Net unrealized gains (losses) on investments	5	-254,816
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	14,460,279

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Form 990 (2019)

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. IMPACT IS ACHIEVED THROUGH ENGAGING WITH THE COMMUNITY AND WORKING WITH COMMUNITY VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO IDENTIFY GREATEST NEEDS AND INVEST RESOURCES IN COMMUNITY PROGRAMS TO ACHIEVE 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 ADDRESS THE UNDERLYING CAUSES OF PROBLEMS. UWBCKR ASSEMBLES VOLUNTEERS REPRESENTING BOTH THE BATTLE CREEK AND KALAMAZOO COMMUNITIES, WHO GIVE OF THEIR TIME AND KNOWLEDGE TO DETERMINE WHAT PROGRAMS WILL ACHIEVE THE GREATEST IMPACT ON IDENTIFIED COMMUNITY GOALS. RECIPIENT ORGANIZATIONS OF UWBCKR RESOURCES ARE CAREFULLY MONITORED TO: 1) ENSURE FISCAL RESPONSIBILITY AND APPROPRIATE USE OF RESTRICTED GRANT FUNDS FROM UWBCKR, 2) ENSURE PROGRAM SERVICES ARE DELIVERED WITH FIDELITY IN ACCORDANCE WITH STATED GRANT PROPOSALS, AND 3) EVALUATE THE QUALITY OF THE PROGRAM AND THE IMPACT OF DELIVERED SERVICES ON ACHIEVING MEASURABLE PROGRESS ON THE IDENTIFIED COMMUNITY GOALS. IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS, STUDIES SHOW THAT STUDENTS WHO ARE UNABLE TO READ BY THE END OF THIRD GRADE ARE FOUR TO SIX TIMES MORE LIKELY TO DROP OUT OF HIGH SCHOOL. JUST 30% OF THIRD GRADERS IN ALL DISTRICTS IN THE REGION CAN READ PROFICIENTLY. ASSESSMENT OF AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED PROGRAMS PROVIDING EARLY GRADE READING SUPPORTS DEMONSTRATED THE FOLLOWING RESULTS FOR 2019: OF THE 1,075 STUDENTS PROVIDED UW FUNDED READING SUPPORTS, 585 ACHIEVED THE GOAL OF READING PROFICIENTLY AT THE END OF 3RD GRADE AS MEASURED BY A STATE STANDARDIZED TEST. 13.5% OF THOSE ACHIEVING WERE AFRICAN AMERICAN STUDENTS AND 67.3% WERE ANGLO AMERICAN STUDENTS. IN OUR REGION, BABIES OF COLOR ARE 2 TO 4 TIMES MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY THAN THEIR ANGLO AMERICAN COUNTERPARTS. AGGREGATE DATA COLLECTED FROM UWBCKR SUPPORTED PROGRAMS DEMONSTRATED THE FOLLOWING MEASURABLE PROGRESS ON ADDRESSING THIS STATISTIC IN 2019: 82% OF AFRICAN AMERICAN MOTHERS GAVE BIRTH TO AN INFANT OF HEALTHY WEIGHT. 86% OF MOTHERS SERVED INITIATED BREASTFEEDING. 84% OF AFRICAN AMERICAN MOTHERS SERVED INITIATED BREASTFEEDING. A SIGNIFICANT, ONGOING 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. AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2019: 74,591 FOOD-INSECURE RESIDENTS IN THE BATTLE CREEK AND KALAMAZOO REGION RECEIVED 664,745 HOT/PREPARED MEALS THROUGH MULTIPLE PROGRAMS SUPPORTED BY UNITED WAY. SOME 5,240,621 POUNDS OF FOOD WERE DISTRIBUTED THROUGH FOOD PANTRIES, 1,199,439 POUNDS OF WHICH WERE FRESH FRUIT AND VEGETABLES. UNEMPLOYMENT RATES ARE LOW, BUT THE MAJORITY OF NEW JOBS BEING ADDED IN OUR REGION PAY LESS THAN \$20 AN HOUR. THE RESULT IS A LARGE POPULATION OF PEOPLE WHO WORK BUT DON'T EARN ENOUGH TO AFFORD BASIC NECESSITIES OR MANAGE A MAJOR CRISIS. AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2019: 59% OF INDIVIDUALS WHO RECEIVED UW SUPPORTED WORKFORCE DEVELOPMENT TRAINING ATTAINED CREDENTIALS AND WERE ABLE TO ATTAIN OR ADVANCE EMPLOYMENT, 88% OF THOSE WERE AFRICAN AMERICAN.

Form 990, Part III, Line 4b:

DONOR DESIGNATIONS - UWBCKR ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES APPROXIMATELY 2,565 DONORS DESIGNATED THEIR GIFTS TO 620 AGENCIES IN THE 2019 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

(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			
CHRIS SARGENT PRESIDENT & CEO	40 00 0 00			X				170,888	0	28,542
SCOTT ZONDERVAN INTERIM CFO - PART YEAR	40 00 0 00			X				80,985	0	24,981
STEPHANIE SLINGERLAND BOARD CHAIR	5 00 0 00	X		X				0	0	0
JAMES LIGGINS JR VICE CHAIR	5 00 0 00	X		X				0	0	0
CARLA THOMPSON PAYTON 2ND VICE CHAIR	5 00 0 00	X		X				0	0	0
JONATHAN BYRD SECRETARY	5 00 0 00	X		X				0	0	0
RHONDA NEWMAN TREASURER	5 00 0 00	X		X				0	0	0
ANMAR ATCHU MEMBER	1 00 0 00	X						0	0	0
BECKY BALDWIN MEMBER	1 00 0 00	X						0	0	0
LENZY BELL 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			
KEVIN CARSON MEMBER	1 00 0 00	X						0	0	0
TERRENCE CLARE MEMBER	1 00 0 00	X						0	0	0
DYLAN CROTTY MEMBER	1 00 0 00	X						0	0	0
CAMERON CUMMINS MEMBER	1 00 0 00	X						0	0	0
REBECCA FLUERY MEMBER	1 00 0 00	X						0	0	0
GABRIEL GIRON MEMBER	1 00 0 00	X						0	0	0
MARCUS GLASS MEMBER	1 00 0 00	X						0	0	0
ASHUTOSH GOEL MEMBER	1 00 0 00	X						0	0	0
HEATHER HAYDO MEMBER	1 00 0 00	X						0	0	0
DAVE KARNES 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			
KAY KECK MEMBER	1 00 0 00	X						0	0	0
TODD MCDONALD IMMEDIATE PAST CHAIR	1 00 0 00	X						0	0	0
ROBERT MILLER MEMBER	1 00 0 00	X						0	0	0
TRACY MILLER MEMBER	1 00 0 00	X						0	0	0
STEVE POWELL MEMBER	1 00 0 00	X						0	0	0
CECILY CAGLE MEMBER - PART YEAR	1 00 0 00	X						0	0	0
DON COPPO MEMBER - PART YEAR	1 00 0 00	X						0	0	0
TRAVIS CREE MEMBER - PART YEAR	1 00 0 00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

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

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, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	14,637,656	12,229,466	11,234,445	10,677,431	11,671,287	60,450,285
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	14,637,656	12,229,466	11,234,445	10,677,431	11,671,287	60,450,285
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)						567,998
6 Public support. Subtract line 5 from line 4						59,882,287

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	14,637,656	12,229,466	11,234,445	10,677,431	11,671,287	60,450,285
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	327,414	279,315	278,889	283,308	258,427	1,427,353
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.)	331,062	346,772	400,511	122,112	138,172	1,338,629
11 Total support. Add lines 7 through 10						63,216,267
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 2019 (line 6, column (f) divided by line 11, column (f))	14	94.730 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	95.320 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
		11a	
		11b	
		11c	

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>		
		1	
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>		
		2	

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>		
		1	

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?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
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>		
		3	

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>	Yes	No
		2a	
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>		
		2b	
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>		
		3a	
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>		
		3b	

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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	
7	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - 2015 AMOUNT \$ 331,062 2016 AMOUNT \$ 346,772 2017 AMOUNT \$ 400,511 2018 AMOUNT \$ 122,112 2019 AMOUNT \$ 138,172

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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. Table with columns: Line number, Held at the End of the Year (2a-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
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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	6,668	6,977	9,013	9,728	1,228
d Grants or scholarships					
e Other expenditures for facilities and programs	6,668	6,977	9,013	9,728	1,228
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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

- 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		1,841,703	1,393,161	448,542
c Leasehold improvements		99,539	66,396	33,143
d Equipment		699,968	605,183	94,785
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				747,136

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.

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

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	10,566,369
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-254,816
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	-254,816
3	Subtract line 2e from line 1	3	10,821,185
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	58,215
b	Other (Describe in Part XIII)	4b	1,223,042
c	Add lines 4a and 4b	4c	1,281,257
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,102,442

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	10,374,279
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	10,374,279
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	58,215
b	Other (Describe in Part XIII)	4b	1,223,042
c	Add lines 4a and 4b	4c	1,281,257
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	11,655,536

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 XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,223,042

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,223,042

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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...
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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 100
3 Enter total number of other organizations listed in the line 1 table 3

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
ACTION FOR HEALTHY KIDS 600 W VAN BUREN ST UNIT 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	9,229		N/A	N/A	DONOR DESIGNATED
AEQUITAS MOBILITY SERVICES 4950 W DICKMAN RD BATTLE CREEK, MI 49037	82-4674387	501(C)(3)	27,375		N/A	N/A	AMS BASIC NEEDS TRANSPORTATION SERVICES

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 CT KALAMAZOO, MI 49009	53-0196605	501(C)(3)	37,720		N/A	N/A	ADDRESSING COMMUNITY EMERGENCIES
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION 63 NORTH 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	18,914		N/A	N/A	DONOR DESIGNATED

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 FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	20,000		N/A	N/A	DISASTER RELIEF
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN BATTLE CREEK, MI 49017	38-6000746	GOVERNMENTAL	207,200		N/A	N/A	EARLY GRADE READING ACHIEVEMENT PROGRAM (EGRAP), MULTI-TIERED SYSTEM OF SUPPORT, BREAKFAST IN THE CLASSROOM

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
BERGEN COUNTY UNITED WAY 6 FOREST AVENUE PARAMUS, NJ 07652	22-6028959	501(C)(3)	9,514		N/A	N/A	DONOR DESIGNATED
BIG BROTHERS BIG SISTERS OF SOUTHWEST MI 3501 COVINGTON ROAD KALAMAZOO, MI 49001	38-1720832	501(C)(3)	90,440		N/A	N/A	DONOR DESIGNATED, HIGH SCHOOL BIGS MENTORING, BIGS IN BUSINESS

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 OF AMERICA MICHIGAN CROSSROADS COUNCIL 3497 S 9TH ST KALAMAZOO, MI 49009	45-4003240	501(C)(3)	7,116		N/A	N/A	DONOR DESIGNATED
BOYS & GIRLS CLUBS OF GREATER KALAMAZOO 915 LAKE STEET KALAMAZOO, MI 49001	38-1627080	501(C)(3)	207,861		N/A	N/A	DONOR DESIGNATED, SOCIAL EMOTIONAL WELLBEING, NORTHEASTERN PROGRAMMING

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
BRONSON HEALTH FOUNDATION 601 JOHN ST KALAMAZOO, MI 49007	38-2415081	501(C)(3)	40,400		N/A	N/A	CRADLE KAL EXECUTIVE DIRECTOR, CHILD ADVOCACY CENTER, SEXUAL ASSAULT PREVENTION
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT 190 E MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-6004358	GOVERNMENTAL	75,000		N/A	N/A	NURSE-FAMILY PARTNERSHIP

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 INTERMEDIATE SCHOOL DISTRICT 17111 G DRIVE NORTH MARSHALL, MI 49068	38-6062816	GOVERNMENTAL	115,000		N/A	N/A	CALHOUN ISD EARLY CHILDHOOD SERVICES, GREAT START THREE YEAR OLD SCHOLARSHIP PROGRAM
CALVARY BIBLE CHURCH EAST 5495 E MAIN ST KALAMAZOO, MI 49048	27-2081606	501(C)(3)	15,080		N/A	N/A	DONOR DESIGNATED

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-DIOCESE OF KALAMAZOO 1819 GULL RD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	237,270		N/A	N/A	DONOR DESIGNATED, CARING NETWORK, THE ARK SERVICES FOR YOUTH
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	133,205		N/A	N/A	DONOR DESIGNATED, CLOTHING CHILDREN AND FAMILIES IN NEED, MENSES MANAGEMENT

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 ACTION 175 MAIN ST BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	280,000		N/A	N/A	EMERGENCY SERVICES - BASIC NEEDS & INCOME
COMMUNITY HEALING CENTER 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	145,625		N/A	N/A	DONOR DESIGNATED, STREET, DISASTER RELIEF ADDICTION & PREVENTION SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS, BEHAVIORAL HEALTH, HOUSING

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 HOMEWORKS 810 BRYANT STREET KALAMAZOO, MI 49001	27-1037159	501(C)(3)	60,000		N/A	N/A	AFFORDABLE SUSTAINABILITY FOR LOW-INCOME HOMEOWNERS
COMMUNITY SERVICE CHARITIES 315 N BURDICK ST KALAMAZOO, MI 49007	14-1900931	501(C)(3)	15,000		N/A	N/A	CENSUS

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)	50,000		N/A	N/A	COMMUNITY LEARNING CENTER - PRESCHOOL PROGRAM
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 E CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501(C)(3)	24,780		N/A	N/A	DISASTER RELIEF, INDEPENDENT LIVING SERVICES

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
EL CONCILIOHISPANIC AMERICAN COUNCIL 930 LAKE STREET A KALAMAZOO, MI 49001	38-2437758	501(C)(3)	31,500		N/A	N/A	EL CONCILIO-BRIDGING COMMUNITY, ACADEMY AZTEC
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO, MI 49001	38-2188101	501(C)(3)	164,203		N/A	N/A	DONOR DESIGNATED, COACHING PARENTS FOR CHANGE BREAKING THE CYCLE OF ABUSE AND NEGLECT

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
FAMILY ENRICHMENT CENTER 415 S 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	45,000		N/A	N/A	CHILD CARE ASSISTANCE
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	11,059		N/A	N/A	DONOR DESIGNATED

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
FOOD BANK OF SOUTH CENTRAL MI PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	220,000		N/A	N/A	FOOD DISTRIBUTION
FOOD RESEARCH AND ACTION CENTER 1200 18TH ST NW SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	5,410		N/A	N/A	DONOR DESIGNATED

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
GFM THE SYNERGY CENTER 625 HARRISON ST KALAMAZOO, MI 49007	20-0034091	501(C)(3)	23,125		N/A	N/A	SUBSTANCE ABUSE, URBANZONE
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND 4820 WAYNE ROAD BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	100,000		N/A	N/A	FOC (FINANCIAL OPPORTUNITIES CENTER), VITA, GOODWILL CONNECTS

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
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO, MI 49001	38-1558550	501(C)(3)	38,535		N/A	N/A	BASIC NEEDS, FINANCIAL COACHING
GRACE HEALTH 181 WEST EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	250,000		N/A	N/A	COORDINATED APPROACH TO CARE FOR WOMEN OF CHILDBEARING AGE, PREGNANT WOMEN AND INFANTS

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
GRYPHON PLACE 3245 S 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	322,288		N/A	N/A	SUPPORT 2019 ELLAS TRAINING, YOUTH CONFLICT RESOLUTION PROGRAM, 211 PREGNANCY/INFANT SCREENING
GUARDIAN FINANCE & ADVOCACY SERVICES 18 MICHIGAN AVENUE STE 300 BATTLE CREEK, MI 49017	38-2282034	501(C)(3)	20,000		N/A	N/A	GUARDIANSHIP

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
HEART OF WEST MICHIGAN UNITED WAY UNITED WAY CENTER 118 COMMERCE AVE SW STE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	12,845		N/A	N/A	DONOR DESIGNATED
HOSPICE CARE OF SOUTHWEST MI 222 N KALAMAZOO MALL STE 100 KALAMAZOO, MI 49007	38-2293985	501(C)(3)	18,416		N/A	N/A	DONOR DESIGNATED

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
HOUSING RESOURCES INC 420 E ALCOTT ST 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	455,266		N/A	N/A	DONOR DESIGNATED, EMERGENCY SHELTER PARTNERSHIP, EVICTION DIVERSION, FAMILY STABILITY FOR EDUCATIONAL SUCCESS PROGRAM (SIEMER), HOUSING STABILIZATION PARTNERSHIP
HUMANE SOCIETY - NATIONAL (DE) 40 EAST MAIN STREET SUITE364-I NEWARK, DE 19711	58-2399783	501(C)(3)	5,200		N/A	N/A	DONOR DESIGNATED

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

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HUMANERGY 213 W MANSION STREET MARSHALL, MI 49068	38-3521328		50,940		N/A	N/A	CONTRACT FOR FACILITATION OF EXECUTIVE LEADERSHIP LAB
JONS TO GO 2675 EAST STERNBERG ROAD MUSKEGON, MI 49444	38-3579603		7,700		N/A	N/A	DISASTER RELIEF

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
KALAMAZOO ANIMAL RESCUE PO BOX 3295 KALAMAZOO, MI 49003	38-3058537	501(C)(3)	5,255		N/A	N/A	DONOR DESIGNATED
KALAMAZOO CHRISTIAN SCHOOL ASSOCIATION 2121 STADIUM DRIVE KALAMAZOO, MI 49008	38-1871520	501(C)(3)	5,108		N/A	N/A	DONOR DESIGNATED

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
KALAMAZOO COMMUNITY FOUNDATION 402 EAST MICHIGAN AVENUE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	36,740		N/A	N/A	DONOR DESIGNATED
KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES 3299 GULL RD KALAMAZOO, MI 49048	38-6004860	GOVERNMENTAL	150,000		N/A	N/A	FATHERHOOD INITIATIVE, MATERNAL CHILD HEALTH DIVISION NURSE FAMILY PARTNERSHIP 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
KALAMAZOO COUNTY READY 4S 259 E MICHIGAN AVENUE SUITE 209 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	76,799		N/A	N/A	DONOR DESIGNATED, KALAMAZOO COUNTY & ENGAGED FAMILIES READY 4 SUCCESS
KALAMAZOO DROP-IN CHILD CARE CENTER 345 W MICHIGAN AVE KALAMAZOO, MI 49007	38-1359203	501(C)(3)	20,000		N/A	N/A	KALAMAZOO DROP-IN CHILD CARE CENTER

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

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KALAMAZOO GOSPEL MISSION 448 N BURDICK ST KALAMAZOO, MI 49007	38-1877515	501(C)(3)	41,545		N/A	N/A	DONOR DESIGNATED, DISASTER RELIEF
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	38-2420575	501(C)(3)	10,429		N/A	N/A	DONOR DESIGNATED

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
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES INC 1219 SOUTH PARK STREET KALAMAZOO, MI 49001	38-2391442	501(C)(3)	75,000		N/A	N/A	NEW HOMEOWNER SERVICES, INCREASE SPANISH LANGUAGE SERVICE
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) 1819 E MILHAM AVENUE PORTAGE, MI 49002	38-2478137	GOVERNMENTAL	410,000		N/A	N/A	EARLY GRADE READING, PARENTS AS TEACHERS, CAREERNOW, VITA

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
KIDS CAMPUS INC 75 IRVING PARK BATTLE CREEK, MI 49037	38-1426880	501(C)(3)	30,000		N/A	N/A	REMOVING BARRIERS TO SCHOOL READINESS PROGRAM
KYD NETWORK 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	82-4427471	501(C)(3)	25,000		N/A	N/A	SEL INITIATIVE

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
LAKEVIEW SCHOOL DISTRICT 435 LINCOLN HILL DRIVE BATTLE CREEK, MI 49015	38-6000747	GOVERNMENTAL	40,000		N/A	N/A	EARLY READING PROGRAM
LEGAL AID OF WESTERN MICHIGAN 201 W KALAMAZOO SUITE 427 KALAMAZOO, MI 49007	38-2156874	501(C)(3)	55,000		N/A	N/A	EVICTION 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
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN 123 W TERRITORIAL ROAD BATTLE CREEK, MI 49015	38-1845444	501(C)(3)	88,000		N/A	N/A	EVICTION DIVERSION/HOUSING OPPORTUNITY
LIGHT OF CHRIST ACADEMY 12648 EAST D AVENUE AUGUSTA, MI 49012	83-3072806	501(C)(3)	5,060		N/A	N/A	DONOR DESIGNATED

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
LOCAL INITIATIVES SUPPORT CORPORATION 201 W MICHIGAN AVE 310 KALAMAZOO, MI 49007	13-3030229	501(C)(3)	10,000		N/A	N/A	CONTINUUM OF CARE (COC)
LORI'S VOICE PO BOX 66 COOPERSVILLE, MI 49404	45-3966631	501(C)(3)	9,635		N/A	N/A	DONOR DESIGNATED

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
MICHIGAN WORKS SOUTHWEST 222 S WESTNEDGE KALAMAZOO, MI 49007			40,000		N/A	N/A	COHORTS OF VISION TRAINING, BC EMPLOYEE RESOURCE FUND
MINISTRY WITH COMMUNITY 500 NORTH EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501(C)(3)	108,767		N/A	N/A	DONOR DESIGNATED, DISASTER RELIEF, RESOURCE CENTER AND DROP IN 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
MOTHERS OF HOPE 603 ADA STREET KALAMAZOO, MI 49007	27-0228453	501(C)(3)	18,200		N/A	N/A	CENSUS
MRC INDUSTRIES INC 2538 S 26TH STREET KALAMAZOO, MI 49048	38-1911437	501(C)(3)	85,198		N/A	N/A	MRC EMPLOYMENT

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
NEIGHBORHOODS INC OF BATTLE CREEK 47 N WASHINGTON AVE BATTLE CREEK, MI 49037	38-2375773	501(C)(3)	25,000		N/A	N/A	FEDERAL HOME LOAN BANK
NEW GENESIS INC 1225 PATERSON STREET KALAMAZOO, MI 49007	38-2338855	501(C)(3)	50,000		N/A	N/A	NEW GENESIS SUCCESS ACADEMY K-3 READING

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
NO KID HUNGRY BY SHARE OUR STRENGTH 1030 15TH ST NW SUITE 1100 W WASHINGTON, DC 20005	52-1367538	501(C)(3)	13,250		N/A	N/A	DONOR DESIGNATED
NORTHSIDE ASSOCIATION FOR COMMUNITY DEVELOPMENT 612 N PARK ST KALAMAZOO, MI 49007	38-2536811	501(C)(3)	11,868		N/A	N/A	CENSUS

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
PARKS FOUNDATION OF KALAMAZOO CO KRVT PO BOX 50467 KALAMAZOO, MI 49005	38-2886994	501(C)(3)	34,000		N/A	N/A	DONOR DESIGNATED
PORTAGE COMMUNITY OUTREACH CENTER 325 E CENTRE ST KALAMAZOO, MI 49002	38-2178011	501(C)(3)	59,000		N/A	N/A	EMERGENCY ASSISTANCE 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
PREVENTION WORKS 611 WHITCOMB SUITE A KALAMAZOO, MI 49008	38-3264831	501(C)(3)	48,700		N/A	N/A	DONOR DESIGNATED, HIGH SCHOOL CATALYST AWARD, AFTER SCHOOL PROGRAMMING
READ AND WRITE KALAMAZOO (RAWK) 802 SOUTH WESTNEDGE KALAMAZOO, MI 49008	47-5372831	501(C)(3)	5,250		N/A	N/A	RAWK READERS' ROOM

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
ROOTEAD FAMILY ENRICHMENT CENTER 1501 FULFORD KALAMAZOO, MI 49001	47-1161414	501(C)(3)	25,000		N/A	N/A	ROOTEAD CONTINUUM FAMILY ENRICHMENT
SAFE PLACE SHELTER PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	93,067		N/A	N/A	DISASTER RELIEF, DONOR DESIGNATED, DOMESTIC VIOLENCE - 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
SAUGATUCK CENTER FOR THE ARTS 400 CULVER ST PO BOX 940 SAUGATUCK, MI 49453	38-3557693	501(C)(3)	6,000		N/A	N/A	DONOR DESIGNATED
SECOND'S NEW VISION AND OUTREACH MINISTRIES 485 WASHINGTON AVE N BATTLE CREEK, MI 49037	38-2926101	501(C)(3)	10,875		N/A	N/A	"WE'RE READING!" AFTERSCHOOL LITERACY INCENTIVE PROGRAM (INNOVATIVE/INTERIM)

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
SENIOR SERVICES INC 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501(C)(3)	233,003		N/A	N/A	DONOR DESIGNATED, HOME DELIVERED MEALS, DISASTER RELIEF
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49037	38-3022871	501(C)(3)	96,544		N/A	N/A	DISASTER RELIEF, COMMUNITY MEALS PROGRAM, CONTINUUM OF CARE (COC)

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 LANE SUITE LL 100 KALAMAZOO, MI 49002	38-2055709	501(C)(3)	100,000		N/A	N/A	ACHIEVE SUCCESS, READ TO SUCCEED
SOUTH COUNTY COMMUNITY SERVICES 105 S KALAMAZOO STREET VICKSBURG, MI 49097	38-1961745	501(C)(3)	46,000		N/A	N/A	SOUTH COUNTY COMMUNITY SERVICES - BASIC NEEDS SERVICES

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
SOUTH MICHIGAN FOOD BANK 5451 WAYNE ROAD BATTLE CREEK, MI 49037	38-2445948	501(C)(3)	139,411		N/A	N/A	DONOR DESIGNATED, DISASTER RELIEF
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	25,000		N/A	N/A	SOJOURNER TRUTH GIRLS ACADEMY

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 JOSEPH COUNTY UNITED WAY 660 E MAIN ST CENTREVILLE, MI 49032	38-6095409	501(C)(3)	5,023		N/A	N/A	DONOR DESIGNATED
ST LUKE'S EPISCOPAL CHURCH 247 WEST LOVELL STREET KALAMAZOO, MI 49007	38-1369613	501(C)(3)	30,000		N/A	N/A	ST LUKE'S DIAPER BANK

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
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	40,000		N/A	N/A	THE NATIONAL INSTITUTE FOR TRAUMA AND LOSS IN CHILDREN (TLC)
SUMMIT POINTE 140 WEST MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	70,875		N/A	N/A	DISASTER RELIEF

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
TEMPLE BNAI ISRAEL 4409 GRAND PRAIRIE KALAMAZOO, MI 49006	38-6069296	501(C)(3)	12,500		N/A	N/A	DONOR DESIGNATED
THE HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	72,968		N/A	N/A	DISASTER RELIEF, GAIN ACCESS PROGRAM (GAP)

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	38-1370971	501(C)(3)	101,100		N/A	N/A	DISASTER RELIEF, SOCIAL SERVICES
THE SALVATION ARMY - KALAMAZOO COUNTY 1700 S BURDICK ST KALAMAZOO, MI 49001	36-2167910	501(C)(3)	73,286		N/A	N/A	DONOR DESIGNATED, 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
TRI COUNTY LABOR AGENCY 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	105,950		N/A	N/A	DONOR DESIGNATED, TRI-COUNTY LABOR AGENCY FOOD BANK PANTRY
UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202	31-0537502	501(C)(3)	6,400		N/A	N/A	DONOR DESIGNATED

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

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UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501(C)(3)	11,784		N/A	N/A	DONOR DESIGNATED
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY INC 51 SLEEPER ST BOSTON, MA 02210	04-2382233	501(C)(3)	10,080		N/A	N/A	DONOR DESIGNATED

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

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UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE SAINT JOSEPH, MI 49085	38-1358411	501(C)(3)	15,362		N/A	N/A	DONOR DESIGNATED
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SUITE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	7,704		N/A	N/A	DONOR DESIGNATED

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 PEASE INTERNATIONAL TRADEPORT 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 03801	04-2382233	501(C)(3)	8,413		N/A	N/A	DONOR DESIGNATED
URBAN ALLIANCE INC 1009 E STOCKBRIDGE SUITE 100 KALAMAZOO, MI 49001	20-4969751	501(C)(3)	85,037		N/A	N/A	DONOR DESIGNATED, MOMENTUM URBAN EMPLOYMENT INITIATIVE

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
VICTORY LIFE CHURCH 6892 D DRIVE NORTH BATTLE CREEK, MI 49014	23-7279369	501(C)(3)	20,762		N/A	N/A	DONOR DESIGNATED
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	141,896		N/A	N/A	DISASTER RELIEF, CREATIVE LEADERS UNITED, ELEMENTARY TUTORING, FAMILY LEADERSHIP INSTITUTE, ENGLISH AS A SECOND LANGUAGE

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 300 PORTAGE STREET KALAMAZOO, MI 49007	45-4135256	501(C)(3)	106,105		N/A	N/A	CRADLE DATA BACKBONE, FIMR, SAFE SLEEP TRAIN THE TRAINER
WOMAN'S CO-OP COLLABORATIVE 2055 E COLUMBIA AVE BATTLE CREEK, MI 49017	26-2699012	501(C)(3)	20,000		N/A	N/A	SOLUTIONS HIGHWAY

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
WOODLAND CHURCH OF BATTLE CREEK 14425 HELMER ROAD SOUTH BATTLE CREEK, MI 49015	93-0805254	501(C)(3)	11,700		N/A	N/A	DONOR DESIGNATED
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501(C)(3)	50,733		N/A	N/A	DONOR DESIGNATED, FALL/WINTER 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
YOUNG WOMENS CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN 353 E MICHIGAN AVENUE KALAMAZOO, MI 49007	38-1360598	501(C)(3)	585,213		N/A	N/A	DONOR DESIGNATED, NORTHSIDE PRESCHOOL, READY TO LEARN AND GROW, HOME VISITATION PROGRAM, CRADLE KALAMAZOO, COMMUNITY HEALTH WORKER, YOUTH TRAUMA INTERVENTION SERVICES, DOMESTIC VIOLENCE SHELTER, SEXUAL ASSAULT SUPPORTIVE SERVICES

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

2019

Open to Public Inspection

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

Employer identification number
38-1359193

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" 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)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" 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)				
<p>b If any of the boxes on 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</p>	1b	Yes			
<p>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 on Line 1a?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" 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 checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" 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 checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

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	17	138,213	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	
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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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a	Yes	
33		

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 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 2019.

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