

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

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

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

D Employer identification number
38-1359193

E Telephone number
(269) 343-2524

G Gross receipts \$ 13,491,399

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CHANGETHESTORY.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1926

M State of legal domicile MI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	51
6 Total number of volunteers (estimate if necessary)	5,192
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,229,466	11,234,445
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,239	637,138
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	362,882	410,521
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,870,587	12,282,104
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

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,499,929	18,589,507
21 Total liabilities (Part X, line 26)	3,650,369	3,262,702
22 Net assets or fund balances Subtract line 21 from line 20	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: *****
Date: 2018-08-08
CHRISTIPHER SARGENT PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: VICKI L VANDENBERG CPA
Preparer's signature: VICKI L VANDENBERG CPA
Date: 2018-08-08
Check if self-employed
PTIN: P00100422
Firm's name: PLANTE & MORAN PLLC
Firm's EIN: 38-1357951
Firm's address: 750 TRADE CENTRE WAY STE 300, PORTAGE, MI 49002
Phone no: (269) 567-4500

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 \$)
 See Additional Data

4b (Code) (Expenses \$ 1,800,120 including grants of \$ 1,800,120) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 1,830,421 including grants of \$) (Revenue \$)
 See Additional Data

(Code) (Expenses \$ 425,089 including grants of \$ 425,089) (Revenue \$)
 UWBCR ALSO CREATES "VALUE-ADD" WITHIN THE COMMUNITY THROUGH ITS UNIQUE POSITION TO CONVENE, CONNECT AND ENGAGE COMMUNITY ORGANIZATIONS, INSTITUTIONS AND PEOPLE TO CREATE COLLABORATIVE OPPORTUNITIES FOR PLANNING & EXECUTION OF INITIATIVES, LEVERAGE FUNDING FROM SOURCES OTHER THAN THE ANNUAL CAMPAIGN, LEAD COLLECTIVE ACTION/SHARED EFFORTS, ETC SOME EXAMPLES OF THIS INCLUDE 1 EVICTION DIVERSION UWBCR WORKS WITH OTHER COMMUNITY PARTNERS IN BOTH KALAMAZOO AND BATTLE CREEK, TO SUPPORT EVICTION DIVERSION INITIATIVES INTENDED TO ASSIST 1) HOME RENTERS TO AVOID COSTLY EVICTION AND LANDLORDS AVOID THE EXPENSIVE EVICTION PROCESS, AND 2) EXPANDED TO NOW INCLUDE HOME OWNERS FROM EXPERIENCING A LOSS OF HOUSING AND POTENTIAL HOMELESSNESS WHEN FACED WITH A POTENTIAL FORECLOSURE 2 CRADLE KALAMAZOO UWBCR WAS ONE OF THE SPEARHEAD ORGANIZATIONS IN THIS MULTI-AGENCY COMMUNITY INITIATIVE DESIGNED TO BRING TOGETHER COMMUNITY LEADERS AND ORGANIZATIONS IN KALAMAZOO TO IMPLEMENT EVIDENCE-BASED AND HOLISTIC INTERVENTIONS WITH THE SHARED GOAL OF REDUCING INFANT DEATH AND PROMOTE RESPECT FOR FAMILIES, WOMEN AND CHILDREN 3 KALAMAZOO YOUTH DEVELOPMENT NETWORK (KYDNETWORK) KYDNET IS DESIGNED AS AN "INTERMEDIARY INSTITUTION" FOCUSED ON MOBILIZED PARTNERSHIPS AND BUILDING QUALITY AND COLLECTIVE IMPACT AMONG ORGANIZATIONS PROVIDING OUT-OF-SCHOOL TIME SERVICES IN THE GREATER KALAMAZOO COMMUNITY KYDNET IMPROVES THE STATUS OF YOUTH-SERVING ORGANIZATIONS ENGAGED IN THIS SECTOR THROUGH NETWORKING, PROGRAM IMPROVEMENT, STAFF TRAINING, AND AGENCY COLLABORATION ITS MISSION IS TO INCREASE OPPORTUNITIES FOR YOUTH IN KALAMAZOO COUNTY TO GAIN SKILLS AND REALIZE THEIR POTENTIAL 4 BATTLE CREEK COMMUNITY LITERACY COLLABORATIVE (CLC) THE CLC IS A COMMUNITY-WIDE INITIATIVE, MADE UP OF SEVERAL COMMUNITY ORGANIZATIONS WITHIN THE BATTLE CREEK COMMUNITY AND LED BY UWBCR, ORGANIZED TO ACCOMPLISH THE VISION OF A HIGHLY LITERATE COMMUNITY WHERE ALL ARE PROVIDED OPPORTUNITIES TO EMBRACE LEARNING AS A LIFELONG LIFESTYLE AND MOVE TOWARD GREATER LITERACY AS A PATHWAY TOWARD IMPROVING THE QUALITY OF LIFE FOR ALL

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

4e Total program service expenses ▶ 11,600,622

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
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>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
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>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
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>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (DAVE HEALY 709 S WESTNEDGE AVENUE KALAMAZOO, MI 49007 (269) 343-2524).

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d 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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,234,445				
	g Noncash contributions included in lines 1a-1f \$ _____		154,569				
	h Total. Add lines 1a-1f		11,234,445				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		268,879			268,879	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		10,010					
		b Less rental expenses	0				
		c Rental income or (loss)	10,010				
	d Net rental income or (loss)			10,010		10,010	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,577,554					
		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	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099		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	

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, line 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 Schedule 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,423	9	20,307
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,709,059		
	b Less accumulated depreciation	10b 1,938,509	784,766	10c 770,550
	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	

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
<p>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</p>			
<p>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</p>	2a		No
<p>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</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Form 990 (2017)

Form 990, Part III, Line 4a:

PROGRAM INVESTMENTS - THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION (UWBCKR) AND ITS DEDICATED STAFF ARE DEVOTED TO ADVANCING THE COMMON GOOD BY OPTIMIZING OPPORTUNITIES FOR SYSTEMS CHANGE AND IMPROVEMENT IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS. IMPACT IS ACHIEVED THROUGH ENGAGING WITH THE COMMUNITY AND WORKING WITH COMMUNITY VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO IDENTIFY GREATEST NEEDS AND INVEST RESOURCES IN COMMUNITY PROGRAMS TO ACHIEVE MEASURABLE IMPACT ON STATED OUTCOMES AND COMMUNITY GOALS THROUGH THE GENEROUS, UNDESIGNATED GIFTS FROM DONORS, UWBCKR INVESTS IN ESSENTIAL SERVICES AND ALSO SUPPORTS COMPREHENSIVE AND INNOVATIVE APPROACHES THAT ADDRESS THE UNDERLYING CAUSES OF PROBLEMS. UWBCKR ASSEMBLES VOLUNTEERS REPRESENTING BOTH THE BATTLE CREEK AND KALAMAZOO COMMUNITIES, WHO GIVE OF THEIR TIME AND KNOWLEDGE TO DETERMINE WHAT PROGRAMS WILL ACHIEVE THE GREATEST IMPACT ON IDENTIFIED COMMUNITY GOALS. RECIPIENT ORGANIZATIONS OF UWBCKR RESOURCES ARE CAREFULLY MONITORED TO: 1) ENSURE FISCAL RESPONSIBILITY AND APPROPRIATE USE OF RESTRICTED GRANT FUNDS FROM UWBCKR, 2) ENSURE PROGRAM SERVICES ARE DELIVERED WITH FIDELITY IN ACCORDANCE WITH STATED GRANT PROPOSALS, AND 3) EVALUATE THE QUALITY OF THE PROGRAM AND THE IMPACT OF DELIVERED SERVICES ON ACHIEVING MEASURABLE PROGRESS ON THE IDENTIFIED COMMUNITY GOALS IN THE AREAS OF EDUCATION, INCOME, HEALTH AND BASIC NEEDS. STUDIES SHOW THAT STUDENTS WHO ARE UNABLE TO READ BY THE END OF THIRD GRADE ARE FOUR TO SIX TIMES MORE LIKELY TO DROP OUT OF HIGH SCHOOL. JUST 30% OF THIRD GRADERS IN ALL DISTRICTS IN THE REGION CAN READ PROFICIENTLY. ASSESSMENT OF AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED PROGRAMS PROVIDING EARLY GRADE READING SUPPORTS DEMONSTRATED THE FOLLOWING RESULTS FOR 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 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 UWBCKR-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 UWBCKR-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 UWBCKR-FUNDED PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2017: 381 INDIVIDUALS PARTICIPATED IN UNITED 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 4b:

DONOR DESIGNATIONS - UWBCR 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

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD MCDONALD BOARD CHAIR	5 00 0 00	X		X				0	0	0
KATHY YOUNG VICE CHAIR	5 00 0 00	X		X				0	0	0
STEPHANIE SLINGERLAND SECRETARY	5 00 0 00	X		X				0	0	0
RHONDA NEWMAN TREASURER	5 00 0 00	X		X				0	0	0
JOHN BIEVER SECRETARY - PART YEAR	5 00 0 00	X		X				0	0	0
ANMAR ATCHU MEMBER	1 00 0 00	X						0	0	0
BECKY BALDWIN MEMBER	1 00 0 00	X						0	0	0
BOB BETZIG MEMBER	1 00 0 00	X						0	0	0
JON BYRD MEMBER	1 00 0 00	X						0	0	0
CECILY CAGLE MEMBER	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON COPPO MEMBER	1 00 0 00	X						0	0	0
MARK CRAWFORD MEMBER	1 00 0 00	X						0	0	0
GABRIEL GIRION MEMBER	1 00 0 00	X						0	0	0
TIM KOOL MEMBER	1 00 0 00	X						0	0	0
JAMES LIGGINS MEMBER	1 00 0 00	X						0	0	0
KEVIN LOBO MEMBER	1 00 0 00	X						0	0	0
RENEE MCPARLAN MEMBER	1 00 0 00	X						0	0	0
BOB MILLER MEMBER	1 00 0 00	X						0	0	0
LINDA MILLER MEMBER	1 00 0 00	X						0	0	0
SYDNEY PARFET MEMBER	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAVAN PATTADA MEMBER	1 00 0 00	X						0	0	0
STEVE POWELL MEMBER	1 00 0 00	X						0	0	0
BEV RILEY MEMBER	1 00 0 00	X						0	0	0
ERICK STEWART MEMBER	1 00 0 00	X						0	0	0
CARLA THOMPSON MEMBER	1 00 0 00	X						0	0	0
JENNIFER PURUCKER MEMBER - PART YEAR	1 00 0 00	X						0	0	0
CHRISTIPHER SARGENT PRESIDENT & CEO	40 00 0 00			X				158,174	0	30,357
DAVID HEALY CFO	40 00 0 00			X				116,819	0	7,914
MICHAEL LARSON PRESIDENT & CEO - PART YEAR	40 00 0 00			X				99,556	0	8,552

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
38-1359193

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	14,919,925	13,561,769	14,637,656	12,229,466	11,234,445	66,583,261
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	14,919,925	13,561,769	14,637,656	12,229,466	11,234,445	66,583,261
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)						7,688,906
6	Public support. Subtract line 5 from line 4						58,894,355

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	14,919,925	13,561,769	14,637,656	12,229,466	11,234,445	66,583,261
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	1,513,186
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	1,793,328
11	Total support. Add lines 7 through 10						69,889,775

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	84.270 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	83.090 %

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

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

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 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.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER RELATED INCOME - 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 A Form 990 or 990-E 2012

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2017
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of the organization UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number 38-1359193
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		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)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

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

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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	250,000	250,000	250,000	250,000	250,000
b Contributions					
c Net investment earnings, gains, and losses	9,013	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 ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,666		170,666
b Buildings		1,806,888	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 10(c)) . . . ▶				770,550

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND
KALAMAZOO REGION

Supplemental Information

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,800,120

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,800,120

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL CIO SC MI TRI-COUNTY LABOR COUNCIL 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49017	38-2181989	501(C)(3)	136,390				CONTRACT
ALLEGAN COUNTY UNITED WAY 650 GRAND STREET ALLEGAN, MI 49010	38-6063214	501(C)(3)	31,327				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES OF KALAMAZOO CRISIS PREGNANCY CENTER 4200 W MICHIGAN AVE STE 100 KALAMAZOO, MI 49006	38-2850563	501(C)(3)	7,855				DONOR DESIGNATIONS
AMERICAN RED CROSS 414 E MICHIGAN AVENUE KALAMAZOO, MI 49007	53-0196605	501(C)(3)	65,574				ADDRESSING COMMUNITY EMERGENCIES, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHENS AREA COMMUNITY FOUNDATION CYNTHIA LEACH EXECUTIVE DIRECTOR PO BOX 205 ATHENS, MI 49011	38-2045459	501(C)(3)	5,958				DONOR DESIGNATIONS
BARRY COUNTY UNITED WAY 231 S BROADWAY HASTINGS, MI 49058	38-6062803	501(C)(3)	16,939				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION 63 NORTH 24TH STREET BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	16,547				DONOR DESIGNATIONS
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN ST BATTLE CREEK, MI 49017	38-6000746	GOVERNMENTAL	229,840				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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BC PULSE 200 W VAN BUREN ST BATTLE CREEK, MI 49017	38-6005984	GOVERNMENTAL	26,194				EARLY GRADE READING ACHIEVEMENT PROGRAM (EGRAP)
BERGEN COUNTY UNITED WAY 6 FOREST AVENUE PARAMUS, NJ 07652	22-6028959	501(C)(3)	7,944				ATTENDANCE MATTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERRIEN COUNTY UNITED WAY 2015 LAKEVIEW AVENUE SAINT JOSEPH, MI 49085	38-1358411	501(C)(3)	15,304				DONOR DESIGNATIONS
BIG BROTHERS BIG SISTERS 3501 COVINGTON ROAD KALAMAZOO, MI 49001	38-1720832	501(C)(3)	95,148				HIGH SCHOOL BIGS MENTORING, BIGS IN BUSINESS, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA MICHIGAN CROSSROADS COUNCIL 1791 W COLUMBIA BATTLE CREEK, MI 49015	45-4003240	501(C)(3)	18,098				DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER KALAMAZOO 915 LAKE STEET KALAMAZOO, MI 49001	38-1627080	501(C)(3)	239,356				DONOR DESIGNATIONS, CAREER READINESS, SOCIAL EMOTIONAL WELLBEING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONSON HEALTH FOUNDATION SEXUAL ASSAULT SERVICES 601 JOHN ST KALAMAZOO, MI 49007	38-2415081	501(C)(3)	85,000				CHILD ADVOCACY CENTER, SEXUAL ASSAULT PREVENTION
CARES 629 PIONEER KALAMAZOO, MI 49008	38-2784545	501(C)(3)	12,500				TOBACCO CESSATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN COUNTY ANIMAL SHELTER 165 UNION STREET SOUTH BATTLE CREEK, MI 49017	20-5870763	501(C)(3)	6,613				DONOR DESIGNATIONS
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT 161 EAST MICHIGAN AVE BATTLE CREEK, MI 49017	38-6004358	GOVERNMENTAL	107,500				NURSE-FAMILY PARTNERSHIP, SCHOOL WELLNESS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN INTERMEDIATE SCHOOL DISTRICT 17111 G DRIVE NORTH MARSHALL, MI 49068	38-6062816	GOVERNMENTAL	115,000				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				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF KALAMAZOO 1819 GULL ROAD KALAMAZOO, MI 49001	38-2072348	501(C)(3)	197,449				THE ARK SERVICES FOR YOUTH, DONOR DESIGNATIONS
CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	67,112				GAP NUTRITION FOR INFANTS, WORKFORCE BARRIER REMOVAL, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEFF THERAPEUTIC RIDING CENTER 8450 N 43RD STREET AUGUSTA, MI 49012	38-6061238	501(C)(3)	9,100				DONOR DESIGNATIONS
COMMUNITY ACTION PO BOX 1026 BATTLE CREEK, MI 49017	38-1794361	501(C)(3)	291,812				EMERGENCY SERVICES - BASIC NEEDS, EMERGENCY SERVICES - INCOME, RENTAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALING CENTER 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501(C)(3)	565,750				BEHAVIORAL HEALTH, CHILDREN'S ADVOCACY CENTER, PARENTS AS TEACHERS, S T R E E T , ADDICTION & PREVENTION SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS, HOUSING
COMMUNITY HOMEWORKS 810 BRYANT ST KALAMAZOO, MI 49001	27-1037159	501(C)(3)	101,250				WEATHERIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMSTOCK COMMUNITY CENTER 6330 KING HWY COMSTOCK, MI 49041	38-1902558	501(C)(3)	55,111				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				INDEPENDENT LIVING SERVICES, SOCIAL SECURITY BENEFITS COUNSELING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO, MI 49007	38-1359200	501(C)(3)	56,208				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				HEALTH TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN SERVICES 1608 LAKE ST KALAMAZOO, MI 49001	38-2188101	501(C)(3)	9,537				DONOR DESIGNATIONS
FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	42,500				EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTER 117 W PATTERSON ST KALAMAZOO, MI 49007	23-7107569	501(C)(3)	22,500				LINKAGES ENHANCEMENT
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	23,690				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST WESLEYAN CHURCH 14425 HELMER ROAD SOUTH BATTLE CREEK, MI 49015	93-0805254	501(C)(3)	10,873				DONOR DESIGNATIONS
FOOD BANK OF SOUTH CENTRAL MI PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	234,871				FOOD DISTRIBUTION, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GFM THE SYNERGY CENTER 625 HARRISON ST KALAMAZOO, MI 49007	20-0034091	501(C)(3)	135,000				MENTAL HEALTH, SUBSTANCE ABUSE
GIRL SCOUTS HEART OF MICHIGAN 601 W MAPLE ST KALAMAZOO, MI 49008	38-1581300	501(C)(3)	7,226				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF CENTRAL MICHIGANS HEARTLAND 4820 WAYNE ROAD BATTLE CREEK, MI 49015	38-1426892	501(C)(3)	137,498				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				BASIC NEEDS, FINANCIAL COACHING, KCTCI, YWORKS, LIFE GUIDE SUCCESS, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRYPHON PLACE 3245 S 8TH ST KALAMAZOO, MI 49009	38-2808685	501(C)(3)	57,871				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				GUARDIANSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARPER CREEK COMMUNITY SCHOOLS 7454 B DRIVE NORTH BATTLE CREEK, MI 49014	38-6007620	GOVERNMENTAL	20,500				IGNITING GREATNESS IN ALL
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	219,999				GAIN ACCESS PROGRAM (GAP), LIFE RECOVERY FOR MEN, LIFE RECOVERY FOR WOMEN, MEN'S SHELTER, WOMEN'S SHELTER, WIN LIFE PERMANENT HOUSING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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				DONOR DESIGNATIONS
HOSPICE CARE OF SOUTHWEST MI 222 N KALAMAZOO MALL STE 100 KALAMAZOO, MI 49007	38-2293985	501(C)(3)	29,744				DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL HOSPITALITY HOUSE OF KALAMAZOO 527 W SOUTH STREET KALAMAZOO, MI 49007	38-2540700	501(C)(3)	6,720				DONOR DESIGNATIONS
HOUSING RESOURCES INC 420 E ALCOTT ST KALAMAZOO, MI 49001	38-2474879	501(C)(3)	532,618				EMERGENCY SHELTER PARTNERSHIP, EVICTION DIVERSION, FAMILY STABILITY FOR EDUCATIONAL SUCCESS PROGRAM (SIEMER), HOUSING STABILIZATION PARTNERSHIP, DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF SOUTH CENTRAL MI 2500 WATKINS BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	7,558				DONOR DESIGNATIONS
INFANT MASSAGE INSTITUTE INCORPORATED 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	25,200				PROFESSIONAL CERTIFICATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SWMI 2775 W DICKMAN RD STE H-3 BATTLE CREEK, MI 49037	38-1515420	501(C)(3)	10,778				DONOR DESIGNATIONS
KALAMAZOO AREA YOUTH FOR CHRIST POBOX 514876 KALAMAZOO, MI 49005	38-1873558	501(C)(3)	11,541				DONOR DESIGNATIONS

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KALAMAZOO CHRISTIAN SCHOOL ASSOCIATION 2121 STADIUM DRIVE KALAMAZOO, MI 49008	38-1871520	501(C)(3)	6,655				DONOR DESIGNATIONS
KALAMAZOO COMMUNITY FOUNDATION 402 EAST MICHIGAN AVENUE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	41,422				DONOR DESIGNATIONS

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KALAMAZOO COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES 3299 GULL ROAD NAZARETH, MI 49074	38-3313413	GOVERNMENTAL	70,955				MI CHAP EXPANSION
KALAMAZOO COUNTRY DAY SCHOOL 4221 E MILHAM RD PORTAGE, MI 49002	38-2266451	501(C)(3)	5,650				DONOR DESIGNATIONS

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KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES 3299 GULL ROAD KALAMAZOO, MI 49048	38-6004860	GOVERNMENTAL	276,400				MATERNAL CHILD HEALTH DIVISION - NURSE FAMILY PARTNERSHIP PROGRAM, FATHERHOOD INITIATIVE, COMMUNITY HEALTH WORKER (CHW) CORPS
KALAMAZOO COUNTY READY 4S 259 E MICHIGAN AVE STE 209 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	167,613				KALAMAZOO COUNTY READY 4S, NORTHSIDE PRESCHOOL, SUPPORT SERVICES FOR FAMILIES, DONOR DESIGNATIONS

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

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KALAMAZOO DEACONS CONFERENCE 1010 N WESTNEDGE AVE KALAMAZOO, MI 49007	38-2018800	501(C)(3)	5,492				DONOR DESIGNATIONS
KALAMAZOO DROP-IN CHILD CARE CENTER 345 W MICHIGAN AVE KALAMAZOO, MI 49007	38-1359203	501(C)(3)	15,000				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				KALAMAZOO GOSPEL MISSION - BASIC NEEDS, DONOR DESIGNATIONS
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	38-2420575	501(C)(3)	10,203				DONOR DESIGNATIONS

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

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KALAMAZOO NEIGHBORHOOD HOUSING SERVICES INC 1219 PARK ST KALAMAZOO, MI 49001	38-2391442	501(C)(3)	85,000				FINANCIAL LITERACY FOR HOMEOWNERSHIP, LONG-TERM SUPPORT - HOMEOWNERSHIP, MORTGAGE FORECLOSURE PREVENTION, INCREASE SPANISH LANGUAGE SERVICE
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) 1819 EAST MILHAM KALAMAZOO, MI 49002	38-2478137	GOVERNMENTAL	277,500				EARLY GRADE READING, YOUTH OPPORTUNITIES UNLIMITED (YOU), STEM EDUCATION

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

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KALAMAZOO VALLEY HABITAT FOR HUMANITY 525 E KALAMAZOO AVE KALAMAZOO, MI 49007	38-2558965	501(C)(3)	13,000				SAFE AND STABLE HOUSING SOLUTIONS
KIDS CAMPUS INC 75 IRVING PARK DRIVE BATTLE CREEK, MI 49017	38-1426880	501(C)(3)	30,000				REMOVING BARRIERS TO SCHOOL READINESS PROGRAM

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

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LAKEVIEW SCHOOL DISTRICT 15 ARBOR STREET BATTLE CREEK, MI 49015	38-6000747	GOVERNMENTAL	42,560				EARLY READING PROGRAM, TRAUMA INFORMED EDUCATIONAL ENVIRONMENTS - TRAIN THE TRAINER (LAKEVIEW)
LEGAL AID OF WESTERN MICHIGAN 89 IONIA NW GRAND RAPIDS, MI 49503	38-2156874	501(C)(3)	73,845				LEGAL SERVICES FOR LOW INCOME RESIDENTS, DONOR DESIGNATIONS

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

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LEGAL SERVICES OF SOUTH CENTRAL MI 70 EAST MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-1845444	501(C)(3)	122,500				LEGAL ADVOCACY FOR HOME PURCHASERS AND HOME OWNERS, LEGAL ADVOCACY FOR RENTERS/EVICTION DIVERSION, EVICTION DIVERSION PROGRAM
MARSHALL UNITED WAY PO BOX 190 MARSHALL, MI 49068	23-7161104	501(C)(3)	5,442				DONOR DESIGNATIONS

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MICHIGAN BREASTFEEDING NETWORK 503 MALL COURT 296 LANSING, MI 48912	26-4308289	501(C)(3)	25,000				MIBFN 310 CONNECT BATTLE CREEK PROJECT
MINISTRY WITH COMMUNITY 440 NORTH CHRUCH ST KALAMAZOO, MI 49007	38-2596981	501(C)(3)	112,828				RESOURCE CENTER AND DROP IN PROGRAM, DONOR DESIGNATIONS

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

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MRC INDUSTRIES INC 2538 S 26TH ST KALAMAZOO, MI 49048	38-1911437	501(C)(3)	102,000				MRC EMPLOYMENT, MRC SKILL BUILDING
NEW GENESIS 1225 W PATTERSON ST KALAMAZOO, MI 49007	38-2338855	501(C)(3)	115,834				NEW GENESIS SUCCESS ACADEMY - K-3 READING, INNOVATIVE/INTERIM, COMMUNITY MENTORING PARTNERSHIPS, RELEVANT READING & ACHIEVING

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

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NORTH AVENUE CHURCH OF GOD 1079 NORTH AVENUE BATTLE CREEK, MI 49017	38-2153030	501(C)(3)	12,383				DONOR DESIGNATIONS
OPEN DOORS KALAMAZOO 810 S WESTNEDGE KALAMAZOO, MI 49008	23-7088427	501(C)(3)	68,960				FAMILY CONNECTIONS

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

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PARTNERS IN HOUSING TRANSITION 247 W LOVELL ST KALAMAZOO, MI 49007	38-1369613	501(C)(3)	10,000				PARTNERS IN HOUSING TRANSITION
PLANNED PARENTHOOD OF SOUTH CENTRAL MI 4201 W MICHIGAN AVE KALAMAZOO, MI 49006	38-1811120	501(C)(3)	14,631				DONOR DESIGNATIONS

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PORTAGE COMMUNITY CENTER 325 E CENTRE PORTAGE, MI 49002	38-2178011	501(C)(3)	86,002				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				AFTER SCHOOL PROGRAMMING, FAMILY EMPOWERMENT (STRENGTHENING FAMILIES AND CELEBRATING FAMILIES PROGRAMS)

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

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READ AND WRITE KALAMAZOO 802 S WESTNEDGE AVENUE KALAMAZOO, MI 49007	47-5372831	501(C)(3)	18,800				PROJECT 802, RAWK READERS ROOM
ROOTEAD FAMILY ENIRCHMENT CENTER 1501 FULFORD ST KALAMAZOO, MI 49001	47-1161414	501(C)(3)	30,000				ROOTEAD DOULAS

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SAFE PLACE 303 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-2436401	501(C)(3)	74,598				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				INNOVATIVE / INTERIM

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

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SENIOR SERVICES INC 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501(C)(3)	155,640				HOME DELIVERED MEALS, DONOR DESIGNATIONS
SHARE CENTER 120 GROVE ST BATTLE CREEK, MI 49017	38-3022871	501(C)(3)	96,000				COMMUNITY MEALS PROGRAM

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

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SHERMAN LAKE YMCA OUTDOOR CENTER 6225 NORTH 39TH STREET AUGUSTA, MI 49012	38-3167869	501(C)(3)	5,842				DONOR DESIGNATIONS
SLD READ 5250 LOVERS LANE KALAMAZOO, MI 49002	38-2055709	501(C)(3)	100,000				ACHIEVE SUCCESS, READ TO SUCCEED

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SOUTH COUNTY COMMUNITY SERVICES 101 S MAIN VICKSBURG, MI 49097	38-1961745	501(C)(3)	92,732				AGING WELL IN SOUTH COUNTY, SOUTH COUNTY COMMUNITY SERVICES - BASIC NEEDS SERVICES, DONOR DESIGNATIONS
SPCA OF SOUTHWEST MICHIGAN 6155 WEST KL AVE KALAMAZOO, MI 49009	38-3614688	501(C)(3)	13,188				DONOR DESIGNATIONS

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SPROUT URBAN FARMS PO BOX 1334 BATTLE CREEK, MI 49016	45-3707870	501(C)(3)	69,847				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				DONOR DESIGNATIONS

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ST CATHERINE OF SIENNA CHURCH 1150 WEST CENTRE AVENUE PORTAGE, MI 49024	38-1854993	501(C)(3)	8,900				DONOR DESIGNATIONS
ST JOSEPH COUNTY UNITED WAY PO BOX 577 CENTREVILLE, MI 49032	38-6095409	501(C)(3)	16,537				DONOR DESIGNATIONS

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ST LUKE'S EPISCOPAL CHURCH 247 W LOVELL ST KALAMAZOO, MI 49008	38-1369613	501(C)(3)	25,000				ST LUKE'S DIAPER BANK
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	68,000				THE NATIONAL INSTITUTE FOR TRAUMA AND LOSS IN CHILDREN (TLC), STARR GLOBAL LEARNING NETWORK

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SUMMIT POINTE 140 W MICHIGAN AVENUE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	15,000				TCC-CONTINUUM OF CARE (COC)
TEMPLE BNAI ISRAEL 4409 GRAND PRAIRIE KALAMAZOO, MI 49006	38-6069296	501(C)(3)	20,487				DONOR DESIGNATIONS

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THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	38-1613581	501(C)(3)	15,063				REDUCING DISPARITIES, DONOR DESIGNATIONS
THE SALVATION ARMY - BATTLE CREEK PO BOX 93 BATTLE CREEK, MI 49016	36-2167910	501(C)(3)	150,000				EMERGENCY FAMILY SERVICES

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

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THE SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO, MI 49001	38-2699000	501(C)(3)	79,600				EMERGENCY UTILITY ASSISTANCE
THE SALVATION ARMY - KALAMAZOO COUNTY 1700 S BURDICK ST KALAMAZOO, MI 49001	38-1370971	501(C)(3)	16,323				DONOR DESIGNATIONS

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TRI COUNTY LABOR AGENCY 5906 EAST MORGAN ROAD BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	9,525				DONOR DESIGNATIONS
UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVENUE STE 300 DETROIT, MI 48226	20-3099071	501(C)(3)	11,338				DONOR DESIGNATIONS

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UNITED WAY OF ALLEGHENY COUNTY PO BOX 735 PITTSBURGH, PA 15230	25-1043578	501(C)(3)	5,393				DONOR DESIGNATIONS
UNITED WAY OF CENTRAL ALABAMA INC PO BOX 320189 BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	5,825				DONOR DESIGNATIONS

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UNITED WAY OF CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	5,576				DONOR DESIGNATIONS
UNITED WAY OF METROPOLITAN ATLANTA PO BOX 2692 ATLANTA, GA 30371	58-0566194	501(C)(3)	5,311				DONOR DESIGNATIONS

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UNITED WAY OF METROPOLITAN DALLAS INC 1800 N LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	12,995				DONOR DESIGNATIONS
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	7,247				DONOR DESIGNATIONS

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UNITED WAY OF THE GREATER SEACOAST PEASE INTERNATIONAL TRADEPORT 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 03801	04-2382233	501(C)(3)	15,010				DONOR DESIGNATIONS
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443	38-1426895	501(C)(3)	9,466				DONOR DESIGNATIONS

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URBAN ALLIANCE 1009 E STOCKBRIDGE AVE STE 100 KALAMAZOO, MI 49001	20-4969751	501(C)(3)	107,673				DONOR DESIGNATIONS, MOMENTUM
URBAN LEAGUE OF BATTLE CREEK 172 WEST VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	25,000				SOJOURNER TRUTH GIRLS ACADEMY

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VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018	86-0104419	501(C)(3)	6,039				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				DONOR DESIGNATIONS

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VAN BUREN YOUTH CAMP 12370 45TH STREET BLOOMINGDALE, MI 49026	38-1452699	501(C)(3)	12,195				DONOR DESIGNATIONS
VICTORY LIFE CHURCH 6892 D DRIVE NORTH BATTLE CREEK, MI 49014	23-7279369	501(C)(3)	21,488				DONOR DESIGNATIONS

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VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	120,000				CREATIVE LEADERS UNITED, ELEMENTARY TUTORING, ENGLISH AS A SECOND LANGUAGE, FAMILY LEADERSHIP INSTITUTE
WMU HOMER STRYKER MD SCHOOL OF MEDICINE 1000 OAKLAND DR KALAMAZOO, MI 49008	45-4135256	GOVERNMENTAL	281,984				DATA HUB, KALAMAZOO INFANT MORTALITY COMMUNITY ACTION INITIATIVE, TRAINING THE TRAINER, SAFE SLEEP ADVOCATES, PIPELINE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S NETWORK INC WOMAN'S CO-OP 2055 E COLUMBIA AVE BATTLE CREEK, MI 49017	26-2699012	501(C)(3)	45,500				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				DONOR DESIGNATIONS, FALL/WINTER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMENS CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN 353 E MICHIGAN KALAMAZOO, MI 49007	38-1360598	501(C)(3)	627,954				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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
38-1359193

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE CEO RECEIVED A DISCRETIONARY SPENDING ACCOUNT. THIS IS NOT TREATED AS TAXABLE COMPENSATION TO THE CEO.
PART I, LINE 4A	MICHAEL LARSON RECEIVED A SEVERANCE PAYMENT DURING THE YEAR IN THE AMOUNT OF \$80,387.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

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Department of the Treasury
Internal Revenue Service

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

Employer identification number

38-1359193

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	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 is not required to be used for exempt purposes for the entire holding period?		No
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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

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

Employer identification number

38-1359193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BYLAWS TO UPDATE THE NUMBER OF BOARD MEMBERS AND ITS COMPOSITION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND EXECUTIVE COMMITTEES REVIEWED THE 990 IN DETAIL AND APPROVED IT FOR FILING BOARD MEMBERS WERE PROVIDED AN ELECTRONIC COPY BEFORE THE 990 WAS FILED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

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