

Public Disclosure Copy

Form 990

****PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS****

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization UNITED WAY OF 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 F Name and address of principal officer: CHRISTIPHER SARGENT SAME AS C ABOVE | D Employer identification number 38-1359193 E Telephone number (269) 343-2524 G Gross receipts \$ 13,491,399. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CHANGETHESTORY.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 | | |
| | 2 | Check this box <input type="checkbox"/> 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 | 24 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 51 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 5192 |
| | 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 34 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 12,229,466. | 11,234,445. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 278,239. | 637,138. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 362,882. | 410,521. |
| | | | 12,870,587. | 12,282,104. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,050,877. | 9,770,200. |
| | 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) | 2,076,395. | 2,073,296. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,200,227. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,763,246. | 1,753,902. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13,890,518. | 13,597,398. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,019,931. | -1,315,294. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 20,499,929. | 18,589,507. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,650,369. | 3,262,702. |
| | | | 16,849,560. | 15,326,805. |

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 CHRISTIPHER SARGENT, PRESIDENT/CEO Type or print name and title | Date _____ | | |
| Paid Preparer Use Only | Print/Type preparer's name VICKI L. VANDENBERG, CPA | Preparer's signature VICKI L. VANDENBERG | Date 08/08/18 | Check <input type="checkbox"/> if self-employed PTIN P00100422 |
| | Firm's name ▶ PLANTE & MORAN, PLLC | Firm's EIN ▶ 38-1357951 | | |
| | Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002 | | Phone no. 269-567-4500 | |

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 7,544,992. including grants of \$ 7,544,992.) (Revenue \$ _____)
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

4b (Code: _____) (Expenses \$ 1,800,120. including grants of \$ 1,800,120.) (Revenue \$ _____)
DONOR DESIGNATIONS - UWBCKR ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES. APPROXIMATELY 3,722 DONORS DESIGNATED THEIR GIFTS TO 669 AGENCIES IN THE 2017 CAMPAIGN.

4c (Code: _____) (Expenses \$ 1,830,421. including grants of \$ _____) (Revenue \$ _____)
**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.**

4d Other program services (Describe in Schedule O.)
(Expenses \$ 425,089. including grants of \$ 425,089.) (Revenue \$ _____)

4e Total program service expenses **11,600,622.**

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

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**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Form 990 (2017)

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | | |
| 2b | 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) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 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)? | | X |
| 4b | 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). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a | 24 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b | 24 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DAVE HEALY - (269) 343-2524**
709 S WESTNEDGE AVENUE, KALAMAZOO, MI 49007

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| (1) TODD MCDONALD BOARD CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (2) KATHY YOUNG VICE CHAIR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) STEPHANIE SLINGERLAND SECRETARY | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (4) RHONDA NEWMAN TREASURER | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JOHN BIEVER SECRETARY - PART YEAR | 5.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (6) ANMAR ATCHU MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) BECKY BALDWIN MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) BOB BETZIG MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) JON BYRD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) CECILY CAGLE MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) DON COPPO MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) MARK CRAWFORD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) GABRIEL GIRION MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) TIM KOOL MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) JAMES LIGGINS MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) KEVIN LOBO MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) RENEE MCPARLAN MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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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 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 | | | |
| (18) BOB MILLER MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) LINDA MILLER MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) SYDNEY PARFET MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) PAVAN PATTADA MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) STEVE POWELL MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) BEV RILEY MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) ERICK STEWART MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) CARLA THOMPSON MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) JENNIFER PURUCKER MEMBER - PART YEAR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 374,549. | 0. | 46,823. |
| d Total (add lines 1b and 1c) | | | | | | | | 374,549. | 0. | 46,823. |

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

| | 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> | | X |
| 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> | X | |
| 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> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 | 1 a 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 | 11,234,445. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 154,569. | | | | |
| | h Total. Add lines 1a-1f | | 11,234,445. | | | | |
| Program Service Revenue | 2 a _____ | | Business Code | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 268,879. | | | 268,879. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross rents | | (i) Real | 10,010. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 0. | | | | |
| c Rental income or (loss) | | | 10,010. | | | | |
| d Net rental income or (loss) | | | 10,010. | | | 10,010. | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | 1,577,554. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 1,209,295. | | | | |
| | | c Gain or (loss) | 368,259. | | | | |
| d Net gain or (loss) | | | 368,259. | | | 368,259. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISCELLANEOUS | | 900099 | 278,706. | | | 278,706. | |
| b PROFESSIONAL SERVICES REVENUE | | 900099 | 121,805. | | | 121,805. | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 400,511. | | | | |
| 12 Total revenue. See instructions. | | | 12,282,104. | 0. | 0. | 1,047,659. | |

**UNITED WAY OF THE BATTLE CREEK AND
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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 | 9,770,200. | 9,770,200. | | |
| 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 | 313,293. | 122,136. | 157,744. | 33,413. |
| 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 | 1,381,909. | 644,274. | 255,576. | 482,059. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 144,894. | 68,064. | 35,019. | 41,811. |
| 9 Other employee benefits | 120,473. | 60,140. | 18,196. | 42,137. |
| 10 Payroll taxes | 112,727. | 51,607. | 26,598. | 34,522. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,887. | 794. | 498. | 595. |
| c Accounting | 22,990. | | 22,990. | |
| d Lobbying | 800. | | 800. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 82,215. | | 82,215. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 633,338. | 421,951. | 51,800. | 159,587. |
| 12 Advertising and promotion | 406,373. | 194,572. | 4,713. | 207,088. |
| 13 Office expenses | 44,025. | 24,855. | 6,055. | 13,115. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 101,056. | 42,524. | 26,679. | 31,853. |
| 17 Travel | 44,013. | 21,739. | 4,200. | 18,074. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 64,847. | 29,294. | 12,609. | 22,944. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 137,470. | 57,847. | 36,292. | 43,331. |
| 22 Depreciation, depletion, and amortization | 87,342. | 36,754. | 23,058. | 27,530. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DUES | 63,784. | 27,775. | 15,630. | 20,379. |
| b RENTAL & MAINTENANCE | 28,357. | 11,933. | 7,486. | 8,938. |
| c TELEPHONE | 19,091. | 7,932. | 4,821. | 6,338. |
| d POSTAGE AND SHIPPING | 7,518. | 2,394. | 1,341. | 3,783. |
| e All other expenses | 8,796. | 3,837. | 2,229. | 2,730. |
| 25 Total functional expenses. Add lines 1 through 24e | 13,597,398. | 11,600,622. | 796,549. | 1,200,227. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

**UNITED WAY OF THE BATTLE CREEK AND
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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 4,918. | 1 | 3,566. |
| | 2 Savings and temporary cash investments | 1,976,659. | 2 | 1,542,701. |
| | 3 Pledges and grants receivable, net | 6,374,975. | 3 | 5,267,443. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 19,423. | 9 | 20,307. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 2,709,059. | | |
| | b Less: accumulated depreciation | 1,938,509. | 784,766. | 10c |
| | 11 Investments - publicly traded securities | 10,605,906. | 11 | 10,189,150. |
| | 12 Investments - other securities. See Part IV, line 11 | 733,282. | 12 | 795,790. |
| | 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) | 20,499,929. | 16 | 18,589,507. | |
| Liabilities | 17 Accounts payable and accrued expenses | 594,808. | 17 | 529,834. |
| | 18 Grants payable | 3,053,898. | 18 | 2,731,205. |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,663. | 25 | 1,663. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,650,369. | 26 | 3,262,702. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,679,786. | 27 | 6,511,852. |
| | 28 Temporarily restricted net assets | 10,169,774. | 28 | 8,814,953. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 16,849,560. | 33 | 15,326,805. | |
| 34 Total liabilities and net assets/fund balances | 20,499,929. | 34 | 18,589,507. | |

Form **990** (2017)

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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 | 12,282,104. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,597,398. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,315,294. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,849,560. |
| 5 | Net unrealized gains (losses) on investments | 5 | -207,461. |
| 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 | 15,326,805. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 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? _____ | | X |
| 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 _____ | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
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| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 14919925. | 13561769. | 14637656. | 12229466. | 11234445. | 66583261. |
| 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 | 14919925. | 13561769. | 14637656. | 12229466. | 11234445. | 66583261. |
| 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) | | | | | | 7688906. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 58894355. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 14919925. | 13561769. | 14637656. | 12229466. | 11234445. | 66583261. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 292,633. | 334,935. | 327,414. | 279,315. | 278,889. | 1513186. |
| 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.) | 360,657. | 354,326. | 331,062. | 346,772. | 400,511. | 1793328. |
| 11 Total support. Add lines 7 through 10 | | | | | | 69889775. |
| 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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 84.27 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 83.09 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | 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 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

UNITED WAY OF THE BATTLE CREEK AND

Schedule A (Form 990 or 990-EZ) 2017 KALAMAZOO REGION

38-1359193 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER RELATED INCOME

2013 AMOUNT: \$ 230,570.

2014 AMOUNT: \$ 354,326.

2015 AMOUNT: \$ 331,062.

2016 AMOUNT: \$ 346,772.

2017 AMOUNT: \$ 400,511.

FUNDRAISING EVENT INCOME

2013 AMOUNT: \$ 130,087.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Employer identification number

38-1359193

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 1,032,314. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 284,239. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 546,829. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| | | | |
|---|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2017**

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 800. |
| j Total. Add lines 1c through 1i | | | 800. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES TOPICS CONSISTED OF 2-1-1, VITA FUNDS, EARLY CHILDHOOD EDUCATION, HEATING ASSISTANCE, AND ACCESS TO HEALTHCARE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 250,000. | 250,000. | 250,000. | 250,000. | 250,000. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 9,013. | 9,728. | 1,228. | 6,206. | 9,423. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 9,013. | 9,728. | 1,228. | 6,206. | 9,423. |
| 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 100.00 %
- 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) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 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 | | 1,806,888. | 1,316,531. | 490,357. |
| c Leasehold improvements | | 99,539. | 59,266. | 40,273. |
| d Equipment | | 631,966. | 562,712. | 69,254. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 770,550. |

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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. (Col. (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. (Col. (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) AGENCY ACCOUNTS | 1,663. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,663. |

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

UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

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 | 10,192,308. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -207,461. | |
| 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 | -207,461. | |
| 3 | Subtract line 2e from line 1 | 3 | 10,399,769. | |
| 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 | 82,215. | |
| b | Other (Describe in Part XIII.) | 4b | 1,800,120. | |
| c | Add lines 4a and 4b | 4c | 1,882,335. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 12,282,104. | |

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

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

| | | | | |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 11,715,063. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 0. | |
| 3 | Subtract line 2e from line 1 | 3 | 11,715,063. | |
| 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 | 82,215. | |
| b | Other (Describe in Part XIII.) | 4b | 1,800,120. | |
| c | Add lines 4a and 4b | 4c | 1,882,335. | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 13,597,398. | |

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.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL OPERATIONS OF THE ORGANIZATION.

PART X, LINE 2:

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

UNITED WAY OF THE BATTLE CREEK AND
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Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,800,120.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,800,120.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|--|
| AFL CIO/SC MI TRI-COUNTY LABOR COUNCIL - 5906 EAST MORGAN ROAD - BATTLE CREEK, MI 49017 | 38-2181989 | 501(C)(3) | 136,390. | 0. | | | CONTRACT |
| ALLEGAN COUNTY UNITED WAY 650 GRAND STREET ALLEGAN, MI 49010 | 38-6063214 | 501(C)(3) | 31,327. | 0. | | | DONOR DESIGNATIONS |
| ALTERNATIVES OF KALAMAZOO CRISIS PREGNANCY CENTER - 4200 W. MICHIGAN AVE., STE 100 - KALAMAZOO, MI 49006 | 38-2850563 | 501(C)(3) | 7,855. | 0. | | | DONOR DESIGNATIONS |
| AMERICAN RED CROSS 414 E MICHIGAN AVENUE KALAMAZOO, MI 49007 | 53-0196605 | 501(C)(3) | 65,574. | 0. | | | ADDRESSING COMMUNITY EMERGENCIES, DONOR DESIGNATIONS |
| ATHENS AREA COMMUNITY FOUNDATION CYNTHIA LEACH, EXECUTIVE DIRECTOR P ATHENS, MI 49011 | 38-2045459 | 501(C)(3) | 5,958. | 0. | | | DONOR DESIGNATIONS |
| BARRY COUNTY UNITED WAY 231 S BROADWAY HASTINGS, MI 49058 | 38-6062803 | 501(C)(3) | 16,939. | 0. | | | DONOR DESIGNATIONS |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 120.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**UNITED WAY OF THE BATTLE CREEK AND
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 AREA CATHOLIC SCHOOLS FOUNDATION - 63 NORTH 24TH STREET - BATTLE CREEK, MI 49015 | 38-2477841 | 501(C)(3) | 16,547. | 0. | | | DONOR DESIGNATIONS |
| BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN ST BATTLE CREEK, MI 49017 | 38-6000746 | GOVERNMENTAL | 229,840. | 0. | | | BREAKFAST IN THE CLASSROOM, EARLY GRADE READING ACHIEVEMENT PROGRAM (EGRAP), |
| BC PULSE 200 W. VAN BUREN ST BATTLE CREEK, MI 49017 | 38-6005984 | GOVERNMENTAL | 26,194. | 0. | | | EARLY GRADE READING ACHIEVEMENT PROGRAM (EGRAP) |
| BERGEN COUNTY UNITED WAY 6 FOREST AVENUE PARAMUS, NJ 07652 | 22-6028959 | 501(C)(3) | 7,944. | 0. | | | ATTENDANCE MATTERS |
| BERRIEN COUNTY UNITED WAY 2015 LAKEVIEW AVENUE SAINT JOSEPH, MI 49085 | 38-1358411 | 501(C)(3) | 15,304. | 0. | | | DONOR DESIGNATIONS |
| BIG BROTHERS BIG SISTERS 3501 COVINGTON ROAD KALAMAZOO, MI 49001 | 38-1720832 | 501(C)(3) | 95,148. | 0. | | | HIGH SCHOOL BIGS MENTORING, BIGS IN BUSINESS, DONOR DESIGNATIONS |
| BOY SCOUTS OF AMERICA, MICHIGAN CROSSROADS COUNCIL - 1791 W COLUMBIA - BATTLE CREEK, MI 49015 | 45-4003240 | 501(C)(3) | 18,098. | 0. | | | DONOR DESIGNATIONS |
| BOYS & GIRLS CLUBS OF GREATER KALAMAZOO - 915 LAKE STEET - KALAMAZOO, MI 49001 | 38-1627080 | 501(C)(3) | 239,356. | 0. | | | DONOR DESIGNATIONS, CAREER READINESS, SOCIAL EMOTIONAL WELLBEING |
| BRONSON HEALTH FOUNDATION/SEXUAL ASSAULT SERVICES - 601 JOHN ST - KALAMAZOO, MI 49007 | 38-2415081 | 501(C)(3) | 85,000. | 0. | | | CHILD ADVOCACY CENTER, SEXUAL ASSAULT PREVENTION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| C.A.R.E.S. 629 PIONEER KALAMAZOO, MI 49008 | 38-2784545 | 501(C)(3) | 12,500. | 0. | | | TOBACCO CESSATION |
| CALHOUN COUNTY ANIMAL SHELTER 165 UNION STREET SOUTH BATTLE CREEK, MI 49017 | 20-5870763 | 501(C)(3) | 6,613. | 0. | | | DONOR DESIGNATIONS |
| CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 161 EAST MICHIGAN AVE - BATTLE CREEK, MI 49017 | 38-6004358 | GOVERNMENTAL | 107,500. | 0. | | | NURSE-FAMILY PARTNERSHIP, SCHOOL WELLNESS PROGRAM |
| CALHOUN INTERMEDIATE SCHOOL DISTRICT - 17111 G DRIVE NORTH - MARSHALL, MI 49068 | 38-6062816 | GOVERNMENTAL | 115,000. | 0. | | | CALHOUN ISD EARLY CHILDHOOD SERVICES, GREAT START THREE YEAR OLD SCHOLARSHIP PROGRAM |
| CATHOLIC CHARITIES WEST MICHIGAN 360 S DIVISION, STE 3A GRAND RAPIDS, MI 49503 | 38-3012473 | 501(C)(3) | 7,570. | 0. | | | DONOR DESIGNATIONS |
| CATHOLIC CHARITIES, DIOCESE OF KALAMAZOO - 1819 GULL ROAD - KALAMAZOO, MI 49001 | 38-2072348 | 501(C)(3) | 197,449. | 0. | | | THE ARK SERVICES FOR YOUTH, DONOR DESIGNATIONS |
| CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017 | 38-1405611 | 501(C)(3) | 67,112. | 0. | | | GAP NUTRITION FOR INFANTS, WORKFORCE BARRIER REMOVAL, DONOR DESIGNATIONS |
| CHEFF THERAPEUTIC RIDING CENTER 8450 N. 43RD STREET AUGUSTA, MI 49012 | 38-6061238 | 501(C)(3) | 9,100. | 0. | | | DONOR DESIGNATIONS |
| COMMUNITY ACTION P.O. BOX 1026 BATTLE CREEK, MI 49017 | 38-1794361 | 501(C)(3) | 291,812. | 0. | | | EMERGENCY SERVICES - BASIC NEEDS, EMERGENCY SERVICES - INCOME, RENTAL SUPPORT |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY HEALING CENTER 2615 STADIUM DRIVE KALAMAZOO, MI 49008 | 38-1961500 | 501(C)(3) | 565,750. | 0. | | | BEHAVIORAL HEALTH, CHILDREN'S ADVOCACY CENTER, PARENTS AS TEACHERS, S.T.R.E.E.T., |
| COMMUNITY HOMEWORKS 810 BRYANT ST. KALAMAZOO, MI 49001 | 27-1037159 | 501(C)(3) | 101,250. | 0. | | | WEATHERIZATION |
| COMSTOCK COMMUNITY CENTER 6330 KING HWY COMSTOCK, MI 49041 | 38-1902558 | 501(C)(3) | 55,111. | 0. | | | COMMUNITY LEARNING CENTER - PRESCHOOL PROGRAM, DONOR DESIGNATIONS |
| DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 EAST CROSSTOWN PARKWAY - KALAMAZOO, MI 49001 | 38-2351028 | 501(C)(3) | 54,200. | 0. | | | INDEPENDENT LIVING SERVICES, SOCIAL SECURITY BENEFITS COUNSELING |
| DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO, MI 49007 | 38-1359200 | 501(C)(3) | 56,208. | 0. | | | THE FREDERICK DOUGLASS RECOVERY CENTER - BASIC NEEDS, DONOR DESIGNATIONS |
| ERACCE 1000 W. PATTERSON ST #150B KALAMAZOO, MI 49007 | 11-3726091 | 501(C)(3) | 34,350. | 0. | | | HEALTH TRAINING |
| FAMILY & CHILDREN SERVICES 1608 LAKE ST KALAMAZOO, MI 49001 | 38-2188101 | 501(C)(3) | 9,537. | 0. | | | DONOR DESIGNATIONS |
| FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015 | 38-3243665 | 501(C)(3) | 42,500. | 0. | | | EDUCATION |
| FAMILY HEALTH CENTER 117 W PATTERSON ST KALAMAZOO, MI 49007 | 23-7107569 | 501(C)(3) | 22,500. | 0. | | | LINKAGES ENHANCEMENT |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601 | 36-3673599 | 501(C)(3) | 23,690. | 0. | | | DONOR DESIGNATIONS |
| FIRST WESLEYAN CHURCH 14425 HELMER ROAD SOUTH BATTLE CREEK, MI 49015 | 93-0805254 | 501(C)(3) | 10,873. | 0. | | | DONOR DESIGNATIONS |
| FOOD BANK OF SOUTH CENTRAL MI PO BOX 408 BATTLE CREEK, MI 49016 | 38-2445948 | 501(C)(3) | 234,871. | 0. | | | FOOD DISTRIBUTION, DONOR DESIGNATIONS |
| GFM THE SYNERGY CENTER 625 HARRISON ST KALAMAZOO, MI 49007 | 20-0034091 | 501(C)(3) | 135,000. | 0. | | | MENTAL HEALTH, SUBSTANCE ABUSE |
| GIRL SCOUTS HEART OF MICHIGAN 601 W MAPLE ST KALAMAZOO, MI 49008 | 38-1581300 | 501(C)(3) | 7,226. | 0. | | | DONOR DESIGNATIONS |
| GOODWILL INDUSTRIES OF CENTRAL MICHIGANS HEARTLAND - 4820 WAYNE ROAD - BATTLE CREEK, MI 49015 | 38-1426892 | 501(C)(3) | 137,498. | 0. | | | GOODWILL CONNECTS, FOC (FINANCIAL OPPORTUNITIES CENTER), VITA, WHEELS TO WORK |
| GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001 | 38-1558550 | 501(C)(3) | 116,074. | 0. | | | BASIC NEEDS, FINANCIAL COACHING, KCTCI, YWORKS, LIFE GUIDE SUCCESS, DONOR DESIGNATIONS |
| GRYPHON PLACE 3245 S 8TH ST KALAMAZOO, MI 49009 | 38-2808685 | 501(C)(3) | 57,871. | 0. | | | YOUTH CONFLICT RESOLUTION PROGRAM, DONOR DESIGNATIONS |
| GUARDIAN FINANCE & ADVOCACY SERVICES - 18 MICHIGAN AVENUE STE 300 - BATTLE CREEK, MI 49017 | 38-2282034 | 501(C)(3) | 42,000. | 0. | | | GUARDIANSHIP |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HARPER CREEK COMMUNITY SCHOOLS 7454 B DRIVE NORTH BATTLE CREEK, MI 49014 | 38-6007620 | GOVERNMENTAL | 20,500. | 0. | | | IGNITING GREATNESS IN ALL |
| HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014 | 38-6122756 | 501(C)(3) | 219,999. | 0. | | | GAIN ACCESS PROGRAM (GAP), LIFE RECOVERY FOR MEN, LIFE RECOVERY FOR WOMEN, MEN'S SHELTER, |
| HEART OF WEST MICHIGAN UNITED WAY UNITED WAY CENTER 118 COMMERCE AVE SW, STE 100 - GRAND RAPIDS, MI 49503 | 38-1360923 | 501(C)(3) | 47,380. | 0. | | | DONOR DESIGNATIONS |
| HOSPICE CARE OF SOUTHWEST MI 222 N KALAMAZOO MALL, STE 100 KALAMAZOO, MI 49007 | 38-2293985 | 501(C)(3) | 29,744. | 0. | | | DONOR DESIGNATIONS |
| HOSPITAL HOSPITALITY HOUSE OF KALAMAZOO - 527 W. SOUTH STREET - KALAMAZOO, MI 49007 | 38-2540700 | 501(C)(3) | 6,720. | 0. | | | DONOR DESIGNATIONS |
| HOUSING RESOURCES, INC. 420 E ALCOTT ST KALAMAZOO, MI 49001 | 38-2474879 | 501(C)(3) | 532,618. | 0. | | | EMERGENCY SHELTER PARTNERSHIP, EVICTION DIVERSION, FAMILY STABILITY FOR EDUCATIONAL |
| HUMANE SOCIETY OF SOUTH CENTRAL MI 2500 WATKINS BATTLE CREEK, MI 49015 | 38-1437902 | 501(C)(3) | 7,558. | 0. | | | DONOR DESIGNATIONS |
| INFANT MASSAGE INSTITUTE, INCORPORATED - 415 SOUTH 28TH STREET - BATTLE CREEK, MI 49015 | 38-3243665 | 501(C)(3) | 25,200. | 0. | | | PROFESSIONAL CERTIFICATIONS |
| JUNIOR ACHIEVEMENT OF SWMI 2775 W DICKMAN RD, STE H-3 BATTLE CREEK, MI 49037 | 38-1515420 | 501(C)(3) | 10,778. | 0. | | | DONOR DESIGNATIONS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| KALAMAZOO AREA YOUTH FOR CHRIST P.O.BOX 514876 KALAMAZOO, MI 49005 | 38-1873558 | 501(C)(3) | 11,541. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO CHRISTIAN SCHOOL ASSOCIATION - 2121 STADIUM DRIVE - KALAMAZOO, MI 49008 | 38-1871520 | 501(C)(3) | 6,655. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO COMMUNITY FOUNDATION 402 EAST MICHIGAN AVENUE KALAMAZOO, MI 49007 | 38-3333202 | 501(C)(3) | 41,422. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES - 3299 GULL ROAD - NAZARETH, MI 49074 | 38-3313413 | GOVERNMENTAL | 70,955. | 0. | | | MI CHAP EXPANSION |
| KALAMAZOO COUNTRY DAY SCHOOL 4221 E MILHAM RD PORTAGE, MI 49002 | 38-2266451 | 501(C)(3) | 5,650. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES - 3299 GULL ROAD - KALAMAZOO, MI 49048 | 38-6004860 | GOVERNMENTAL | 276,400. | 0. | | | MATERNAL CHILD HEALTH DIVISION - NURSE FAMILY PARTNERSHIP PROGRAM, FATHERHOOD INITIATIVE, |
| KALAMAZOO COUNTY READY 4S 259 E. MICHIGAN AVE STE 209 KALAMAZOO, MI 49007 | 27-3342489 | 501(C)(3) | 167,613. | 0. | | | KALAMAZOO COUNTY READY 4S, NORTHSIDE PRESCHOOL, SUPPORT SERVICES FOR FAMILIES, DONOR |
| KALAMAZOO DEACONS CONFERENCE 1010 N WESTNEDGE AVE KALAMAZOO, MI 49007 | 38-2018800 | 501(C)(3) | 5,492. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO DROP-IN CHILD CARE CENTER - 345 W MICHIGAN AVE - KALAMAZOO, MI 49007 | 38-1359203 | 501(C)(3) | 15,000. | 0. | | | KALAMAZOO DROP-IN CHILD CARE CENTER |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| KALAMAZOO GOSPEL MISSION 448 N BURDICK KALAMAZOO, MI 49007 | 38-1877515 | 501(C)(3) | 68,592. | 0. | | | KALAMAZOO GOSPEL MISSION - BASIC NEEDS, DONOR DESIGNATIONS |
| KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001 | 38-2420575 | 501(C)(3) | 10,203. | 0. | | | DONOR DESIGNATIONS |
| KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. - 1219 PARK ST - KALAMAZOO, MI 49001 | 38-2391442 | 501(C)(3) | 85,000. | 0. | | | FINANCIAL LITERACY FOR HOMEOWNERSHIP, LONG-TERM SUPPORT - HOMEOWNERSHIP, MORTGAGE FORECLOSURE |
| KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) - 1819 EAST MILHAM - KALAMAZOO, MI 49002 | 38-2478137 | GOVERNMENTAL | 277,500. | 0. | | | EARLY GRADE READING, YOUTH OPPORTUNITIES UNLIMITED (YOU), STEM EDUCATION |
| KALAMAZOO VALLEY HABITAT FOR HUMANITY - 525 E KALAMAZOO AVE - KALAMAZOO, MI 49007 | 38-2558965 | 501(C)(3) | 13,000. | 0. | | | SAFE AND STABLE HOUSING SOLUTIONS |
| KIDS CAMPUS, INC. 75 IRVING PARK DRIVE BATTLE CREEK, MI 49017 | 38-1426880 | 501(C)(3) | 30,000. | 0. | | | REMOVING BARRIERS TO SCHOOL READINESS PROGRAM |
| LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015 | 38-6000747 | GOVERNMENTAL | 42,560. | 0. | | | EARLY READING PROGRAM, TRAUMA INFORMED EDUCATIONAL ENVIRONMENTS - TRAIN THE TRAINER |
| LEGAL AID OF WESTERN MICHIGAN 89 IONIA NW GRAND RAPIDS, MI 49503 | 38-2156874 | 501(C)(3) | 73,845. | 0. | | | LEGAL SERVICES FOR LOW INCOME RESIDENTS, DONOR DESIGNATIONS |
| LEGAL SERVICES OF SOUTH CENTRAL MI 70 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017 | 38-1845444 | 501(C)(3) | 122,500. | 0. | | | LEGAL ADVOCACY FOR HOME PURCHASERS AND HOME OWNERS, LEGAL ADVOCACY FOR RENTERS/EVICTION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MARSHALL UNITED WAY PO BOX 190 MARSHALL, MI 49068 | 23-7161104 | 501(C)(3) | 5,442. | 0. | | | DONOR DESIGNATIONS |
| MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT #296 LANSING, MI 48912 | 26-4308289 | 501(C)(3) | 25,000. | 0. | | | MIBFN 310 CONNECT BATTLE CREEK PROJECT |
| MINISTRY WITH COMMUNITY 440 NORTH CHRUCH ST KALAMAZOO, MI 49007 | 38-2596981 | 501(C)(3) | 112,828. | 0. | | | RESOURCE CENTER AND DROP IN PROGRAM, DONOR DESIGNATIONS |
| MRC INDUSTRIES, INC. 2538 S 26TH ST KALAMAZOO, MI 49048 | 38-1911437 | 501(C)(3) | 102,000. | 0. | | | MRC EMPLOYMENT, MRC SKILL BUILDING |
| NEW GENESIS 1225 W PATTERSON ST KALAMAZOO, MI 49007 | 38-2338855 | 501(C)(3) | 115,834. | 0. | | | NEW GENESIS SUCCESS ACADEMY - K-3 READING, INNOVATIVE/INTERIM, COMMUNITY MENTORING |
| NORTH AVENUE CHURCH OF GOD 1079 NORTH AVENUE BATTLE CREEK, MI 49017 | 38-2153030 | 501(C)(3) | 12,383. | 0. | | | DONOR DESIGNATIONS |
| OPEN DOORS KALAMAZOO 810 S WESTNEDGE KALAMAZOO, MI 49008 | 23-7088427 | 501(C)(3) | 68,960. | 0. | | | FAMILY CONNECTIONS |
| PARTNERS IN HOUSING TRANSITION 247 W LOVELL ST KALAMAZOO, MI 49007 | 38-1369613 | 501(C)(3) | 10,000. | 0. | | | PARTNERS IN HOUSING TRANSITION |
| PLANNED PARENTHOOD OF SOUTH CENTRAL MI - 4201 W MICHIGAN AVE - KALAMAZOO, MI 49006 | 38-1811120 | 501(C)(3) | 14,631. | 0. | | | DONOR DESIGNATIONS |

Schedule I (Form 990)

**UNITED WAY OF THE BATTLE CREEK AND
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PORTAGE COMMUNITY CENTER 325 E CENTRE PORTAGE , MI 49002 | 38-2178011 | 501(C)(3) | 86,002. | 0. | | | EMERGENCY ASSISTANCE PROGRAM, AFTER SCHOOL & SUMMER MIDDLE SCHOOL, DONOR DESIGNATIONS |
| PREVENTION WORKS, INC. 611 WHITCOMB KALAMAZOO, MI 49008 | 38-3264831 | 501(C)(3) | 45,000. | 0. | | | AFTER SCHOOL PROGRAMMING, FAMILY EMPOWERMENT (STRENGTHENING FAMILIES AND CELEBRATING FAMILIES |
| READ AND WRITE KALAMAZOO 802 S WESTNEDGE AVENUE KALAMAZOO, MI 49007 | 47-5372831 | 501(C)(3) | 18,800. | 0. | | | PROJECT 802, RAWK READERS ROOM |
| ROOTEAD FAMILY ENRICHMENT CENTER 1501 FULFORD ST KALAMAZOO, MI 49001 | 47-1161414 | 501(C)(3) | 30,000. | 0. | | | ROOTEAD DOULAS |
| S.A.F.E. PLACE 303 CAPITAL AVENUE NE BATTLE CREEK, MI 49017 | 38-2436401 | 501(C)(3) | 74,598. | 0. | | | DOMESTIC VIOLENCE - BASIC NEEDS, DONOR DESIGNATIONS |
| SECOND'S NEW VISION AND OUTREACH 485 WASHINGTON AVE N BATTLE CREEK, MI 49037 | 38-2926101 | 501(C)(3) | 29,000. | 0. | | | INNOVATIVE / INTERIM |
| SENIOR SERVICES, INC. 918 JASPER ST KALAMAZOO, MI 49001 | 38-1747660 | 501(C)(3) | 155,640. | 0. | | | HOME DELIVERED MEALS, DONOR DESIGNATIONS |
| SHARE CENTER 120 GROVE ST BATTLE CREEK, MI 49017 | 38-3022871 | 501(C)(3) | 96,000. | 0. | | | COMMUNITY MEALS PROGRAM |
| SHERMAN LAKE YMCA OUTDOOR CENTER 6225 NORTH 39TH STREET AUGUSTA, MI 49012 | 38-3167869 | 501(C)(3) | 5,842. | 0. | | | DONOR DESIGNATIONS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SLD READ 5250 LOVERS LANE KALAMAZOO, MI 49002 | 38-2055709 | 501(C)(3) | 100,000. | 0. | | | ACHIEVE SUCCESS, READ TO SUCCEED |
| SOUTH COUNTY COMMUNITY SERVICES 101 S MAIN VICKSBURG, MI 49097 | 38-1961745 | 501(C)(3) | 92,732. | 0. | | | AGING WELL IN SOUTH COUNTY, SOUTH COUNTY COMMUNITY SERVICES - BASIC NEEDS SERVICES, |
| SPCA OF SOUTHWEST MICHIGAN 6155 WEST KL AVE KALAMAZOO, MI 49009 | 38-3614688 | 501(C)(3) | 13,188. | 0. | | | DONOR DESIGNATIONS |
| SPROUT URBAN FARMS PO BOX 1334 BATTLE CREEK, MI 49016 | 45-3707870 | 501(C)(3) | 69,847. | 0. | | | SPROUT MOBILE MARKETS, SPROUT URBAN FARMS SUPPORTIVE |
| ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 6,075. | 0. | | | DONOR DESIGNATIONS |
| ST. CATHERINE OF SIENNA CHURCH 1150 WEST CENTRE AVENUE PORTAGE, MI 49024 | 38-1854993 | 501(C)(3) | 8,900. | 0. | | | DONOR DESIGNATIONS |
| ST. JOSEPH COUNTY UNITED WAY PO BOX 577 CENTREVILLE, MI 49032 | 38-6095409 | 501(C)(3) | 16,537. | 0. | | | DONOR DESIGNATIONS |
| ST. LUKE'S EPISCOPAL CHURCH 247 W LOVELL ST KALAMAZOO, MI 49008 | 38-1369613 | 501(C)(3) | 25,000. | 0. | | | ST. LUKE'S DIAPER BANK |
| STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224 | 38-1359593 | 501(C)(3) | 68,000. | 0. | | | THE NATIONAL INSTITUTE FOR TRAUMA AND LOSS IN CHILDREN (TLC), STARR GLOBAL LEARNING NETWORK |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SUMMIT POINTE 140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017 | 38-3318175 | 501(C)(3) | 15,000. | 0. | | | TCC-CONTINUUM OF CARE (COC) |
| TEMPLE B'NAI ISRAEL 4409 GRAND PRAIRIE KALAMAZOO, MI 49006 | 38-6069296 | 501(C)(3) | 20,487. | 0. | | | DONOR DESIGNATIONS |
| THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008 | 38-1613581 | 501(C)(3) | 15,063. | 0. | | | REDUCING DISPARITIES, DONOR DESIGNATIONS |
| THE SALVATION ARMY - BATTLE CREEK PO BOX 93 BATTLE CREEK, MI 49016 | 36-2167910 | 501(C)(3) | 150,000. | 0. | | | EMERGENCY FAMILY SERVICES |
| THE SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO, MI 49001 | 38-2699000 | 501(C)(3) | 79,600. | 0. | | | EMERGENCY UTILITY ASSISTANCE |
| THE SALVATION ARMY - KALAMAZOO COUNTY - 1700 S BURDICK ST - KALAMAZOO, MI 49001 | 38-1370971 | 501(C)(3) | 16,323. | 0. | | | DONOR DESIGNATIONS |
| TRI COUNTY LABOR AGENCY 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49037 | 38-2181989 | 501(C)(3) | 9,525. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVENUE, STE. 300 - DETROIT, MI 48226 | 20-3099071 | 501(C)(3) | 11,338. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF ALLEGHENY COUNTY PO BOX 735 PITTSBURGH, PA 15230 | 25-1043578 | 501(C)(3) | 5,393. | 0. | | | DONOR DESIGNATIONS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 CENTRAL ALABAMA, INC. - PO BOX 320189 - BIRMINGHAM, AL 35232 | 63-0288846 | 501(C)(3) | 5,825. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 46208 | 35-1007590 | 501(C)(3) | 5,576. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF METROPOLITAN ATLANTA PO BOX 2692 ATLANTA, GA 30371 | 58-0566194 | 501(C)(3) | 5,311. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR STREET - DALLAS, TX 75202 | 75-6005352 | 501(C)(3) | 12,995. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF NORTHWEST MICHIGAN 202 E. GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684 | 38-1679060 | 501(C)(3) | 7,247. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF THE GREATER SEACOAST PEASE INTERNATIONAL TRADEPORT 112 CORPORATE DRIVE, UNIT 3 - PORTSMOUTH, NH 0 | 04-2382233 | 501(C)(3) | 15,010. | 0. | | | DONOR DESIGNATIONS |
| UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443 | 38-1426895 | 501(C)(3) | 9,466. | 0. | | | DONOR DESIGNATIONS |
| URBAN ALLIANCE 1009 E. STOCKBRIDGE AVE STE 100 KALAMAZOO, MI 49001 | 20-4969751 | 501(C)(3) | 107,673. | 0. | | | DONOR DESIGNATIONS, MOMENTUM |
| URBAN LEAGUE OF BATTLE CREEK 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017 | 38-1817220 | 501(C)(3) | 25,000. | 0. | | | SOJOURNER TRUTH GIRLS ACADEMY |

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018 | 86-0104419 | 501(C)(3) | 6,039. | 0. | | | DONOR DESIGNATIONS |
| VAN BUREN COUNTY UNITED WAY, INC. 181 W MICHIGAN AVE STE 4 PAW PAW, MI 49079 | 23-7113927 | 501(C)(3) | 69,197. | 0. | | | DONOR DESIGNATIONS |
| VAN BUREN YOUTH CAMP 12370 45TH STREET BLOOMINGDALE, MI 49026 | 38-1452699 | 501(C)(3) | 12,195. | 0. | | | DONOR DESIGNATIONS |
| VICTORY LIFE CHURCH 6892 D DRIVE NORTH BATTLE CREEK, MI 49014 | 23-7279369 | 501(C)(3) | 21,488. | 0. | | | DONOR DESIGNATIONS |
| VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037 | 27-3586666 | 501(C)(3) | 120,000. | 0. | | | CREATIVE LEADERS UNITED, ELEMENTARY TUTORING, ENGLISH AS A SECOND LANGUAGE, FAMILY |
| WMU HOMER STRYKER M.D. SCHOOL OF MEDICINE - 1000 OAKLAND DR - KALAMAZOO, MI 49008 | 45-4135256 | GOVERNMENTAL | 281,984. | 0. | | | DATA HUB, KALAMAZOO INFANT MORTALITY COMMUNITY ACTION INITIATIVE, TRAINING THE |
| WOMEN'S NETWORK INC / WOMAN'S CO-OP - 2055 E COLUMBIA AVE - BATTLE CREEK, MI 49017 | 26-2699012 | 501(C)(3) | 45,500. | 0. | | | INNOVATIVE/INTERIM HEALTH APPLICATION, INDUSTRIAL SEWING, SOLUTIONS HIGHWAY |
| YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008 | 38-1360592 | 501(C)(3) | 67,494. | 0. | | | DONOR DESIGNATIONS, FALL/WINTER PROGRAM |
| YOUNG WOMENS CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E MICHIGAN - KALAMAZOO, MI 49007 | 38-1360598 | 501(C)(3) | 627,954. | 0. | | | INFANT MORTALITY COLLABORATIVE, READY TO LEARN AND GROW, SEXUAL ASSAULT SUPPORTIVE |

Schedule I (Form 990)

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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

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

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

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. GRANTEES 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

Part IV Supplemental Information

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BATTLE CREEK PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAKFAST IN THE CLASSROOM, EARLY
GRADE READING ACHIEVEMENT PROGRAM (EGRAP), MULTI-TIERED SYSTEM OF
SUPPORT, ATTENDANCE MATTERS, TRAUMA INFORMED EDUCATIONAL ENVIRONMENTS -
TRAIN THE TRAINER (BCPS)

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL HEALTH, CHILDREN'S
ADVOCACY CENTER, PARENTS AS TEACHERS, S.T.R.E.E.T., ADDICTION &
PREVENTION SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS, HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN OF REST MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GAIN ACCESS PROGRAM (GAP), LIFE
RECOVERY FOR MEN, LIFE RECOVERY FOR WOMEN, MEN'S SHELTER, WOMEN'S
SHELTER, WIN LIFE PERMANENT HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING RESOURCES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER PARTNERSHIP,
EVICTION DIVERSION, FAMILY STABILITY FOR EDUCATIONAL SUCCESS PROGRAM
(SIEMER), HOUSING STABILIZATION PARTNERSHIP, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: MATERNAL CHILD HEALTH DIVISION -
NURSE FAMILY PARTNERSHIP PROGRAM, FATHERHOOD INITIATIVE, COMMUNITY HEALTH
WORKER (CHW) CORPS

NAME OF ORGANIZATION OR GOVERNMENT: KALAMAZOO COUNTY READY 4S

(H) PURPOSE OF GRANT OR ASSISTANCE: KALAMAZOO COUNTY READY 4S, NORTHSIDE
PRESCHOOL, SUPPORT SERVICES FOR FAMILIES, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL LITERACY FOR
HOMEOWNERSHIP, LONG-TERM SUPPORT - HOMEOWNERSHIP, MORTGAGE FORECLOSURE
PREVENTION, INCREASE SPANISH LANGUAGE SERVICE

NAME OF ORGANIZATION OR GOVERNMENT: LAKEVIEW SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY READING PROGRAM, TRAUMA
INFORMED EDUCATIONAL ENVIRONMENTS - TRAIN THE TRAINER (LAKEVIEW)

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL SERVICES OF SOUTH CENTRAL MI

(H) PURPOSE OF GRANT OR ASSISTANCE: LEGAL ADVOCACY FOR HOME PURCHASERS
AND HOME OWNERS, LEGAL ADVOCACY FOR RENTERS/EVICTION DIVERSION, EVICTION
DIVERSION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NEW GENESIS

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW GENESIS SUCCESS ACADEMY - K-3
READING, INNOVATIVE/INTERIM, COMMUNITY MENTORING PARTNERSHIPS, RELEVANT
READING & ACHIEVING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PREVENTION WORKS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL PROGRAMMING, FAMILY
EMPOWERMENT (STRENGTHENING FAMILIES AND CELEBRATING FAMILIES PROGRAMS)

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH COUNTY COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: AGING WELL IN SOUTH COUNTY, SOUTH
COUNTY COMMUNITY SERVICES - BASIC NEEDS SERVICES, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: VOCES

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATIVE LEADERS UNITED, ELEMENTARY
TUTORING, ENGLISH AS A SECOND LANGUAGE, FAMILY LEADERSHIP INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT:

WMU HOMER STRYKER M.D. SCHOOL OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: DATA HUB, KALAMAZOO INFANT MORTALITY
COMMUNITY ACTION INITIATIVE, TRAINING THE TRAINER, SAFE SLEEP ADVOCATES,
PIPELINE

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG WOMENS CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: INFANT MORTALITY COLLABORATIVE,
READY TO LEARN AND GROW, SEXUAL ASSAULT SUPPORTIVE SERVICES, YOUTH TRAUMA
INTERVENTION SERVICES, YWCA DOMESTIC ASSAULT CRISIS INTERVENTION
SERVICES, YOUTH EQUITY PROGRAMMING, MIHP, DONOR DESIGNATIONS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2017

**UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION**

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38-1359193

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CHRISTIPHER SARGENT PRESIDENT & CEO | (i) | 158,174. | 0. | 0. | 15,817. | 14,540. | 188,531. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

PART I, LINE 1A:

THE CEO RECEIVED A DISCRETIONARY SPENDING ACCOUNT. THIS IS NOT TREATED AS
TAXABLE COMPENSATION TO THE CEO.

PART I, LINE 4A:

MICHAEL LARSON RECEIVED A SEVERANCE PAYMENT DURING THE YEAR IN THE AMOUNT
OF \$80,387.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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 | 20 | 154,569. | 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**

| | Yes | No |
|---|-----|----|
| 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? | | X |
| 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? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| 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.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

DONATED PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO A BROKER AND SOLD AS SOON AS POSSIBLE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION | Employer identification number | 38-1359193 |
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

A VIBRANT COMMUNITY THROUGH EDUCATION, INCOME, HEALTH, AND ADDRESSING
BASIC HUMAN NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 2017: 1) 80% OF INSTRUCTORS WHO RECEIVED IN-CLASS
LITERACY COACHING HAD HIGHER READING PROFICIENCY AMONG THEIR STUDENTS.

2) 89% OF STUDENTS IN THREE ELEMENTARY SCHOOLS WHO WERE PAIRED WITH

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VOLUNTEER READING MENTORS WERE MEASURED AS PROFICIENT READERS.

IN OUR REGION, BABIES OF COLOR ARE 2 TO 4.5 TIMES MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY THAN THEIR WHITE COUNTERPARTS. AGGREGATE DATA COLLECTED FROM UWCKR SUPPORTED PROGRAMS DEMONSTRATED THE FOLLOWING AS RECORDED MEASURABLE PROGRESS ON ADDRESSING THIS STATISTIC IN 2017: 85% OF AFRICAN-AMERICAN MOTHERS GAVE BIRTH TO BABIES AT HEALTHY WEIGHT AND 72% CARRIED THEIR BABIES TO FULL TERM THANKS TO INTENSIVE HOME VISITING PROGRAMS FOR PRE- AND POST-NATAL CARE FUNDED THROUGH UNITED WAY.

A SIGNIFICANT, 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. FOR HOUSEHOLDS EXPERIENCING FOOD INSECURITY, AGGREGATE DATA PROVIDED BY UWCKR-FUNDED BASIC NEEDS SERVICES PROVIDED THE FOLLOWING IMPACT REGARDING FOOD INSECURITY IN 2017: 70,136 FOOD-INSECURE RESIDENTS IN THE BATTLE CREEK AND KALAMAZOO REGION RECEIVED ABOUT 703,000 MEALS THROUGH MULTIPLE PROGRAMS SUPPORTED BY UNITED WAY. SOME 2,947,519 POUNDS OF FOOD WENT TO VULNERABLE INDIVIDUALS AND FAMILIES FACING HUNGER.

EMPLOYMENT IS UP SINCE THE GREAT RECESSION, BUT MOSTLY IN THE LOW-SALARY SECTOR. 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 UWCKR-FUNDED PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2017: 381 INDIVIDUALS PARTICIPATED IN UNITED

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WAY FUNDED WORKFORCE DEVELOPMENT TRAINING PROGRAMS, AND 101 OF THOSE INDIVIDUALS USED THEIR EARNED CREDENTIALS TO COMPETE FOR HIGHER-PAYING JOBS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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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 UWCKR, 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.

EXPENSES \$ 425,089. INCLUDING GRANTS OF \$ 425,089. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS TO UPDATE THE NUMBER OF BOARD MEMBERS AND ITS COMPOSITION.

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.

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

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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.

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

FORM 990, PART VI, SECTION C, LINE 19:
 DOCUMENTS ARE AVAILABLE UPON REQUEST.

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.