

# **Public Disclosure Copy**

## **Form 990**

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

### **Public Inspection Requirement**

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

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

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

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

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>709 S WESTNEDGE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>KALAMAZOO, MI 49007</b> <b>F</b> Name and address of principal officer: <b>CHRISTIPHER SARGENT</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>38-1359193</b> <b>E</b> Telephone number <b>(269) 343-2524</b> <b>G</b> Gross receipts \$ <b>23,447,920.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CHANGETHESTORY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1926</b> <b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION ENGAGES PEOPLE IN BUILDING AND SUSTAINING</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>22</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>22</b></span> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>38</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>605</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
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**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.

<b>Sign Here</b>	Signature of officer <b>CHRISTIPHER SARGENT, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TINA M. PETERS, CPA</b>	Preparer's signature <b>TINA M. PETERS, CPA</b>	Date <b>08/13/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00904574</b>
	Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b> Firm's address ▶ <b>750 TRADE CENTRE WAY, STE. 300</b> <b>PORTAGE, MI 49002</b>	Firm's EIN ▶ <b>38-1357951</b> Phone no. <b>269-567-4500</b>		

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,346,688. including grants of \$ 5,346,688.) (Revenue \$ )  
**UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION (UWBCKR) AND ITS DEDICATED STAFF ARE DEVOTED TO OPTIMIZING OPPORTUNITIES FOR SYSTEMIC CHANGE AND POSITIVE IMPACT IN THE AREAS OF EDUCATION, FINANCIAL STABILITY/INCOME, HEALTH AND BASIC NEEDS, WITH A PARTICULAR FOCUS ON RACIAL AND ECONOMIC DISPARITIES (INCLUDING THOSE EXPERIENCED BY HOUSEHOLDS LIVING BELOW THE ALICE SURVIVAL BUDGET THRESHOLD). IMPACT IS ACHIEVED THROUGH COMMUNITY ENGAGEMENT, PARTNERSHIPS WITH NONPROFITS AND PUBLIC AND PRIVATE SECTOR COMMUNITY LEADERS, AND SHARED LEARNING, WHICH DRIVES STRATEGIC INVESTMENTS AND INITIATIVE ACTIVITIES.**

**THROUGH THE GENEROUS, UNDESIGNATED GIFTS FROM DONORS, UWBCKR INVESTS IN ESSENTIAL SERVICES AND ALSO SUPPORTS COMPREHENSIVE AND INNOVATIVE**

4b (Code: ) (Expenses \$ 993,813. including grants of \$ 993,813.) (Revenue \$ )  
**DONOR DESIGNATIONS - UWBCKR ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES. APPROXIMATELY 1,108 DONORS DESIGNATED THEIR GIFTS TO 404 AGENCIES IN THE 2020 CAMPAIGN.**

4c (Code: ) (Expenses \$ 2,347,881. including grants of \$ ) (Revenue \$ )  
**COMMUNITY IMPACT/SERVICE DIVISION. DEDICATED AND HIGHLY QUALIFIED STAFF DEVOTED TO OPTIMIZING OPPORTUNITIES FOR SYSTEMIC CHANGE AND POSITIVE IMPACT IN THE AREAS OF EDUCATION, FINANCIAL STABILITY/INCOME, HEALTH, AND BASIC NEEDS. THIS IS ACCOMPLISHED THROUGH ONGOING COLLABORATION, DATA ANALYSIS, AND WORK WITH COMMUNITY MEMBERS, LEADERS, AND SERVICE DELIVERY PARTNERS/NONPROFITS TO INVEST FUNDS AND PARTICIPATE IN INITIATIVE WORK THAT DRIVES TARGETED AND MEASURABLE OUTCOMES IN STATED GOAL AREAS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 4,145,468. including grants of \$ 4,145,468.) (Revenue \$ )

4e Total program service expenses **12,833,850.**

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

Form 990 (2020)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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

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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	145
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	38	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

				Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	22			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	22			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>				<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>				<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>				<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>				<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>				<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>				<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>				<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>				<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JACK ULLREY - (269) 343-2524**  
**709 S WESTNEDGE AVENUE, KALAMAZOO, MI 49007**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIPHER SARGENT PRESIDENT & CEO	40.00 0.00			X			178,236.	0.	24,691.	
(2) ALYSSA STEWART VICE PRESIDENT-COMMUNITY IMPACT & EN	40.00 0.00				X		101,018.	0.	0.	
(3) JAMES LIGGINS, JR. BOARD CHAIR	5.00 0.00	X		X			0.	0.	0.	
(4) CARLA THOMPSON PAYTON VICE CHAIR	5.00 0.00	X		X			0.	0.	0.	
(5) ASHUTOSH GOEL 2ND VICE CHAIR	5.00 0.00	X		X			0.	0.	0.	
(6) JONATHAN BYRD SECRETARY	5.00 0.00	X		X			0.	0.	0.	
(7) RHONDA NEWMAN TREASURER	5.00 0.00	X		X			0.	0.	0.	
(8) ANMAR ATCHU MEMBER	1.00 0.00	X					0.	0.	0.	
(9) BECKY BALDWIN MEMBER	1.00 0.00	X					0.	0.	0.	
(10) LENZY BELL MEMBER	1.00 0.00	X					0.	0.	0.	
(11) KEVIN CARSON MEMBER	1.00 0.00	X					0.	0.	0.	
(12) TERRENCE CLARE MEMBER	1.00 0.00	X					0.	0.	0.	
(13) DYLAN CROTTY MEMBER	1.00 0.00	X					0.	0.	0.	
(14) CAMERON CUMMINS MEMBER	1.00 0.00	X					0.	0.	0.	
(15) KRISTEN DEVRIES MEMBER	1.00 0.00	X					0.	0.	0.	
(16) REBECCA FLUERY MEMBER	1.00 0.00	X					0.	0.	0.	
(17) GABRIEL GIRON MEMBER	1.00 0.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCUS GLASS MEMBER	1.00 0.00	X						0.	0.	0.
(19) HEATHER HAYDO MEMBER	1.00 0.00	X						0.	0.	0.
(20) DAVE KARNES MEMBER	1.00 0.00	X						0.	0.	0.
(21) KAY KECK MEMBER	1.00 0.00	X						0.	0.	0.
(22) TRACY MILLER MEMBER	1.00 0.00	X						0.	0.	0.
(23) STEVE POWELL MEMBER	5.00 0.00	X						0.	0.	0.
(24) STEPHANIE SLINGERLAND IMMEDIATE PAST CHAIR	1.00 0.00	X						0.	0.	0.
(25) TODD MCDONALD MEMBER - PART YEAR	1.00 0.00	X						0.	0.	0.
(26) ROBERT MILLER MEMBER - PART YEAR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								279,254.	0.	24,691.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								279,254.	0.	24,691.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEBER TANS, PLC, 555 WEST CROSSTOWN PARKWAY, SUITE 304, KALAMAZOO, MI 49008	CONTRACTED CFO	111,680.

**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 **1**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	20,408,244.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 97,761.				
	<b>h Total.</b> Add lines 1a-1f .....			20,408,244.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		275,928.			275,928.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	20,125.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	20,125.				
	<b>d</b> Net rental income or (loss) .....			20,125.		20,125.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,988,765.			
			(ii) Other				
				1,911,933.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>	76,832.				
<b>d</b> Net gain or (loss) .....			76,832.		76,832.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	900099	450,120.			450,120.	
	<b>b</b> PROFESSIONAL SERVICES REVENUE	900099	304,738.			304,738.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			754,858.			
<b>12 Total revenue.</b> See instructions .....			21,535,987.	0.	0.	1,127,743.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,485,969.	10,485,969.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	199,448.	99,724.	29,918.	69,806.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,499,012.	964,595.	149,674.	384,743.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	141,325.	72,725.	24,996.	43,604.
<b>9</b> Other employee benefits	135,378.	91,137.	12,162.	32,079.
<b>10</b> Payroll taxes	125,195.	78,002.	13,620.	33,573.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	23,072.		23,072.	
<b>c</b> Accounting	138,455.		138,455.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	60,502.		60,502.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	876,923.	669,543.	103,932.	103,448.
<b>12</b> Advertising and promotion	183,262.	103,454.	3,488.	76,320.
<b>13</b> Office expenses	4,823.	1,376.	2,467.	980.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	73,866.	32,108.	19,337.	22,421.
<b>17</b> Travel	15,764.	9,974.	2,709.	3,081.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	47,567.	9,030.	35,380.	3,157.
<b>20</b> Interest	3,558.	1,568.	902.	1,088.
<b>21</b> Payments to affiliates	143,078.	62,900.	36,164.	44,014.
<b>22</b> Depreciation, depletion, and amortization	66,953.	29,454.	16,777.	20,722.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a RENTAL &amp; MAINTENANCE</b>	150,658.	78,028.	24,467.	48,163.
<b>b DUES</b>	51,715.	23,982.	12,502.	15,231.
<b>c TELEPHONE</b>	36,445.	19,193.	6,529.	10,723.
<b>d POSTAGE AND SHIPPING</b>	3,156.	1,081.	703.	1,372.
<b>e All other expenses</b>	34,172.	7.	33,801.	364.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	14,500,296.	12,833,850.	751,557.	914,889.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2020)

38-1359193 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,101.	<b>1</b>	6,980.
	<b>2</b> Savings and temporary cash investments .....	1,906,959.	<b>2</b>	5,231,800.
	<b>3</b> Pledges and grants receivable, net .....	6,023,549.	<b>3</b>	7,986,226.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	735,847.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	34,589.	<b>9</b>	20,647.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,840,392.		
	<b>b</b> Less: accumulated depreciation .....	2,131,693.		
	<b>11</b> Investments - publicly traded securities .....	747,136.	<b>10c</b>	708,699.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,535,821.	<b>11</b>	9,347,283.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	662,524.	<b>12</b>	866,758.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,918,679.	<b>15</b>		
<b>17</b> Accounts payable and accrued expenses .....	17,918,679.	<b>16</b>	24,904,240.	
<b>18</b> Grants payable .....	468,144.	<b>17</b>	591,601.	
<b>19</b> Deferred revenue .....	2,480,256.	<b>18</b>	1,764,461.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	510,000.	<b>23</b>	0.	
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,458,400.	<b>25</b>		
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
<b>28</b> Net assets without donor restrictions .....	5,772,361.	<b>26</b>	2,356,062.	
<b>29</b> Net assets with donor restrictions .....	8,687,918.	<b>27</b>	7,831,090.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>28</b>	14,717,088.	
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>		
<b>34</b> Total net assets or fund balances .....	14,460,279.	<b>31</b>		
<b>35</b> Total liabilities and net assets/fund balances .....	17,918,679.	<b>32</b>	22,548,178.	
<b>36</b> Total liabilities and net assets/fund balances .....	17,918,679.	<b>33</b>	24,904,240.	

Form **990** (2020)

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>21,535,987.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>14,500,296.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>7,035,691.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>14,460,279.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>1,052,208.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>22,548,178.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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 on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12229466.	11234445.	10677431.	11671287.	20408244.	66220873.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	12229466.	11234445.	10677431.	11671287.	20408244.	66220873.
<b>5</b> 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) .....						5488194.
<b>6 Public support.</b> Subtract line 5 from line 4.						60732679.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	12229466.	11234445.	10677431.	11671287.	20408244.	66220873.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	279,315.	278,889.	283,308.	258,427.	296,053.	1395992.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	346,772.	400,511.	122,112.	138,172.	754,858.	1762425.
<b>11 Total support.</b> Add lines 7 through 10						69379290.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.54 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	94.73 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

**UNITED WAY OF THE BATTLE CREEK AND**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

UNITED WAY OF THE BATTLE CREEK AND

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

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

OTHER RELATED INCOME

2016 AMOUNT: \$ 346,772.

2017 AMOUNT: \$ 400,511.

2018 AMOUNT: \$ 122,112.

2019 AMOUNT: \$ 138,172.

2020 AMOUNT: \$ 754,858.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

UNITED WAY OF THE BATTLE CREEK AND  
KALAMAZOO REGION

Employer identification number

38-1359193

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION</b>	Employer identification number 38-1359193
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,295,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,141,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 4,060,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION</b>	Employer identification number <b>38-1359193</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION</b>	Employer identification number <b>38-1359193</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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

Schedule D (Form 990) 2020

38-1359193 Page **2**

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	250,000.	250,000.	250,000.	250,000.	250,000.
<b>b</b> Contributions	753,331.				
<b>c</b> Net investment earnings, gains, and losses	-4,439.	6,668.	6,977.	9,013.	9,728.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		6,668.	6,977.	9,013.	9,728.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	998,892.	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 %
- b** Permanent endowment  .0000 %
- c** Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes       | No       |
|--|-----------|----------|
| <b>(i)</b> Unrelated organizations   | <b>X</b>  |          |
| <b>(ii)</b> Related organizations  |           | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b> |          |
- 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
<b>1a</b> Land		170,666.		170,666.
<b>b</b> Buildings		1,843,703.	1,427,487.	416,216.
<b>c</b> Leasehold improvements		107,085.	69,269.	37,816.
<b>d</b> Equipment		718,938.	634,937.	84,001.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				708,699.

Schedule D (Form 990) 2020

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	21,533,880.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,052,208.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,052,208.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,481,672.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	60,502.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	993,813.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,054,315.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	21,535,987.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	13,445,981.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,445,981.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	60,502.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	993,813.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,054,315.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,500,296.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**DONOR DESIGNATIONS** 993,813.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**DONOR DESIGNATIONS** 993,813.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Employer identification number  
38-1359193**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A. PHILIP RANDOLPH INSTITUTE OF BATTLE CREEK - 172 W VAN BUREN ST - BATTLE CREEK, MI 49017	38-2926101	501(C)(3)	12,000.	0.			CATALYZING COMMUNITY GIVING GRANT
ACLU OF MICHIGAN 2966 WOODWARD AVE DETROIT, MI 48201	23-7243421	501(C)(3)	25,000.	0.			DISASTER RELIEF FUND GRANT
ACTION FOR HEALTHY KIDS 600 W VAN BUREN ST UNIT 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	7,466.	0.			DONOR DESIGNATED
ALLEN CHAPEL AME CHURCH 804 W NORTH ST KALAMAZOO, MI 49007	38-2842889	501(C)(3)	11,840.	0.			DISASTER RELIEF FUND GRANT
ALTERNATIVES OF BATTLE CREEK 1346 WEST COLUMBIA AVE BATTLE CREEK, MI 49015	38-2850563	501(C)(3)	11,000.	0.			DISASTER RELIEF FUND GRANT
AMERICAN RED CROSS OF SOUTHWEST MICHIGAN - 5640 VENTURE CT - KALAMAZOO, MI 49009	53-0196605	501(C)(3)	36,000.	0.			ADDRESSING COMMUNITY EMERGENCIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **108.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) 2020

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**UNITED WAY OF THE BATTLE CREEK AND  
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(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
BARUCH SENIOR MINISTRIES 3196 KRAFT AVE SE GRAND RAPIDS, MI 49512	38-3375363	501(C)(3)	9,664.	0.			DISASTER RELIEF FUND GRANT
BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION - 63 NORTH 24TH STREET - BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	17,286.	0.			DONOR DESIGNATED
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE, NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	20,000.	0.			SUMMER HUNGER FUNDING
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVE, NE BATTLE CREEK, MI 49017	38-1986068	501(C)(3)	135,000.	0.			DISASTER RELIEF FUND GRANT
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN BATTLE CREEK, MI 49017	38-6000746	115	18,000.	0.			BREAKFAST IN THE CLASSROOM
BERGEN COUNTY UNITED WAY 6 FOREST AVENUE PARAMUS, NJ 07652	22-6028959	501(C)(3)	7,760.	0.			DONOR DESIGNATED
BETHANY CHRISTIAN SERVICES 6687 SEECO DR KALAMAZOO, MI 49009	38-1405282	501(C)(3)	18,500.	0.			DISASTER RELIEF FUND GRANT
BIG BROTHERS BIG SISTERS OF SOUTHWEST MICHIGAN - 3501 COVINGTON ROAD - KALAMAZOO, MI 49001	38-1720832	501(C)(3)	41,700.	0.			HIGH SCHOOL BIGS MENTORING
BIG BROTHERS BIG SISTERS OF SOUTHWEST MICHIGAN - 3501 COVINGTON ROAD - KALAMAZOO, MI 49001	38-1720832	501(C)(3)	30,377.	0.			DONOR DESIGNATED

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(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
BLACK WALL STREET KALAMAZOO 225 W WALNUT ST KALAMAZOO, MI 49007	83-4127178	501(C)(3)	60,000.	0.			EQUITY FUND GRANT
BOY SCOUTS OF AMERICA, MICHIGAN CROSSROADS COUNCIL - 3497 S 9TH ST - KALAMAZOO, MI 49009	45-4003240	501(C)(3)	5,973.	0.			DONOR DESIGNATED
BOYS AND GIRLS CLUBS OF GREATER KALAMAZOO - 915 LAKE STREET - KALAMAZOO, MI 49001	38-1627080	501(C)(3)	112,500.	0.			SOCIAL EMOTIONAL WELLBEING
BOYS AND GIRLS CLUBS OF GREATER KALAMAZOO - 915 LAKE STREET - KALAMAZOO, MI 49001	38-1627080	501(C)(3)	7,000.	0.			DISASTER RELIEF FUND GRANT
BOYS AND GIRLS CLUBS OF GREATER KALAMAZOO - 915 LAKE STREET - KALAMAZOO, MI 49001	38-1627080	501(C)(3)	9,312.	0.			DONOR DESIGNATED
BRONSON HEALTH FOUNDATION 301 JOHN STREET, BOX C KALAMAZOO, MI 49001	38-2415081	501(C)(3)	20,000.	0.			SEXUAL ASSAULT PREVENTION
BURMESE AMERICAN INITIATIVE 765 UPTON AVE SPRINGFIELD, MI 49037	45-3441524	501(C)(3)	56,000.	0.			THRIVE
BURMESE AMERICAN INITIATIVE 765 UPTON AVE SPRINGFIELD, MI 49037	45-3441524	501(C)(3)	80,000.	0.			CATALYZING COMMUNITY GIVING GRANT
BURMESE AMERICAN INITIATIVE 765 UPTON AVE SPRINGFIELD, MI 49037	45-3441524	501(C)(3)	35,607.	0.			DISASTER RELIEF FUND GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT - 190 E MICHIGAN AVENUE - BATTLE CREEK, MI 49014	38-6004358	115	75,000.	0.			NURSE-FAMILY PARTNERSHIP
CALHOUN COUNTY TREASURER 315 W GREEN ST MARSHALL, MI 49068	38-6004358	115	73,694.	0.			DISASTER RELIEF FUND GRANT
CALHOUN INTERMEDIATE SCHOOL DISTRICT - 17111 G DRIVE NORTH - MARSHALL, MI 49068	38-6062816	115	50,000.	0.			GREAT START THREE YEAR OLD SCHOLARSHIP PROGRAM
CALHOUN INTERMEDIATE SCHOOL DISTRICT - 17111 G DRIVE NORTH - MARSHALL, MI 49068	38-6062816	115	30,000.	0.			DISASTER RELIEF FUND GRANT
CATHOLIC FAMILY SERVICES 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	50,000.	0.			CARING NETWORK
CATHOLIC FAMILY SERVICES 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	155,000.	0.			THE ARK SERVICES FOR YOUTH
CATHOLIC FAMILY SERVICES 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	61,700.	0.			DISASTER RELIEF FUND GRANT
CATHOLIC FAMILY SERVICES 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	15,443.	0.			DONOR DESIGNATED
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	70,000.	0.			CLOTHING CHILDREN AND FAMILIES IN NEED

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(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
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	29,000.	0.			MENSES MANAGEMENT
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	11,171.	0.			SUMMER HUNGER FUNDING
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	37,777.	0.			DISASTER RELIEF FUND GRANT
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	6,151.	0.			DONOR DESIGNATED
CHRISTIAN GLOBAL MEDICAL HEALTHCARE - 451 W MILHAM - PORTAGE, MI 49020	46-4149761	501(C)(3)	52,500.	0.			DISASTER RELIEF FUND GRANT
COMMUNITIES IN SCHOOLS OF MICHIGAN 34 W JACKSON ST, SUITE 4B BATTLE CREEK, MI 49017	45-3736821	501(C)(3)	48,000.	0.			INTEGRATED STUDENT SUCCESS
COMMUNITIES IN SCHOOLS OF MICHIGAN 34 W JACKSON ST, SUITE 4B BATTLE CREEK, MI 49017	45-3736821	501(C)(3)	20,000.	0.			DISASTER RELIEF FUND GRANT
COMMUNITY ACTION 175 MAIN ST BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	235,500.	0.			EMERGENCY SERVICES - BASIC NEEDS
COMMUNITY ACTION 175 MAIN ST BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	45,000.	0.			EMERGENCY SERVICES - INCOME

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION 175 MAIN ST BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	205,000.	0.			DISASTER RELIEF FUND GRANT
COMMUNITY HEALING CENTERS 2615 STADIUM DR KALAMAZOO, MI 49008	38-1961500	501(C)(3)	50,000.	0.			ADDICTION & PREVENTION SERVICES FOR PREGNANT AND PARENTING INDIVIDUALS
COMMUNITY HEALING CENTERS 2615 STADIUM DR KALAMAZOO, MI 49008	38-1961500	501(C)(3)	17,700.	0.			NINAS DEL CORAZON (GIRLS OF THE HEART)
COMMUNITY HEALING CENTERS 2615 STADIUM DR KALAMAZOO, MI 49008	38-1961500	501(C)(3)	32,400.	0.			S.T.R.E.E.T.
COMMUNITY HEALING CENTERS 2615 STADIUM DR KALAMAZOO, MI 49008	38-1961500	501(C)(3)	22,004.	0.			DONOR DESIGNATED
COMMUNITY HOMEWORKS 810 BRYANT STREET KALAMAZOO, MI 49001	27-1037159	501(C)(3)	60,000.	0.			AFFORDABLE SUSTAINABILITY FOR LOW-INCOME HOMEOWNERS
CONSTANCE BROWN HEARING AND SPEECH CENTER - 1634 GULL RD - KALAMAZOO, MI 49048	38-1410463	501(C)(3)	10,000.	0.			DISASTER RELIEF FUND GRANT
DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E CROSSTOWN PARKWAY - KALAMAZOO, MI 49001	38-2351028	501(C)(3)	20,000.	0.			INDEPENDENT LIVING SERVICES
DISABILITY NETWORK SOUTHWEST MICHIGAN - 517 E CROSSTOWN PARKWAY - KALAMAZOO, MI 49001	38-2351028	501(C)(3)	10,000.	0.			DISASTER RELIEF FUND GRANT

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(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
HISPANIC AMERICAN COUNCIL 930 LAKE STREET KALAMAZOO, MI 49001	38-2437758	501(C)(3)	20,000.	0.			ACADEMIA AZTECA
HISPANIC AMERICAN COUNCIL 930 LAKE STREET KALAMAZOO, MI 49001	38-2437758	501(C)(3)	19,000.	0.			EL CONCILIO-BRIDGING COMMUNITY
HISPANIC AMERICAN COUNCIL 930 LAKE STREET KALAMAZOO, MI 49001	38-2437758	501(C)(3)	20,000.	0.			ESCUELITA NUEVO HORIZONTE
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO, MI 49001	38-2118101	501(C)(3)	150,000.	0.			COACHING PARENTS FOR CHANGE: BREAKING THE CYCLE OF ABUSE AND NEGLECT
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO, MI 49001	38-2118101	501(C)(3)	34,000.	0.			DISASTER RELIEF FUND GRANT
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO, MI 49001	38-2118101	501(C)(3)	9,855.	0.			DONOR DESIGNATED
FAMILY ENRICHMENT CENTER 415 S 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501(C)(3)	42,750.	0.			CHILD CARE ASSISTANCE
FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	11,264.	0.			DONOR DESIGNATED
GFM THE SYNERGY CENTER 625 HARRISON STREET KALAMAZOO, MI 49007	20-0034091	501(C)(3)	40,000.	0.			URBANZONE

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(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 MICHIGAN'S HEARTLAND - 4820 WAYNE ROAD - BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	35,000.	0.			FOC (FINANCIAL OPPORTUNITIES CENTER)
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE ROAD - BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	50,000.	0.			VITA
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001	38-1558550	501(C)(3)	15,060.	0.			BASIC NEEDS
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001	38-1558550	501(C)(3)	23,475.	0.			FINANCIAL COACHING
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001	38-1558550	501(C)(3)	30,400.	0.			LIFE GUIDES
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001	38-1558550	501(C)(3)	40,000.	0.			DISASTER RELIEF FUND GRANT
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN - 420 E ALCOTT ST - KALAMAZOO, MI 49001	38-1558550	501(C)(3)	5,140.	0.			DONOR DESIGNATED
GRACE HEALTH 181 WEST EMMETT STREET BATTLE CREEK, MI 49037	38-2679075	501(C)(3)	250,000.	0.			COORDINATED APPROACH TO CARE FOR WOMEN OF CHILDBEARING AGE, PREGNANT WOMAN AND
GRACIOUS HOMES TRANSITIONAL HOUSING - PO BOX 977 - BATTLE CREEK, MI 49016	05-0605425	501(C)(3)	15,600.	0.			DISASTER RELIEF FUND GRANT

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(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
GREATER KINGDOM INTERNATIONAL 50 SPENCER ST BATTLE CREEK, MI 49014	56-2298725	501(C)(3)	56,900.	0.			DISASTER RELIEF FUND GRANT
GRYPHON PLACE 3245 S 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	52,120.	0.			211 PREGNANCY/INFANT SCREENING
GRYPHON PLACE 3245 S 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	52,120.	0.			YOUTH CONFLICT RESOLUTION SERVICES
GRYPHON PLACE 3245 S 8TH STREET KALAMAZOO, MI 49009	38-2808685	501(C)(3)	57,500.	0.			COMMUNITY RESILIENCE MANAGER
GUARDIAN FINANCE & ADVOCACY SERVICES - 18 W MICHIGAN AVE STE 300 - BATTLE CREEK, MI 49017	38-2282034	501(C)(3)	7,000.	0.			DISASTER RELIEF FUND GRANT
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, STE 100 GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	11,944.	0.			DONOR DESIGNATED
HOPE NETWORK 3075 ORCHARD VISTA DR SE GRAND RAPIDS, MI 49546	38-3371445	501(C)(3)	25,000.	0.			DISASTER RELIEF FUND GRANT
HOSPICE CARE OF SOUTHWEST MI 7100 STADIUM DRIVE KALAMAZOO, MI 49009	38-2293985	501(C)(3)	9,023.	0.			DONOR DESIGNATED
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	36,000.	0.			HRI BARRIER REMOVAL

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HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	45,900.	0.			EVICTION DIVERSION
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	83,000.	0.			FAMILY STABILITY FOR EDUCATIONAL SUCCESS PROGRAM
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	117,900.	0.			HOUSING STABLIZATION PARTNERSHIP
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	75,000.	0.			SIEMER INSTITUTE FUNDS FOR FY 2021
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	3,068.	0.			DISASTER RELIEF GRANT
HOUSING RESOURCES, INC. 420 E ALCOTT ST SUITE 200 KALAMAZOO, MI 49001	38-2474879	501(C)(3)	5,194.	0.			DONOR DESIGNATED
INTEGRATED SERVICES OF KALAMAZOO 2030 PORTAGE ST KALAMAZOO, MI 49001	38-3313413	501(C)(3)	110,000.	0.			LOW BARRIER SHELTER PROGRAM/PROJECT
INTEGRATED SERVICES OF KALAMAZOO 2030 PORTAGE ST KALAMAZOO, MI 49001	38-3313413	501(C)(3)	27,337.	0.			DISASTER RELIEF FUND GRANT
INERACT OF MICHIGAN 610 S BURDICK ST KALAMAZOO, MI 49007	38-2999425	501(C)(3)	6,000.	0.			DISASTER RELIEF FUND GRANT

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(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 THE MI GREAT LAKES - 2650 EAST BELTLINE STE B - GRAND RAPIDS, MI 49546	38-1557861	501(C)(3)	6,000.	0.			DONOR DESIGNATED
KALAMAZOO COMMUNITY FOUNDATION 402 E MICHIGAN AVE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	12,775.	0.			DISASTER RELIEF FUNDS
KALAMAZOO COMMUNITY FOUNDATION 402 E MICHIGAN AVE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	36,000.	0.			DONOR DESIGNATED
KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES - 3299 GULL RD - KALAMAZOO, MI 49048	38-6004860	115	75,000.	0.			FATHERHOOD INITIATIVE
KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES - 3299 GULL RD - KALAMAZOO, MI 49048	38-6004860	115	75,000.	0.			MATERNAL CHILD HEALTH DIVISION - NURSE FAMILY PARTNERSHIP PROGRAM
KALAMAZOO COUNTY HEALTH & COMMUNITY SERVICES - 3299 GULL RD - KALAMAZOO, MI 49048	38-6004860	115	179,363.	0.			DISASTER RELIEF FUND GRANT
KALAMAZOO COUNTY READY 4S 259 E MICHIGAN AVENUE, SUITE 209 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	56,300.	0.			GENERAL OPERATING SUPPORT
KALAMAZOO COUNTY READY 4S 259 E MICHIGAN AVENUE, SUITE 209 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	10,304.	0.			DONOR DESIGNATED
KALAMAZOO DROP-IN CHILD CARE CENTER - 345 W MICHIGAN AVE - KALAMAZOO, MI 49007	38-1359203	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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KALAMAZOO GOSPEL MISSION 448 N BURDICK ST KALAMAZOO, MI 49007	38-1877515	501(C)(3)	93,000.	0.			DISASTER RELIEF FUND GRANT
KALAMAZOO GOSPEL MISSION 448 N BURDICK ST KALAMAZOO, MI 49007	38-1877515	501(C)(3)	12,124.	0.			DONOR DESIGNATED
KALAMAZOO LOAVES & FISHES 901 PORTAGE STREET KALAMAZOO, MI 49001	38-2420575	501(C)(3)	5,239.	0.			DONOR DESIGNATED
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. - 1219 SOUTH PARK STREET - KALAMAZOO, MI 49001	38-2391442	501(C)(3)	55,000.	0.			NEW HOMEOWNER SERVICES
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) - 1819 E MILHAM AVENUE - PORTAGE, MI 49002	38-1709020	115	65,000.	0.			CAREER NOW
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) - 1819 E MILHAM AVENUE - PORTAGE, MI 49002	38-1709020	115	50,000.	0.			VITA
KALAMAZOO REGIONAL EDUCATIONAL SERVICE AGENCY (KRESA) - 1819 E MILHAM AVENUE - PORTAGE, MI 49002	38-1709020	115	37,000.	0.			SEEDS FOR SUCCESS-PARENTS AS TEACHERS-ED
KALAMAZOO YOUTH DEVELOPMENT NETWORK - 912 N BURDICK ST - KALAMAZOO, MI 49007	82-4427471	501(C)(3)	37,500.	0.			SEL INITIATIVE
LEGAL AID OF WESTERN MICHIGAN 201 W KALAMAZOO, SUITE 427 KALAMAZOO, MI 49007	38-2156874	501(C)(3)	55,000.	0.			EVICTION PROTECTION

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LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN - 123 W TERRITORIAL ROAD - BATTLE CREEK, MI 49015	38-1845444	501(C)(3)	88,000.	0.			EVICTION DIVERSION/HOUSING OPPORTUNITY
LORI'S VOICE P.O. BOX 66 COOPERSVILLE, MI 49404	45-3966631	501(C)(3)	8,395.	0.			DONOR DESIGNATED
MICHIGAN WORKS! SOUTHWEST 222 S WESTNEDGE KALAMAZOO, MI 49007	38-1360419	501(C)(3)	25,000.	0.			BC EMPLOYEE RESOURCE FUND
MINISTRY WITH COMMUNITY 500 N EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501(C)(3)	80,000.	0.			RESOURCE CENTER AND DROP IN PROGRAM
MINISTRY WITH COMMUNITY 500 N EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501(C)(3)	20,538.	0.			DONOR DESIGNATED
MOTHERS OF HOPE 603 ADA STREET KALAMAZOO, MI 49007	27-0228453	501(C)(3)	7,250.	0.			BLM CENSUS VOTER REGISTRATION EVENT
MOTHERS OF HOPE 603 ADA STREET KALAMAZOO, MI 49007	27-0228453	501(C)(3)	16,400.	0.			DISASTER RELIEF FUND GRANT
MRC INDUSTRIES, INC. 2538 S 26TH STREET KALAMAZOO, MI 49048	38-1911437	501(C)(3)	70,000.	0.			MRC EMPLOYMENT
MRC INDUSTRIES, INC. 2538 S 26TH STREET KALAMAZOO, MI 49048	38-1911437	501(C)(3)	7,500.	0.			DISASTER RELIEF FUND GRANT

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MY BROTHERS KEEPER FOUNDATION 3038 S BURDICK ST KALAMAZOO, MI 49001	38-4414578	501(C)(3)	75,250.	0.			DISASTER RELIEF FUND GRANT
NEIGHBORHOODS INC. OF BATTLE CREEK 47 N WASHINGTON AVE BATTLE CREEK, MI 49037	38-2375773	501(C)(3)	25,000.	0.			FEDERAL HOME LOAN BANK
NEIGHBORHOODS INC. OF BATTLE CREEK 47 N WASHINGTON AVE BATTLE CREEK, MI 49037	38-2375773	501(C)(3)	14,000.	0.			DISASTER RELIEF FUND GRANT
NEW GENESIS, INCORPORATED 1225 PATERSON STREET KALAMAZOO, MI 49007	38-2338855	501(C)(3)	37,500.	0.			NEW GENESIS AFTER SCHOOL PROGRAM
NEW LEVEL SPORTS MINISTRIES 400 MICHIGAN AVE BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	112,000.	0.			YOUTH VILLAGE ICAN ACADEMY
NEW LEVEL SPORTS MINISTRIES 400 MICHIGAN AVE BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	128,000.	0.			CATALYZING COMMUNITY GIVING GRANT
NEW LEVEL SPORTS MINISTRIES 400 MICHIGAN AVE BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	25,000.	0.			DISASTER RELIEF FUND GRANT
NO KID HUNGRY BY SHARE OUR STRENGTH - PO BOX 75475 - BALTIMORE, MD 21275	52-1367538	501(C)(3)	15,879.	0.			DONOR DESIGNATED
OPEN DOORS 1141 S ROSE ST #3 KALAMAZOO, MI 49001	23-7088427	501(C)(3)	4,038.	0.			HOUSING INTERVENTION PROJECT-STORAGE NEEDS

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OPEN DOORS 1141 S ROSE ST #3 KALAMAZOO, MI 49001	23-7088427	501(C)(3)	111,500.	0.			DISASTER RELIEF FUND GRANT
PARKS FOUNDATION OF KALAMAZOO CO. PO BOX 50467 KALAMAZOO, MI 49005	38-2886994	501(C)(3)	12,296.	0.			DONOR DESIGNATED
PARTNERS IN HOUSING TRANSITION 247 WEST LOVELL KALAMAZOO, MI 49007	31-1629166	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PORTAGE COMMUNITY CENTER 325 E CENTRE ST KALAMAZOO, MI 49002	38-2178011	501(C)(3)	50,000.	0.			EMERGENCY ASSISTANCE PROGRAM
PREVENTION WORKS, INC. 611 WHITCOMB, SUITE A KALAMAZOO, MI 49008	38-3264831	501(C)(3)	30,000.	0.			KPS PROGRAM EXPANSION PROJECT
READ AND WRITE KALAMAZOO (RAWK) 802 S. WESTNEDGE AVE. KALAMAZOO, MI 49008	47-5372831	501(C)(3)	28,600.	0.			RAWK READERS' ROOM
REGION 3B AREA AGENCY ON AGING 200 W MICHIGAN AVE, SUITE 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	25,000.	0.			REMOVING BARRIERS FOR ALL
REGION 3B AREA AGENCY ON AGING 200 W MICHIGAN AVE, SUITE 102 BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	52,000.	0.			DISASTER RELIEF FUND GRANT
RISE 165 N WASHINGTON BATTLE CREEK, MI 49037	82-3730738	501(C)(3)	75,000.	0.			CATALYZING COMMUNITY GIVING GRANT

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RISE 165 N WASHINGTON BATTLE CREEK, MI 49037	82-3730738	501(C)(3)	274,000.	0.			DISASTER RELIEF FUND GRANT
ROOTEAD ENRICHMENT CENTER 1000 W. PATERSON ST. KALAMAZOO, MI 49007	47-1161414	501(C)(3)	28,000.	0.			INTEGRATIVE SOCIAL EMOTIONAL LEARNING FOR HIGH SCHOOL
ROOTEAD ENRICHMENT CENTER 1000 W. PATERSON ST. KALAMAZOO, MI 49007	47-1161414	501(C)(3)	25,000.	0.			ROOTEAD CONTINUUM FAMILY ENRICHMENT
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	78,628.	0.			DOMESTIC VIOLENCE - BASIC NEEDS
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	19,000.	0.			DISASTER RELIEF FUND GRANT
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	5,321.	0.			DONOR DESIGNATED
SAUGATUCK CENTER FOR THE ARTS PO BOX 940 SAUGATUCK, MI 49453	38-3557693	501(C)(3)	5,500.	0.			DONOR DESIGNATED
SENIOR SERVICES INC 918 JASPER KALAMAZOO, MI 49001	38-1747660	501(C)(3)	98,000.	0.			HOME DELIVERED MEALS
SENIOR SERVICES INC 918 JASPER KALAMAZOO, MI 49001	38-1747660	501(C)(3)	132,500.	0.			DISASTER RELIEF FUND GRANT

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SENIOR SERVICES INC 918 JASPER KALAMAZOO, MI 49001	38-1747660	501(C)(3)	6,990.	0.			DONOR DESIGNATED
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49037	38-3022871	501(C)(3)	75,000.	0.			COMMUNITY MEALS AND BARRIER REMOVAL
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49037	38-3022871	501(C)(3)	20,835.	0.			DISASTER RELIEF FUND GRANT
SLD READ 5250 LOVERS LANE, SUITE LL 100 KALAMAZOO, MI 49002	38-2055709	501(C)(3)	66,000.	0.			ACHIEVE SUCCESS
SOUTH COUNTY COMMUNITY SERVICES 606 SPRUCE ST VICKSBURG, MI 49097	38-1961745	501(C)(3)	46,000.	0.			BASIC NEEDS SERVICES
SOUTH MICHIGAN FOOD BANK PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	220,000.	0.			FOOD DISTRIBUTION
SOUTH MICHIGAN FOOD BANK PO BOX 408 BATTLE CREEK, MI 49016	38-2445948	501(C)(3)	14,793.	0.			DONOR DESIGNATED
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	9,150.	0.			H.O.O.D. HEALTH COOPERATIVE; FOOD TO FORK INITIATIVE
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	26,400.	0.			HIP HOP 4 CHANGE

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SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	32,000.	0.			SOJOURNER TRUTH GIRLS ACADEMY
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	21,000.	0.			CATALYZING COMMUNITY GIVING GRANT
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	22,252.	0.			DISASTER RELIEF FUND GRANT
ST. JOSEPH COUNTY UNITED WAY PO BOX 577 CENTREVILLE, MI 49032-0577	38-6095409	501(C)(3)	6,661.	0.			DONOR DESIGNATED
ST. LUKE'S EPISCOPAL CHURCH 247 WEST LOVELL STREET KALAMAZOO, MI 49007	38-1369613	501(C)(3)	30,500.	0.			ST. LUKE'S DIAPER BANK
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501(C)(3)	30,000.	0.			STARR COMMONWEALTH RESILIENT SCHOOLS PROJECT
STRYKE FORCE 4-H FIRST ROBOTICS 8300 PINE LAKE RD DELTON, MI 49046	37-1701735	501(C)(3)	5,588.	0.			DONOR DESIGNATED
SUMMIT POINTE 140 WEST MICHIGAN AVE BATTLE CREEK, MI 49017	38-3318175	501(C)(3)	96,100.	0.			DISASTER RELIEF FUND GRANT
THE ARC OF CALHOUN COUNTY 506 RIVERSIDE DRIVE BATTLE CREEK, MI 49015	38-1734960	501(C)(3)	48,000.	0.			EDUCATIONAL ADVOCACY

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THE HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	12,500.	0.			MEN'S SHELTER
THE HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	13,700.	0.			WOMEN'S SHELTER
THE HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	50,000.	0.			GAIN ACCESS PROGRAM (GAP)
THE HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	37,094.	0.			DISASTER RELIEF FUND GRANT
THE SALVATION ARMY - BATTLE CREEK PO BOX 93 BATTLE CREEK, MI 49016	38-1370971	501(C)(3)	98,000.	0.			EMERGENCY FAMILY SERVICES
THE SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO, MI 49001	36-2167910	501(C)(3)	60,000.	0.			EMERGENCY UTILITY ASSISTANCE
THE SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO, MI 49001	36-2167910	501(C)(3)	13,564.	0.			DONOR DESIGNATED
TRI-COUNTY LABOR AGENCY FOR HUMAN SERVICES - 5906 MORGAN ROAD E - BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	45,900.	0.			TRI-COUNTY LABOR AGENCY FOOD BANK PANTRY
TRI-COUNTY LABOR AGENCY FOR HUMAN SERVICES - 5906 MORGAN ROAD E - BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	30,000.	0.			DISASTER RELIEF FUND GRANT

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TRI-COUNTY LABOR AGENCY FOR HUMAN SERVICES - 5906 MORGAN ROAD E - BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	10,861.	0.			DONOR DESIGNATED
TRUTH IN ACTION MINISTRIES 208 EUCLID ST BATTLE CREEK, MI 49014	26-3642306	501(C)(3)	12,000.	0.			CATALYZING COMMUNITY GIVING GRANT
TRUTH IN ACTION MINISTRIES 208 EUCLID ST BATTLE CREEK, MI 49014	26-3642306	501(C)(3)	8,650.	0.			DISASTER RELIEF FUND GRANT
UNITED WAY OF NORTHWEST MICHIGAN 202 E. GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	38-1679060	501(C)(3)	5,451.	0.			DONOR DESIGNATED
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE SAINT JOSEPH, MI 49085	38-1358411	501(C)(3)	9,039.	0.			DONOR DESIGNATED
UNITED WAY OF VENTURA COUNTY 702 COUNTY SQUARE DRIVE SUITE #100 VENTURA, CA 93003	95-1945833	501(C)(3)	5,670.	0.			DONOR DESIGNATED
URBAN ALLIANCE INC. 1009 E STOCKBRIDGE, SUITE 100 KALAMAZOO, MI 49001	20-4969751	501(C)(3)	80,000.	0.			MOMENTUM URBAN EMPLOYMENT INITIATIVE
URBAN ALLIANCE INC. 1009 E STOCKBRIDGE, SUITE 100 KALAMAZOO, MI 49001	20-4969751	501(C)(3)	11,460.	0.			DONOR DESIGNATED
VICTORY LIFE CHURCH 6892 D DRIVE NORTH BATTLE CREEK, MI 49014	23-7279369	501(C)(3)	21,008.	0.			DONOR DESIGNATED

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VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	20,000.	0.			CREATIVE LEADERS UNITED (CLU)
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	20,000.	0.			ELEMENTARY LITERACY PROGRAM (ELP)
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	31,896.	0.			ENGLISH AS A SECOND LANGUAGE
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	20,000.	0.			FAMILY LEADERSHIP INSTITUTE (FLI)
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	50,000.	0.			CATALYZING COMMUNITY GIVING GRANT
VOCES 520 W MICHIGAN AVENUE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	50,000.	0.			DISASTER RELIEF FUND GRANT
WASHINGTON HEIGHTS UMC COMMUNITY 153 NORTHWOOD ST BATTLE CREEK, MI 49017	38-2035353	501(C)(3)	16,500.	0.			DISASTER RELIEF FUND GRANT
WMU HOME STRYKER M.D. SCHOOL OF MEDICINE - 300 PORTAGE STREET - KALAMAZOO, MI 49007	45-4135256	501(C)(3)	62,980.	0.			CRADLE DATA BACKBONE
WMU HOME STRYKER M.D. SCHOOL OF MEDICINE - 300 PORTAGE STREET - KALAMAZOO, MI 49007	45-4135256	501(C)(3)	30,000.	0.			FIMR

Schedule I (Form 990)

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

Schedule I (Form 990)

38-1359193

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S NETWORK INC 2055 E. COLUMBIA AVE BATTLE CREEK, MI 49014	26-2699012	501(C)(3)	5,000.	0.			LIFE ENRICHMENT CLASSES
WOMEN'S NETWORK INC 2055 E. COLUMBIA AVE BATTLE CREEK, MI 49014	26-2699012	501(C)(3)	19,000.	0.			DISASTER RELIEF FUND GRANT
WOODLAND CHURCH 14425 HELMER ROAD SOUTH BATTLE CREEK, MI 49015	93-0805254	501(C)(3)	12,220.	0.			DONOR DESIGNATED
YMCA OF GREATER KALAMAZOO 1001 MAPLE STREET KALAMAZOO, MI 49008	38-1360592	501(C)(3)	22,500.	0.			FALL/WINTER PROGRAM
YMCA OF GREATER KALAMAZOO 1001 MAPLE STREET KALAMAZOO, MI 49008	38-1360592	501(C)(3)	10,000.	0.			DISASTER RELIEF FUND GRANT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	75,000.	0.			COMMUNITY HEALTH WORKER
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	70,000.	0.			CRADLE KALAMAZOO
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	75,000.	0.			HOME VISITATION PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	132,158.	0.			DOMESTIC VIOLENCE SHELTER

Schedule I (Form 990)

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

Schedule I (Form 990)

38-1359193

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	57,000.	0.			NORTHSIDE PRESCHOOL
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	105,000.	0.			YWCA EARLY CHILDHOOD EDUCATION AND EQUITY PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION KALAMAZOO MICHIGAN - 353 E. MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1360598	501(C)(3)	6,517.	0.			DONOR DESIGNATED

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

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

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

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

**PART I, LINE 2:**

AGENCIES RECEIVING ALLOCATIONS ARE MONITORED FROM THE POINT OF APPLICATION THROUGH FINAL REPORTING. THE APPLICATION PROCESS INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM THE USE OF FUNDING, A FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES, AND VERIFICATION OF PATRIOT ACT COMPLIANCE. GRANTEES PROVIDE ANNUAL REPORTS THAT ARE USED TO VERIFY THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED. AGENCIES RECEIVING DONOR DESIGNATIONS ARE MONITORED BY VERIFICATION OF COMPLIANCE WITH THE

**Part IV** Supplemental Information

PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS  
ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS. USE OF THESE FUNDS ARE NOT  
MONITORED AS THEY ARE CONSIDERED PASS THROUGH DOLLARS TO THE RESPECTIVE  
AGENCY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: GRACE HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATED APPROACH TO CARE FOR  
WOMEN OF CHILDBEARING AGE, PREGNANT WOMAN AND INFANTS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTIPHER SARGENT PRESIDENT & CEO	(i)	178,236.	0.	0.	0.	24,691.	202,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I 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	14	97,761.	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 V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

IN 2020, UWCKR BEGAN TO ADMINISTER SMALL BUSINESS SUPPORTS FOR  
BUSINESSES WITHIN THE CITY OF KALAMAZOO, THROUGH THREE PROGRAMS:  
KALAMAZOO SMALL BUSINESS LOAN FUND, KALAMAZOO MICROENTERPRISE GRANTS,  
AND SMALL BUSINESS HEALTH PROTECTION GRANTS. THESE PROGRAMS ARE  
DESIGNED TO PROVIDE MEANINGFUL SUPPORT TO SMALL BUSINESSES, WITH A  
FOCUS ON ENSURING THAT SUPPORTS ARE ACCESSIBLE TO BIPOC (BLACK,  
INDIGENOUS, AND PEOPLE OF COLOR) OWNED BUSINESSES, WOMEN OWNED  
BUSINESSES, AND BUSINESSES OPERATING IN KEY NEIGHBORHOODS - THE NORTH  
SIDE, EAST SIDE, AND EDISON NEIGHBORHOODS OF KALAMAZOO.

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

APPROACHES THAT ADDRESS THE UNDERLYING CAUSES OF PROBLEMS. UWCKR  
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.

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 AGGREGATED DATA PROVIDED BY UWCKR-FUNDED

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PROGRAMS PROVIDING EARLY GRADE READING SUPPORTS DEMONSTRATED THE FOLLOWING RESULTS FOR 2020: OF THE 3,896 STUDENTS PROVIDED UW FUNDED READING SUPPORTS, 1,903 ACHIEVED THE GOAL OF READING PROFICIENTLY AT THE END OF 3RD GRADE AS MEASURED BY A STATE STANDARDIZED TEST. 25.7% OF THOSE ACHIEVING WERE AFRICAN AMERICAN STUDENTS AND 50.7% WERE ANGLO AMERICAN STUDENTS.

IN OUR REGION, BABIES OF COLOR ARE 2 TO 4 TIMES MORE LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY THAN THEIR WHITE COUNTERPARTS. AGGREGATE DATA COLLECTED FROM UWBCKR SUPPORTED PROGRAMS DEMONSTRATED THE FOLLOWING AS RECORDED MEASURABLE PROGRESS ON ADDRESSING THIS STATISTIC IN 2020: 68% OF AFRICAN-AMERICAN MOTHERS GAVE BIRTH TO AN INFANT OF HEALTHY WEIGHT. 70.1% OF MOTHERS SERVED INITIATED BREASTFEEDING. 45.5% OF AFRICAN AMERICAN MOTHERS SERVED INITIATED BREASTFEEDING.

A SIGNIFICANT, ONGOING CHALLENGE FACED BY FAMILIES STRUGGLING FINANCIALLY AND IN THE CYCLE OF POVERTY IS LIMITED FOOD ACCESS. STATISTICS SHOW THAT 1 OUT OF 4 (25%) OF THE CHILDREN IN OUR REGION DO NOT KNOW WHERE THEIR NEXT MEAL WILL COME FROM ON A DAILY BASIS.

AGGREGATE DATA PROVIDED BY UWBCKR-FUNDED PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2020: 111,674 FOOD-INSECURE RESIDENTS IN THE BATTLE CREEK AND KALAMAZOO REGION RECEIVED MEALS OR FOOD DURING THE YEAR. 518,711 HOT/PREPARED MEALS SERVED. 4,689,953 POUNDS OF FOOD DISTRIBUTED THROUGH FOOD PANTRIES, 1,122,432 POUNDS OF WHICH WERE FRESH FRUIT AND VEGETABLES.

UNEMPLOYMENT RATES ARE LOW, BUT THE MAJORITY OF NEW JOBS BEING ADDED IN OUR REGION PAY LESS THAN \$20 AN HOUR. THE RESULT IS A LARGE POPULATION

Name of the organization	UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number	38-1359193
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OF PEOPLE WHO WORK BUT DON'T EARN ENOUGH TO AFFORD BASIC NECESSITIES OR  
MANAGE A MAJOR CRISIS. AGGREGATE DATA PROVIDED BY UWBCR-FUNDED  
PROGRAMS DEMONSTRATED THE FOLLOWING RESULTS IN 2020: 76.2% OF  
INDIVIDUALS WHO RECEIVED UW SUPPORTED WORKFORCE DEVELOPMENT TRAINING  
ATTAINED CREDENTIALS AND WERE ABLE TO ATTAIN OR ADVANCE EMPLOYMENT;  
75.3% OF THOSE WERE AFRICAN AMERICAN.

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

UWBCKR ALSO CREATES "VALUE-ADD" WITHIN THE COMMUNITY THROUGHOUT 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. DISASTER RELIEF FUND. AN EVERGREEN REGIONAL DISASTER RELIEF FUND  
WHICH WAS ACTIVATED TWICE IN 2020 IN RESPONSE TO THE COVID-19 PANDEMIC.  
THIS FUND SERVES AS A VEHICLE FOR PUBLIC AND PRIVATE INVESTMENT INTO  
BASIC NEEDS IN TIMES OF CRISIS. IN 2020, THE COVID-19 ACTIVATIONS FOR  
KALAMAZOO COUNTY WERE CARRIED OUT IN PARTNERSHIP WITH THE KALAMAZOO  
COMMUNITY FOUNDATION, RESULTING IN POOLED RESOURCES AND A SINGLE ACCESS  
POINT FOR FUNDS.

2. KALAMAZOO CONTINUUM OF CARE. UWBCR SERVES AS THE CONTINUUM OF CARE  
FOR KALAMAZOO COUNTY, OPERATING A COC BOARD AND COORDINATING COMMUNITY  
PLANNING AND ADMINISTRATION OF STATE AND FEDERAL FUNDS IN AN EFFORT TO  
REDUCE HOMELESSNESS AND HOUSING INSTABILITY.

3. CATALYZING COMMUNITY GIVING/VILLAGE REEMERGENCE PLAN. THE VILLAGE IS  
A UWBCR INITIATIVE SUPPORTED BY THE W.K. KELLOGG FOUNDATION'S

Name of the organization	UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number	38-1359193
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CATALYZING COMMUNITY GIVING GRANT PROGRAM. THE VILLAGE IS A COLLABORATIVE EFFORT AND PLAN LED BY MEMBERS OF BATTLE CREEK'S BIPOC (BLACK, INDIGENOUS, AND PEOPLE OF COLOR) COMMUNITIES TO ACHIEVE EQUITY AND CHALLENGE SYSTEMIC AND STRUCTURAL BARRIERS TO THEIR GROWTH AND PROSPERITY, WITH A FOCUS ON SPORTS/ARTS/CULTURE, PERSONAL GROWTH, EDUCATION, AND INDUSTRY.

EXPENSES \$ 4,145,468. INCLUDING GRANTS OF \$ 4,145,468. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND EXECUTIVE COMMITTEES REVIEWED THE 990 IN DETAIL AND APPROVED IT FOR FILING. BOARD MEMBERS WERE PROVIDED AN ELECTRONIC COPY BEFORE THE 990 WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEWS BEGIN AT THE PERSONNEL COMMITTEE LEVEL. THEY ARE PROVIDED SALARY AND WAGE SURVEY DATA FOR SIMILAR SIZE UNITED WAYS AND OTHER NOT FOR PROFITS IN THE AREA TO ENSURE SALARIES ARE CONSISTENT WITH PEER ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS DATA RELATING TO THE CEO AND WILL PROPOSE SALARY ADJUSTMENTS TO THE BOARD. THE BOARD DETERMINES



Name of the organization UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION	Employer identification number 38-1359193
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COMPENSATION FOR THE CEO. OTHER SALARIES ARE DETERMINED BY THE CEO. THIS  
PROCESS WAS LAST UNDERTAKEN IN 2019.

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

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