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ENVELOPE AUG 12 2010

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

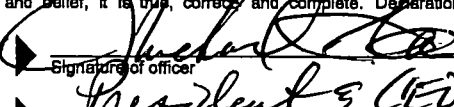
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization GREATER KALAMAZOO UNITED WAY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 709 S WESTNEDGE AVENUE City or town, state or country, and ZIP + 4 KALAMAZOO, MI 49007	D Employer identification number 38-1359193
	F Name and address of principal officer:	E Telephone number (269) 343-2524
	G Gross receipts \$ 9,324,489.	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
	I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527	J Website: WWW.KALAMAZOOUNITEDWAY.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation 1926	M State of legal domicile: MI
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ADDRESS CURRENT AND EMERGING HEALTH AND HUMAN SERVICE NEEDS IN KALAMAZOO COUNTY BY PROVIDING TECHNICAL ASSISTANCE, FUNDING TO AREA PROGRAMS, AND SECURING AND ORGANIZING HUMAN AND FINANCIAL NEEDS.	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	38
	4	Number of independent voting members of the governing body (Part VI, line 1b)	38
	5	Total number of employees (Part V, line 2a)	32
	6	Total number of volunteers (estimate if necessary)	1,617
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	
8		Contributions and grants (Part VIII, line 1h)	Prior Year: 9,079,318. Current Year: 8,912,865.
9		Program service revenue (Part VIII, line 2g)	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,568. 152,499.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138,785. 126,836.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,392,671. 9,192,200.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,857,569. 6,693,642.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,712,952. 1,563,377.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses, Part IX, column (D), line 25	
Expenses		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,250,339. 8,905,014.
	19	Revenue less expenses. Subtract line 18 from line 12	-857,668. 287,186.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	4,974,146. 4,645,852.
22		Net assets or fund balances. Subtract line 21 from line 20	8,089,052. 8,376,238.

Part II Signature Block

Sign Here	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.	
	Signature of officer  Type or print name and title President & CEO	Date 8/10/2010

Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 920 USA, LLP 99 MONROE AVENUE N.W., SUITE 800 GRAND RAPIDS, MI 49503-2654	Date 8/9/10	Check if self-employed ☐	Preparer's identifying number (see instructions) P00059529
	EIN 13-5381590	Phone no 616-774-7000		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

ADDRESS CURRENT AND EMERGING HEALTH AND HUMAN SERVICE NEEDS IN
KALAMAZOO COUNTY BY PROVIDING TECHNICAL ASSISTANCE, FUNDING TO AREA
PROGRAMS, AND SECURING AND ORGANIZING HUMAN AND FINANCIAL NEEDS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 6,693,642. including grants of \$ 6,693,642.) (Revenue \$)
PROGRAM INVESTMENTS - INCLUDES ACTIVITIES FUNDED BY THE ANNUAL
CAMPAIGN FOR OUTCOME-BASED INVESTMENTS IN AGENCY PROGRAMS. ALSO
INCLUDED ARE \$1,687,634 OF NET DESIGNATIONS MADE BY DONORS THAT
WERE PASSED THROUGH TO AGENCIES.

4b (Code:) (Expenses \$ 461,665 including grants of \$) (Revenue \$)
COMMUNITY INVESTMENT - INCLUDES ACTIVITIES THAT LEAD THE
CONTINUOUS IMPROVEMENT OF THE HEALTH AND HUMAN SERVICE SECTOR
THROUGH ONGOING COLLABORATION, ASSESSMENT AND WORK WITH COMMUNITY
VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO UNDERSTAND
THE NEEDS AND TO INVEST FUNDS RAISED THROUGH THE ANNUAL CAMPAIGN
IN TARGETED OUTCOME AREAS AND COMMUNITY PROGRAMS WITH MEASURABLE
OUTCOMES.

4c (Code:) (Expenses \$ 358,023. including grants of \$ 59,767) (Revenue \$)
GRANTS AND INITIATIVES - INCLUDES ACTIVITIES THAT DELIVER
SERVICES FUNDED BY SOURCES OTHER THAN THE ANNUAL CAMPAIGN,
SUCH AS YOUTH UNITED WAY, GREAT LAKES PEACEJAM, KALAMAZOO
YOUTH DEVELOPMENT NETWORK (KYDNET), EMERGENCY FINANCIAL
ASSISTANCE NETWORK, EDUCATION RECONNECTION, AND STRONG
FAMILIES/SAFE CHILDREN.

4d Other program services. (Describe in Schedule O)

(Expenses \$ 158,799. including grants of \$) (Revenue \$)

4e Total program service expenses ► 7,672,129.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	32
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	38
b Enter the number of voting members that are independent	1b	38
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ MI,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ☒ JILL HART 709 S WESTNEDGE AVE, KALAMAZOO, MI 49007
 269-343-2524

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROBERT BEAM DIRECTOR	5.00	X						0.	0.	0.
NIALL CONDON DIRECTOR	5.00	X						0.	0.	0.
CECILY CAGLE DIRECTOR	5.00	X						0.	0.	0.
DOUG CALLANDER LEGAL COUNSEL	5.00	X						0.	0.	0.
DAWNANNE CORBIT BOARD VICE CHAIR	5.00	X		X				0.	0.	0.
DAVID FURGASON TREASURER	5.00	X		X				0.	0.	0.
LAURA HOWARD VICKSBURG REP	5.00	X						0.	0.	0.
JAMES STEPHANAK DIRECTOR	5.00	X						0.	0.	0.
MILLIE LAMBERT DIRECTOR	5.00	X						0.	0.	0.
TIMOTHY LIGGETT GULL LAKE REP	5.00	X						0.	0.	0.
LARRY LUETH DIRECTOR	5.00	X						0.	0.	0.
EILEEN WILSON-OYELARAN DIRECTOR	5.00	X						0.	0.	0.
ANN PARFET DIRECTOR	5.00	X						0.	0.	0.
DON PARFET IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
FRANK SARDONE DIRECTOR	5.00	X						0.	0.	0.
MIRIAM SHANNON GALESBURG REP	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JANE TAMRAZ DIRECTOR	5.00	X						0.	0.	0.
ZYLKIA RODRIGUEZ DIRECTOR	5.00	X						0.	0.	0.
COURTENAY VANDERMOLEN DIRECTOR	5.00	X						0.	0.	0.
DON WEAVER DIRECTOR	5.00	X						0.	0.	0.
PAUL SPAUDE BOARD CHAIR	5.00	X		X				0.	0.	0.
JAMES BARNUM DIRECTOR	5.00	X						0.	0.	0.
MAURICE EVANS DIRECTOR	5.00	X						0.	0.	0.
JANICE JAMES DIRECTOR	5.00	X						0.	0.	0.
RICH MACDONALD SECRETARY	5.00	X		X				0.	0.	0.
STEPHEN MACMILLAN DIRECTOR	5.00	X						0.	0.	0.
DAVE TOMKO DIRECTOR	5.00	X						0.	0.	0.
KEN COLLARD DIRECTOR	5.00	X						0.	0.	0.
JOEL BROOKS DIRECTOR	5.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								211,071.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

38-1359193

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 110,106.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,802,759.				
	g	Noncash contributions included in lines 1a-1f \$ 142,289					
	h	Total. Add lines 1a-1f		8,912,865			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		152,499			152,499.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents	3,095.				
	b	Less rental expenses					
	c	Rental income or (loss)	3,095.				
	d	Net rental income or (loss)		3,095			3,095.
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	132,289				
	b	Less cost or other basis and sales expenses	132,289.				
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	COST RECOVERY FEE	900099	117,482.	117,482			
b	OTHER INCOME	900099	6,259	6,259.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		123,741.				
12	Total Revenue. See instructions			9,192,200	123,741.	155,594	

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) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	6,693,642.	6,693,642.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	211,071.	33,288.	105,708.	72,075.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,003,362.	490,106.	155,664.	357,592.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	107,521.	44,328.	23,911.	39,282.
9 Other employee benefits	158,491.	64,102.	35,711.	58,678.
10 Payroll taxes	82,932.	33,728.	18,539.	30,665.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	21,556.		21,556.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	42,117.	20,387.	10,654.	11,076.
12 Advertising and promotion	94,716.	10,281.	2,562.	81,873.
13 Office expenses	36,494.	16,854.	5,008.	14,632.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	44,666.	18,990.	9,827.	15,849.
17 Travel	21,289.	8,338.	2,773.	10,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	72,116.	65,098.	-874.	7,892.
20 Interest	0.			
21 Payments to affiliates <u>ATCH 3.</u>	88,424.	37,934.	19,630.	30,860.
22 Depreciation, depletion, and amortization	61,358.	26,323.	13,621.	21,414.
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>EQUIPMENT RENTAL & MAINTENAN</u>	37,002.	15,874.	8,214.	12,914.
b <u>D&O INSURANCE</u>	2,526.		2,526.	
c <u>DUES</u>	45,713.	19,879.	10,013.	15,821.
d <u>MISCELLANEOUS</u>	80,018.	72,977.	2,735.	4,306.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	8,905,014.	7,672,129.	447,778.	785,107.
26 Joint Costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,768,683.	2	2,638,573.
	3 Pledges and grants receivable, net	6,320,789.	3	5,795,703.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,098.	9	29,912.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,843,646.		
	b Less: accumulated depreciation	10b 1,377,528.	519,571.	10c 466,118.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,326,954.	12	4,064,668.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	105,103.	15	27,116.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,063,198.	16	13,022,090.	
Liabilities	17 Accounts payable and accrued expenses	77,155.	17	100,953.
	18 Grants payable	4,187,213.	18	3,792,110.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	709,778.	25	752,789.
	26 Total liabilities. Add lines 17 through 25	4,974,146.	26	4,645,852.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,691,697.	27	1,978,883.
	28 Temporarily restricted net assets	6,397,355.	28	6,397,355.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,089,052.	33	8,376,238.
34 Total liabilities and net assets/fund balances	13,063,198.	34	13,022,090.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

2009

Open to Public Inspection

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

The organization is not a private foundation because it is: (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	☐	☐
11g(ii)	☐	☐
11g(iii)	☐	☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h ☐ Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,510,782.	11,136,909.	11,111,435.	9,213,931.	9,030,347.	51,003,404
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,510,782	11,136,909.	11,111,435.	9,213,931.	9,030,347	51,003,404
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						51,003,404

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	10,510,782	11,136,909.	11,111,435.	9,213,931.	9,030,347	51,003,404
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,935	187,305.	223,471	175,788	152,499.	824,998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,227.	2,533	1,141	2,952	9,354	17,207.
11 Total support. Add lines 7 through 10						51,845,609.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.38 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.59 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	1,227.	2,533.	1,141.	2,952.	9,354.	17,207.
TOTALS	<u>1,227</u>	<u>2,533</u>	<u>1,141</u>	<u>2,952</u>	<u>9,354</u>	<u>17,207</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047
2009
Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization GREATER KALAMAZOO UNITED WAY, INC.	Employer identification number 38-1359193
---	---

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2 000

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

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?			
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,171.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			7,171.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information.

PART IV

FORM 990, SCHEDULE C, PAGE 3, PART IV

LOBBYING ACTIVITIES TOPICS CONSISTED OF 2-1-1, VITA FUNDS, NURSE FAMILY

PARTNERSHIP, AND THE EDUCATION BEGINS AT HOME ACT.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐

b ☐

c ☐

Public exhibition

Scholarly research

Preservation for future generations

d ☐

e ☐

Loan or exchange programs

Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	250,000.	250,000.			
b Contributions					
c Net investment earnings, gains, and losses	20,231.	8,686.			
d Grants or scholarships					
e Other expenditures for facilities and programs	20,231.	8,686.			
f Administrative expenses					
g End of year balance	250,000.	250,000.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.0000 %

b Permanent endowment ▶ %

c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		148,666.		148,666.
b Buildings		843,531.	581,295.	262,236.
c Leasehold improvements				
d Equipment				
e Other		851,449.	796,233.	55,216.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				466,118.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	3,907,023.	FMV
MUTUAL FUNDS	121,375.	FMV
CORPORATE BONDS	36,270.	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,064,668.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE ADVANCE	360,664.
POST-RETIREMENT BENEFIT PBL	392,125.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	752,789.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,192,200.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,905,014.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	287,186.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	287,186.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,504,566.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,504,566.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,687,634.
c	Add lines 4a and 4b	4c	1,687,634.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,192,200.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,217,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,217,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,687,634.
c	Add lines 4a and 4b	4c	1,687,634.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,905,014.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART XII

SCHEDULE D, PAGE 4, PART XII, QUESTION 4B

DONOR DESIGNATIONS REPRESENTS THE GROSS AMOUNT OF CAMPAIGN FUNDING DESIGNATED BY THE DONOR TO THE OTHER AGENCIES. THE UNPAID PORTION IS HELD IN AN AGENCY CAPACITY BY THE ORGANIZATION - \$1,687,634

PART XIII

SCHEDULE D, PAGE 4, PART XIII, QUESTION 4B

DONOR DESIGNATIONS

PART V

SCHEDULE D, PAGE 2, PART V, QUESTION 4

GENERAL OPERATIONS

PART X

SCHEDULE D, PAGE 3, PART X, QUESTION 2

UNITED WAY IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER THE PROVISIONS OF MICHIGAN TAX REGULATIONS AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY ON UNRELATED BUSINESS INCOME. UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MARCH 31, 2010 OR DECEMBER 31, 2008.

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

GREATHER KALAMAZOO UNITED WAY, INC.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AMERICAN RED CROSS	38-1360522	501 (C) (3)	39,264.				DONOR DESIGNATED FOR OPERATIONS
	CAPES	38-2784545	501 (C) (3)	13,132				DONOR DESIGNATED FOR OPERATIONS
	COMMUNITY HEALING CENTERS	38-1961500	501 (C) (3)	9,429.				DONOR DESIGNATED FOR OPERATIONS
	CONSTANCE BROWN HEARING CENTERS	38-1410463	501 (C) (3)	7,239.				DONOR DESIGNATED FOR OPERATIONS
	DOUGLASS COMMUNITY ASSOCIATION	38-1359200	501 (C) (3)	16,276				DONOR DESIGNATED FOR OPERATIONS
	FAMILY AND CHILDREN SERVICES, INC.	38-2118101	501 (C) (3)	32,388				DONOR DESIGNATED FOR OPERATIONS
	RESIDENTIAL OPPORTUNITIES, INC.	38-2185735	501 (C) (3)	9,434.				DONOR DESIGNATED FOR OPERATIONS
	SENIOR SERVICES, INC.	38-1747660	501 (C) (3)	25,666				DONOR DESIGNATED FOR OPERATIONS
	YMCA KALAMAZOO FAMILY	38-1360592	501 (C) (3)	13,736.				DONOR DESIGNATED FOR OPERATIONS
	BIG BROTHERS BIG SISTERS	38-1720832	501 (C) (3)	28,262.				DONOR DESIGNATED FOR OPERATIONS
	BOYS AND GIRLS' CLUBS OF KALAMAZOO, INC	38-1627080	501 (C) (3)	32,671.				DONOR DESIGNATED FOR OPERATIONS
	BOY SCOUTS OF AMERICA	38-1998734	501 (C) (3)	40,769.				DONOR DESIGNATED FOR OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I PART IV

SCHEDULE I, PAGE 2, PART IV SUPPLEMENTAL INFORMATION

SEE SCHEDULE O

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

38-1359193

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC FAMILY SERVICES	38-2072348	501 (C) (3)	118,838.				DONOR DESIGNATED FOR OPERATIONS
GIRL SCOUTS HEART OF MICHIGAN	38-1641320	501 (C) (3)	13,126.				DONOR DESIGNATED FOR OPERATIONS
COMMUNITY ADVOCATES FOR PERSONS WITH DEV. D	38-1613581	501 (C) (3)	10,939.				DONOR DESIGNATED FOR OPERATIONS
DISABILITY NETWORK	38-2351028	501 (C) (3)	7,950.				DONOR DESIGNATED FOR OPERATIONS
GOODWILL INDUSTRIES, INC.	38-1558550	501 (C) (3)	7,722.				DONOR DESIGNATED FOR OPERATIONS
HOUSING RESOURCES, INC.	38-2474879	501 (C) (3)	23,557.				DONOR DESIGNATED FOR OPERATIONS
LEGAL AID OF WESTERN MICHIGAN	38-2156874	501 (C) (3)	6,960.				DONOR DESIGNATED FOR OPERATIONS
MINISTRY WITH COMMUNITY	38-2596981	501 (C) (3)	85,465				DONOR DESIGNATED FOR OPERATIONS
MRC INDUSTRIES, INC.	38-1911437	501 (C) (3)	12,465.				DONOR DESIGNATED FOR OPERATIONS
SALVATION ARMY	38-2699000	501 (C) (3)	26,677.				DONOR DESIGNATED FOR OPERATIONS
YMCA	38-1360598	501 (C) (3)	26,266.				DONOR DESIGNATED FOR OPERATIONS
COMSTOCK COMMUNITY CENTER	38-1902558	501 (C) (3)	18,212.				DONOR DESIGNATED FOR OPERATIONS
GRYPHON PLACE	38-2808685	501 (C) (3)	19,501.				DONOR DESIGNATED FOR OPERATIONS
MICHIGAN COUNCIL ON CRIME AND DELINQUENCY	38-2108273	501 (C) (3)	9,500.				PROGRAM OPERATING COST
PORTAGE COMMUNITY CENTER	38-2178011	501 (C) (3)	30,248.				DONOR DESIGNATED FOR OPERATIONS

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

Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
GREATER KALAMAZOO UNITED WAY, INC.		38-1359193					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH COUNTY COMMUNITY SERVICES	38-1961745	501 (C) (3)	18,620.				DONOR DESIGNATED FOR OPERATIONS
FOOD BANK OF SOUTH CENTRAL MICHIGAN	38-2445948	501 (C) (3)	32,740.				DONOR DESIGNATED FOR OPERATIONS
HOSPICE CARE OF SOUTHWEST MICHIGAN	38-2293985	501 (C) (3)	128,449.				DONOR DESIGNATED FOR OPERATIONS
ALLEGAN AREA UNITED WAY	38-6063214	501 (C) (3)	12,507				DONOR DESIGNATED FOR OPERATIONS
ALTERNATIVES WOMEN'S CARE CENTER	38-2850563	501 (C) (3)	14,943				DONOR DESIGNATED FOR OPERATIONS
AUTISM SOCIETY OF KALAMAZOO/BATTLE CREEK	38-3034552	501 (C) (3)	7,611.				DONOR DESIGNATED FOR OPERATIONS
BARRY COUNTY UNITED WAY	38-6062803	501 (C) (3)	6,438.				DONOR DESIGNATED FOR OPERATIONS
BORGESS VISITING NURSE AND HOSPICE	38-1359216	501 (C) (3)	6,019.				DONOR DESIGNATED FOR OPERATIONS
CHEFF THERAPEUTIC RIDING CENTER	38-6061238	501 (C) (3)	5,712				DONOR DESIGNATED FOR OPERATIONS
DANA-FARBER CANCER INSTITUTE/JIMMY FUND	04-2263040	501 (C) (3)	6,000				DONOR DESIGNATED FOR OPERATIONS
FREE CLINIC OF KALAMAZOO	38-3184774	501 (C) (3)	5,142				DONOR DESIGNATED FOR OPERATIONS
HOSPITAL HOSPITALITY HOUSE	38-2540700	501 (C) (3)	7,278.				DONOR DESIGNATED FOR OPERATIONS
HUMANE SOCIETY OF KALAMAZOO COUNTY	38-1474932	501 (C) (3)	5,294.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO ANIMAL RESCUE	38-3058357	501 (C) (3)	8,977.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO COMMUNITY FOUNDATION	38-3333202	501 (C) (3)	24,671.				DONOR DESIGNATED FOR OPERATIONS

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

Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
GREATER KALAMAZOO UNITED WAY, INC.		38-1359193					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALAMAZOO DEACONS' CONFERENCE	38-2018800	501(C)(3)	10,306.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO GAY/LESBIAN RESOURCE CTR.	38-2800996	501(C)(3)	8,911.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO GOSPEL MISSION	38-1877515	501(C)(3)	43,521.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO LOAVES AND FISHES	38-2420575	501(C)(3)	20,130.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO VALLEY HABITAT FOR HUMANITY	38-2558965	501(C)(3)	10,904.				DONOR DESIGNATED FOR OPERATIONS
KALAMAZOO YOUTH FOR CHRIST	38-1873558	501(C)(3)	8,574.				DONOR DESIGNATED FOR OPERATIONS
NEW GENESIS	38-2338855	501(C)(3)	9,471.				DONOR DESIGNATED FOR OPERATIONS
PAWS WITH A CAUSE	38-2370342	501(C)(3)	15,102.				DONOR DESIGNATED FOR OPERATIONS
PLANNED PARENTHOOD OF SOUTH CENTRAL MICHIGAN	38-1811120	501(C)(3)	16,938.				DONOR DESIGNATED FOR OPERATIONS
PRETTY LAKE VACATION CAMP	38-1359229	501(C)(3)	9,186				DONOR DESIGNATED FOR OPERATIONS
SPCA OF SOUTHWEST MICHIGAN	38-3614688	501(C)(3)	12,166.				DONOR DESIGNATED FOR OPERATIONS
ST. JOSEPH CO UNITED FUND, CENTREVILLE	38-6095409	501(C)(3)	5,857.				DONOR DESIGNATED FOR OPERATIONS
UNITED WAY OF BATTLE CREEK	38-1846794	501(C)(3)	18,926				DONOR DESIGNATED FOR OPERATIONS
UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK	04-2475271	501(C)(3)	6,026.				DONOR DESIGNATED FOR OPERATIONS
VAN BUREN COUNTY UNITED WAY	23-7113927	501(C)(3)	19,069				DONOR DESIGNATED FOR OPERATIONS

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

Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
GREATER KALAMAZOO UNITED WAY, INC.		38-1359193					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCACY SERVICES FOR KIDS	20-0996694	501 (C) (3)	30,467				PROGRAM OPERATING COST
AMERICAN RED CROSS	38-1360522	501 (C) (3)	419,649				PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS	38-1720832	501 (C) (3)	140,920				PROGRAM OPERATING COST
BOY SCOUTS OF AMERICA	38-1998734	501 (C) (3)	50,000				PROGRAM OPERATING COST
BOYS AND GIRLS' CLUBS OF KALAMAZOO, INC.	38-1627080	501 (C) (3)	290,356				PROGRAM OPERATING COST
CARES	38-2784545	501 (C) (3)	40,000				PROGRAM OPERATING COST
CATHOLIC FAMILY SERVICES	38-2072348	501 (C) (3)	175,910				PROGRAM OPERATING COST
COMMUNITY ADVOCATES FOR PERSONS WITH DEV. D.	38-1613581	501 (C) (3)	70,000				PROGRAM OPERATING COST
COMMUNITY HEALING CENTERS	38-1961500	501 (C) (3)	281,704				PROGRAM OPERATING COST
COMSTOCK COMMUNITY CENTER	38-1902558	501 (C) (3)	100,000				PROGRAM OPERATING COST
CONSTANCE BROWN HEARING CENTERS	38-1410463	501 (C) (3)	21,717				PROGRAM OPERATING COST
DISABILITY NETWORK	38-2351028	501 (C) (3)	28,000				PROGRAM OPERATING COST
DOUGLASS COMMUNITY ASSOCIATION	38-1359200	501 (C) (3)	229,335				PROGRAM OPERATING COST
EPILEPSY FOUNDATION	38-1508581	501 (C) (3)	10,560				PROGRAM OPERATING COST
FAMILY AND CHILDREN SERVICES, INC.	38-2118101	501 (C) (3)	752,569				PROGRAM OPERATING COST

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Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

38-1359193

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

(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
GIRL SCOUTS HEART OF MICHIGAN	38-1641320	501 (C) (3)	50,000.				PROGRAM OPERATING COST
GOODWILL INDUSTRIES, INC.	38-1558550	501 (C) (3)	128,000				PROGRAM OPERATING COST
GRYPHON PLACE	38-2808685	501 (C) (3)	227,101				PROGRAM OPERATING COST
GUARDIAN FINANCE AND ADVOCACY SERVICES	38-2282034	501 (C) (3)	32,448.				PROGRAM OPERATING COST
HENOPHILIA FOUNDATION	38-1905673	501 (C) (3)	8,500.				PROGRAM OPERATING COST
HISPANIC AMERICAN COUNCIL	38-2437758	501 (C) (3)	27,500.				PROGRAM OPERATING COST
HOUSING RESOURCES, INC.	38-2474879	501 (C) (3)	154,912.				PROGRAM OPERATING COST
LEGAL AID OF WESTERN MICHIGAN	38-2156874	501 (C) (3)	110,000.				PROGRAM OPERATING COST
MICHIGAN ASSOCIATION FOR DEAF AND HARD OF H	38-1355064	501 (C) (3)	7,250.				PROGRAM OPERATING COST
MICHIGAN LEAGUE FOR HUMAN SERVICES	38-1360557	501 (C) (3)	13,100.				PROGRAM OPERATING COST
MINISTRY WITH COMMUNITY	38-2596981	501 (C) (3)	67,250.				PROGRAM OPERATING COST
MRC INDUSTRIES, INC.	38-1911437	501 (C) (3)	131,953				PROGRAM OPERATING COST
NATIONAL KIDNEY FOUNDATION	38-1559941	501 (C) (3)	9,000.				PROGRAM OPERATING COST
PORTAGE COMMUNITY CENTER	38-2178011	501 (C) (3)	63,000.				PROGRAM OPERATING COST
RESIDENTIAL OPPORTUNITIES, INC.	38-2185735	501 (C) (3)	30,000.				PROGRAM OPERATING COST

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

38-1359193

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

(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
SALVATION ARMY	38-2699000	501 (C) (3)	87,000.				PROGRAM OPERATING COST
SENIOR SERVICES, INC.	38-1747660	501 (C) (3)	251,858.				PROGRAM OPERATING COST
SLD LEARNING CENTER	38-2055709	501 (C) (3)	60,000.				PROGRAM OPERATING COST
SOUTH COUNTY COMMUNITY SERVICES	38-1961745	501 (C) (3)	84,002.				PROGRAM OPERATING COST
VOLUNTEER CENTER OF GREATER KALAMAZOO	38-2026621	501 (C) (3)	87,851				PROGRAM OPERATING COST
WMU CENTER FOR DISABILITY SERVICES	38-6007327	501 (C) (6)	68,000				PROGRAM OPERATING COST
YMCA KALAMAZOO FAMILY	38-1360592	501 (C) (3)	64,694.				PROGRAM OPERATING COST
YMCA	38-1360598	501 (C) (3)	331,902.				PROGRAM OPERATING COST
FAMILY HEALTH CENTER CONTRACT	23-7107569	501 (C) (3)	80,000.				PROGRAM OPERATING COST
FOOD BANK OF SOUTH CENTRAL MICHIGAN	38-2445948	501 (C) (3)	32,000.				PROGRAM OPERATING COST
GRYPHON PLACE	38-2808685	501 (C) (3)	9,000.				PROGRAM OPERATING COST
COMMUNITY HEALTH CHARITIES OF MICHIGAN	51-0240030	501 (C) (3)	10,975.				DONOR DESIGNATED FOR OPERATIONS
HEART OF WEST MICHIGAN UNITED WAY	38-1360923	501 (C) (3)	5,960				DONOR DESIGNATED FOR OPERATIONS
UNITED WAY OF THE BAY AREA	94-1312348	501 (C) (3)	5,285.				DONOR DESIGNATED FOR OPERATIONS
YMCA KALAMAZOO FAMILY	38-1360592	501 (C) (3)	10,304				PROGRAM OPERATING COST

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Schedule I-1 (Form 990) 2009

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Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

**Open to Public
Inspection**

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

**Department of the Treasury
Internal Revenue Service**

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer Identification number

38-1359193

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

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

► See the Instructions for Form 990.

Name of the Organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

Part I Excess Benefit Transactions(section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the
Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	20	132,289.	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 ► (LOTTERY TICKET)	X	1	10,000.	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard contributions?		X
32 a 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2009

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Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M

SCHEDULE M, PART I, QUESTION 32B

DONATED PUBLICLY TRADED SECURITIES WERE TRANSFERRED TO BROKERAGE HOUSES
AND SOLD AS SOON AS POSSIBLE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193

ATTACHMENT 2

PART III 4D

FORM 990, PAGE 2, PART III, 4D

COMMUNITY SERVICE - INCLUDES TECHNICAL ASSISTANCE AND TRAINING FOR
SERVICE TO THE COMMUNITY AND COORDINATION OF SERVICE PROJECTS TO ENHANCE
RELATIONS BETWEEN ORGANIZED LABOR AND THE ORGANIZATION.

PART VI

FORM 990, PAGE 3, PART VI, QUESTION 12

THE ORGANIZATION ELECTED TO CHANGE THE YEAR END EFFECTIVE MARCH 31, 2010.

AS A RESULT, AN AUDIT IS BEING COMPLETED ON A FIFTEEN MONTH PERIOD FROM
JANUARY 1, 2009 THROUGH MARCH 31, 2010.

PART VI

FORM 990, PAGE 6, PART VI, SECTION A, QUESTION 2

THE FOLLOWING BOARD MEMBERS HAVE A SEPARATE PROFESSIONAL OR BUSINESS
RELATIONSHIP WITH EACH OTHER:

ANN AND DON PARFET

STEVE MACMILLAN AND DAVID FURGASON

PART VI

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 11A

THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEW AND
APPROVAL OF THE 990 TO THE ORGANIZATION'S FINANCE COMMITTEE, WHICH IS
CHAired BY THE BOARD TREASURER. THE DRAFT FORM 990 WILL BE INITIALLY

Name of the organization

Employer identification number

GREATER KALAMAZOO UNITED WAY, INC.

38-1359193

ATTACHMENT 2 (CONT'D)

REVIEWED BY THE TREASURER, WHO WILL DISTRIBUTE A COPY TO EACH MEMBER OF
THE FINANCE COMMITTEE FOR REVIEW AND COMMENT. THE FINAL VERSION WILL BE
AVAILABLE FOR ALL BOARD MEMBERS TO REVIEW AFTER IT HAS BEEN FILED.

PART VI

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 12C

UNITED WAY PROVIDES THE CONFLICT OF INTEREST POLICY TO ALL STAFF MEMBERS
AND KEY VOLUNTEERS ON AN ANNUAL BASIS. THIS INCLUDES BOARD MEMBERS AND
MEMBERS OF STANDING BOARD COMMITTEES. THESE GROUPS ARE REQUIRED TO SIGN
THE CONFLICT OF INTEREST POLICY ANNUALLY. INDIVIDUALS ARE INSTRUCTED TO
PROMPTLY NOTIFY UNITED WAY OF ANY PERCEIVED CONFLICT. CONFLICT OF
INTEREST STATEMENTS ARE TRACKED AND MONITORED BY THE ADMINISTRATION
DEPARTMENT. IT IS THE RESPONSIBILITY OF THE INDIVIDUAL TO MAKE UNITED
WAY AWARE OF ANY CONFLICTS THAT ARISE AFTER THEY SIGN THE CONFLICT OF
INTEREST DOCUMENT. IF THERE IS A REAL OR PERCEIVED CONFLICT OF INTEREST
AN INDIVIDUAL MAY PARTICIPATE IN DISCUSSION AROUND A GIVEN ISSUE, BUT
THEY ARE NOT PERMITTED TO VOTE.

PART VI

FORM 990, PAGE 6, PART VI, SECTION B, QUESTION 15

THE EXECUTIVE COMMITTEE REVIEWS PERFORMANCE AND PROPOSES COMPENSATION FOR
THE CEO, AND THE PERSONNEL COMMITTEE REVIEWS THE PROPOSED COMPENSATION
PACKAGE. THE PERSONNEL COMMITTEE APPROVES PAY RANGES AND BENEFITS
PACKAGE FOR ALL OTHER POSITIONS AND THE CEO DETERMINES COMPENSATION
WITHIN THOSE RANGES.

PART VI

Name of the organization

Employer identification number

GREATER KALAMAZOO UNITED WAY, INC.

38-1359193

ATTACHMENT 2 (CONT'D)

FORM 990, PAGE 6, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S FORM 1023, 990, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, WWW.KALAMAZOOUNITEDWAY.ORG OR A COPY MAY BE REQUESTED FROM JILL HART AT 709 S. WESTNEDGE AVE., KALAMAZOO, MI 49007.

SCHEDULE I PART IV

SCHEDULE I, PAGE 2, PART IV SUPPLEMENTAL INFORMATION

ADDITIONALLY, 641 OTHER AGENCIES RECEIVED LESS THAN \$5,000 EACH IN DONOR DESIGNATIONS FOR PROGRAM SUPPORT, TOTALING \$486,106. IN TOTAL, 714 AGENCIES RECEIVED \$6,693,642 IN ALLOCATIONS, GRANTS AND DESIGNATIONS.

AGENCIES RECEIVING ALLOCATIONS ARE MONITORED THROUGH PRE-SCREENING AND FINAL REPORTING.

-PRE-SCREENING INCLUDES AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF FUNDING, A FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES, VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT, AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION. -FINAL REPORTS VERIFY THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND REPORTS ON THE RESULTS COMPARED TO THOSE PROPOSED DURING THE INITIAL APPLICATION. AGENCIES RECEIVING DONOR DESIGNATIONS ARE MONITORED BY VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

CORE CODES AND DEFINITIONS

Name of the organization

Employer identification number

GREATER KALAMAZOO UNITED WAY, INC.

38-1359193

ATTACHMENT 2 (CONT'D)

PROGRAM OPERATING COST - A RESTRICTED GRANT OR ALLOCATION OF FUNDS MADE
 TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM
 THAT IT OPERATES. DONOR DESIGNATIONS FOR OPERATIONS - AN UNRESTRICTED
 GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF
 ITS GENERAL OPERATING COSTS.

ATTACHMENT 3FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
UNITED WAY OF AMERICA DUES	88,424.	37,934.	19,630.	30,860.
TOTALS	<u>88,424.</u>	<u>37,934.</u>	<u>19,630.</u>	<u>30,860.</u>

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	GREATER KALAMAZOO UNITED WAY, INC.	38-1359193
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return. See instructions	709 S WESTNEDGE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	KALAMAZOO, MI 49007	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ JILL HART

Telephone No. ▶ 269 343-2524

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 2009 or
▶ ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)