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SCANNED SEP 0 7 2010

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)

OMB No. 1545-0047 Open to Public

Department of the Treasury

		nue Servic		The organization may have to use a copy of this feturn to sausty state rep		/31 20 1.0
_				dar year, or tax year beginning 01/01, 2009, and ending	D Employer identific	/31 , 20 10
<u>B</u>	heck if app		Please :se IRS	C Name of organization GREATER KALAMAZOO UNITED WAY, INC.		
\vdash	change	·	abel or	Doing Business As	38-1359193	
\vdash	Name	change I	print or type.	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	· ·	
L	initial n		Sea Spacific	709 S WESTNEDGE AVENUE	(269) 343-2	524
\perp	Termin	isted (nstruc-	City or town, state or country, and ZIP + 4		
	Amend	L	tions.	KALAMAZOO, MI 49007	G Gross receipts \$	352,726.
	Applica pendin		F Na	me and address of principal officer.	H(a) is this a group return affiliates?	Yes X No
					H(b) Are all affiliates inch	rded? Yes No
<u></u>		empt stal		X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527	If "No," attach a list.	(see instructions)
J	Websit	te: 🕨 V	ww.	KALAMAZOOUNITEDWAY.ORG	H(c) Group exemption nu	mber 🕨
K	Form o	f organiz	ation:	X Corporation Trust Association Other ▶ L Year of form	nation: 1926 M State	of legal domicile: MI
Pa	rt I	Sum	ımary			
	1	Briefly o	describ	e the organization's mission or most significant activities		
_		ADDRI	ESS	CURRENT AND EMERGING HEALTH AND HUMAN SERVICE NEEDS	IN	
25		KALA	MAZO	O COUNTY BY PROVIDING TECHNICAL ASSISTANCE, FUNDING	TO AREA	
Ē		PROG	RAMS	, AND SECURING AND ORGANZING HUMAN AND FINANCIAL NE	EDS.	
& Governance	2	Check t	this bo	x if the organization discontinued its operations or disposed of more than 25%	of its net assets.	
Ŏ				ting members of the governing body (Part VI, line 1a)		38
86	4	Numbe	r of ind	lependent voting members of the governing body (Part VI, line 1b)	4	38
¥				of employees (Part V, line 2a)	5	32
Activities				of volunteers (estimate if necessary)	6	175
•	l .			related business revenue from Part VIII, column (C), line 12	7a	· · · · · · · · · · · · · · · · · · ·
	l .	-		business taxable income from Form 990-T, line 34	7b	
		140. 0111	0.0.00	Dadicos de Laborito iloni oni con i ilino ovi i il	Prior Year	Current Year
	8	Contrib	utions	and grants (Part VIII line 1h)	8,912,865.	284,556.
שב	9	Program	m serv	and grants (Part VIII, line 1h) uce revenue (Part VIII, line 2g)	0,022,000	0.
Revenue	1			come (Part VIII, column (A), lines 3, 4, and 7d)	152,499.	26,219.
8				e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) AUG 1.6 2010	126,836.	41,951.
	12	Total m	eveniu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) AUG 1.6 2010	9,192,200.	352,726.
_				the appropriate gold (Boot IV, column (A) lines 4.4)	6,693,642.	25,280.
				to or for members (Part IX, column (A), line 4) . OGDEN: UT.	0,000,012.	23,200.
	4.5		•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,563,377.	305,858.
Expenses	15				0.	0.
ē	io a			undraising fees (Part IX, column (A), line 11e)	· 电输送性系统 計	PROFESSOR.
ă	4.7 D	rotal ru	inarais	· · · · · · · · · · · · · · · · · · ·	647,995.	106,952.
				es (Part IX, column (A), lines 11a-11d, 11f-24f)	8,905,014.	438,090.
			-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	287,186.	
_ 4	19	Revent	Je less	expenses. Subtract line 18 from line 12		-85,364. End of Year
ts o		-		D (V " 40)	Beginning of Year	
Net Assets or Fund Balances	20			Part X, line 16)	13,022,090.	11,293,594.
A P	21			s (Part X, line 26)	4,645,852.	3,002,721.
				fund balances. Subtract line 21 from line 20	8,376,238.	8,290,873.
14	ert II		_	e-Block /		
		Under	penalti	es of perfury, I dechare that I have examined this return, including accompanying schedules is true, correct, and complete/ Declaration of preparer (other than officer) is based on all i	and statements, and to the information of which pre-	he best of my knowledge parer has any knowledge.
_		17	J. 1.		0//	0/2010
	ign	-		- marine	D-tr 0/'	0/2010
H	lere	🖊 🥫	Signatui	The selection of the section	Date /	
		.		morain 4		
_		7	Type or	print name and title	<u>u</u> !~ ·	Ideals de l'
Pale		Prepa		Date Check self-	(see Instru	identifying number ictions)
	a parer's	signat		8/9//° employ	ed 🕨 📗 E	00059529
	Only	Firm's	name (e	or your SDO USA, LLP		.3-5381590
		addres	s, and	219+4 99 MONROE AVENUE N.W., SUITE 800 GRAND RAPIDS, MI 49503-2654	Phone no 🕨 (16-774-7000
Ma	y the If	RS disci	uss this	s return with the preparer shown above? (see instructions)		X Yes No

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

orm	990 (20	09) 38-1359193	Page 2
a	rt III	Statement of Program Service Accomplishments	
		describe the organization's mission.	
		ESS CURRENT AND EMERGING HEALTH AND HUMAN SERVICE NEEDS IN	
-		MAZOO COUNTY BY PROVIDING TECHNICAL ASSISTANCE, FUNDING TO AREA	
	PROGE	RAMS, AND SECURING AND ORGANZING HUMAN AND FINANCIAL NEEDS.	
1	the pro If "Yes Did the	e organization undertake any significant program services during the year which were not listed or or Form 990 or 990-EZ? "describe these new services on Schedule O e organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	service If "Yes	es?	. Yes X No
1	Descni Section	be the exempt purpose achievements for each of the organization's three largest program services by extended to service to report the amount ions to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code)
		RAM INVESTMENTS - INCLUDES ACTIVITIES FUNDED BY THE ANNUAL	····
-		AIGN FOR OUTCOME-BASED INVESTMENTS IN AGENCY PROGRAMS. ALSO	· · · · · · · · · · · · · · · · · · ·
		UDED ARE \$25,280 OF NET DESIGNATIONS MADE BY DONORS THAT WERE ED THROUGH TO AGENCIES.	
		JE TIMOGON TO AGENCIES.	
•			<u></u>
_			
lh.	(Code) (Expenses \$ 92,757 including grants of \$) (Revenue \$	
	•	JNITY INVESTMENT - INCLUDES ACTIVITIES THAT LEAD THE	
	CONT.	INUOUS IMPROVEMENT OF THE HEALTH AND HUMAN SERVICE SECTOR	······································
	THRO	JGH ONGOING COLLABORATION, ASSESSMENT AND WORK WITH COMMUNITY	
	VOLU	NTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO UNDERSTAND	
	THE 1	NEEDS AND TO INVEST FUNDS RAISED THROUGH THE ANNUAL CAMPAIGN	
	IN TA	ARGETED OUTCOME AREAS AND COMMUNITY PROGRAMS WITH MEASURABLE	
	OUTC	DMES.	
	(Code) (Expenses\$ 45,666. Including grants of \$) (Revenue \$	
		TS AND INITIATIVES - INCLUDES ACTIVITIES THAT DELIVER SERVICES	······································
-		ED BY SOURCES OTHER THAN THE ANNUAL CAMPAIGN, SUCH AS YOUTH	
-	UNITE	ED WAY, GREAT LAKES PEACEJAM, KALAMAZOO YOUTH DEVELOPMENT	
-	NETWO	ORK (KYDNET), EMERGENCY FINANCIAL ASSISTANCE NETWORK,	·-·
		ATION RECONNECTION, AND STRONG FAMILIES/SAFE CHILDREN.	
-			
-			
-			-
	Other p	program services (Describe in Schedule O) uses \$ 37,884 including grants of \$) (Revenue \$)	······································
		orogram service expenses ► 201,587.	
			Form 990 (2009)

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		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
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		Х
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	Х	
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	13,48	196 196 200	
_	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		Ž.;	(<u> </u>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 4
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	9 1	11.	
_	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	1		
•	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			-
Ĭ	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."		1	1
	complete Schedule D, Parts XI, XII, and XIII	12	х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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		<u> </u>
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		Х
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		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

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 17 If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
•	to defease any tax-exempt bonds?	24c	i	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
15 0	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	238	<u> </u>	- ^`
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250	<u> </u>	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		x
27	, , , , , , , , , , , , , , , , , , , ,	26	<u> </u>	<u> </u>
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?			
	- · · · · · · · · · · · · · · · · · · ·	27		x
00	If "Yes," complete Schedule L, Part III	27		, ^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Ì
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١,,
	Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L,			٠,
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١.,
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ ,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		ľ	١
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		Х
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		Х	
		Form	990	(2009)

Pan	Statements Regarding Other IRS Fillings and Tax Compliance			
	Take the number consists of Day 2 of Ferry 4000. Across Commerce and Transcribet of		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	o.c. mornation returns liner of mor approache			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4-	х	
	gaming (gambling) winnings to prize winners?	1c		
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			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 32 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			-
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
	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		<u> X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	<u>6a</u>		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e L		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	<u> </u>	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		ě	á
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		***	- 1
	benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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		1	
_	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	8		
	organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12 a	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			
		Form	990 ((2009)

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.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			ĺ '
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			V- A
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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	١	,	
	form?	11	Х	-
11 A		 -	Х	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		, l	
	nse to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		l .	
	describe in Schedule O how this is done	12c	Х	 -
13	Does the organization have a written whistleblower policy?	13	X	_
14	Does the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by	۶,		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	48-	X	'
a	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	^	1
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	İ		
76a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		X
L	with a taxable entity during the year?	16a		-
D	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?	16h	_	
Sec	tion C. Disclosure	. וטט		<u> </u>
17	CH T COLL D MT			
17	List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with the states wit			
10	available for public inspection. Indicate how you make these available. Check all that apply	,		
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
13	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			
20	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	Poer	uon (ch	(C	•	nat app	ha)	(D) Reportable	(E) Reportable	(F) Estimated
Nume und Title	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT BEAM										,
DIRECTOR	5.00	Х	\sqcup	_				0.	0	0.
NIALL CONDON		İ		-						
DIRECTOR	5.00	Х						0.	0	0.
CECILY CAGLE										-
DIRECTOR	5.00	_ X						0.	0.	0.
DOUG CALLANDER			Ιİ							
LEGAL COUNSEL	5.00	Х						0.	0.	0.
DAWNANNE CORBIT]									
BOARD CHAIR	5.00	Х		Х				0.	0.	0.
DAVID FURGASON]									
TREASURER	5.00	Х		Х				0.	0.	0.
LAURA HOWARD]									
VICKSBURG REP	5.00	Х						0.	0.	0.
JAMES STEPHANAK	J									
BOARD VICE CHAIR	5.00	Х		Х				0.	0.	0.
ELIZABETH BURNS										
DIRECTOR	5.00	Х						0.	0.	0.
TIMOTHY LIGGETT										
GULL LAKE REP	5.00	Х						0.	0.	0.
KEN DAVIS										
DIRECTOR	5.00	Х						0.	0.	0.
EILEEN WILSON-OYELARAN										
DIRECTOR	5.00	Х						0.	0.	0.
RON KITCHENS									-	
DIRECTOR	5.00	Х						0.	0	0.
DON PARFET				T						
DIRECTOR	5.00	Х						o.	0.	0.
FRANK SARDONE				T	T					
DIRECTOR	5.00	Х						0.	о.	0.
MIRIAM SHANNON				П						
GALESBURG REP	5.00	Х						0.	0	0.

Form 990 (2009)								38-1359193		Page 8
Part VII Section A. Officers, Directors, Tr	ustees, K	ey En	nplo	oye	es,	and	Hig	hest Compensa	ted Employees	continued)
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	all Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JANE TAMRAZ										
DIRECTOR	5.00	Х						0.	0.	0
MILLIE LAMBERT										
DIRECTOR	5.00	Х						0.	0.	0
COURTENAY VANDERMOLEN										
DIRECTOR	5.00	Х						0.	0.	0
DON WEAVER										
DIRECTOR	5.00	Х	,					0.	0.	0
PAUL SPAUDE								<u></u>		
IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0
JAMES BARNUM										
DIRECTOR	5.00	Х						0.	0.	0
MAURICE EVANS										•
DIRECTOR	5.00	X						0.	0.	0
JANICE JAMES										
DIRECTOR	5.00	Х						0.	0.	0
RICH MACDONALD								-	,	
SECRETARY	5.00	Х		Х				0.	ο.	0
STEPHEN MACMILLAN										
DIRECTOR	5.00	Х						0.	0.	0
DAVE TOMKO	·									•
DIRECTOR	5.00	Х			<u>.</u>		,	0.	0.	0
KEN COLLARD										
DIRECTOR	5.00	Х						0.	o.	0
JOEL BROOKS										
DIRECTOR	5.00	Х			L			0.	0.	0
1b Total . CONTINUED AT SCHEDULE J-2.								54,250.	0.	0.
2 Total number of individuals (including but not lim		e liste	d al	oove	e) w	ho red	ceiv	ed more than \$100	,000 in	

reportable compensation from the organization

			Yes	No
3	me and any termer among among the month of the manage of t		Ŷ	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
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	<u> </u>		*
	individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for			1.48
	services rendered to the organization? If "Yes," complete Schedule J for such person	5	İ	Х
Se	ection B. Independent Contractors			

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				0	(B) escription of se	rvices	(C) Compensation					
101	IE					-						
	. —.				-							
	_											
2	Total	number	of independer	nt contractors	(ıncludıng	but no	t limited	to thos	e listed	above) who	received	

more than \$100,000 in compensation from the organization ▶

Form **990** (2009)

9E1050 2 000

art	VIII	Statement of Revenue			38-1359193	·····	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 514
22	1a	Federated campaigns 1a					
]	b	Membership dues 1b					
Ĕ	С	Fundraising events 1c					
a	d	Related organizations 1d					
<u>=</u>	e	Government grants (contributions) 1e					1
8 8	f	All other contributions, gifts, grants,				<u> </u>	
됩		and similar amounts not included above . 1f	284,556				
and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					<u> </u>
	h	Total. Add lines 1a-1f	<u></u> ▶	284,556.			
riogiam service Kevenue			Business Code		-		3 . , . ?
2	2a						
2	b						
2	С						
0	d						
	e						
5	f	All other program service revenue					
4	g	Total. Add lines 2a-2f	<u></u> ▶	0.	i		·
	3	Investment income (including dividends, interes	•				
		other similar amounts)					26,21
	4	Income from investment of tax-exempt bond pro	ceeds▶	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0.		W.A.	
	•	(ı) Real	(II) Personal				
	6a	Gross Rents 689	-				
-	þ	Less rental expenses					
	C	Rental income or (loss) 689			<u></u>		
	d	Net rental income or (loss) (i) Securities		689	20.404 **********************************		68
	7a	Gross amount from sales of	(II) Other				
		assets other than inventory	 -				
	b	Less cost or other basis					
		and sales expenses					
	C	Gain or (loss)		- 		2 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	d	Net gain or (loss)	<u> </u>	0.	*### . Y058.3 * \$4	******	2007 MAN AN AN AN AN AN AN AN AN AN AN AN AN A
3	8a	Gross income from fundraising					
5		events (not including \$					
		of contributions reported on line 1c)					
5		See Part IV, line 18					
	C	Less direct expenses b Net income or (loss) from fundraising events .					
1				0		W.45	
	9a	Gross income from gaming activities See Part IV, line 19 a					(*) *
	b	Less direct expenses b		*	*~		w. ****
	C	Net income or (loss) from gaming activities		0	<u> </u>	96.39 L Y	<u> </u>
4	0a	Gross sales of inventory, less			· · · · · · · · · · · · · · · · · · ·		
'		returns and allowances			* <.*	* * * * * * * * * * * * * * * * * * *	¥
	ь	Less cost of goods sold b			`*,	<i>₹</i>	
		Net income or (loss) from sales of inventory		0			
Г		Miscellaneous Revenue	Business Code	<u> </u>			
1	1a	COST RECOVERY FEE	900099	40,387	40,387.	···	· · · · · · · · · · · · · · · · · · ·
[ь	OTHER INCOME	900099	875	875.		
	c			0,5	073.		
	d	All other revenue		_			
	e	Total. Add lines 11a-11d		41,262.			
- 1	2	Total Revenue. See instructions		352,726.	41,262.	 	26,908

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).

or 2 G th 3 G or U 4 B 5 C tn 6 C pe pe 7 O 8 P e ar	rants and other assistance to governments and reganizations in the U S See Part IV, line 21 rants and other assistance to individuals in the U S See Part IV, line 22 rants and other assistance to governments, reganizations, and individuals outside the S See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, ustees, and key employees ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salanes and wages ension plan contributions (include section 401(k) and section 403(b) employer contributions) ther employee benefits ayroll taxes	25,280. 0. 0. 54,250. 0. 228,941.	7,931. 116,958.	31,177.	15,142
2 G th 3 G or U 4 Bi 5 C tn 6 C pe 7 O 8 Pe ar	rants and other assistance to individuals in the U.S. See Part IV, line 22	0. 0. 0. 54,250. 0. 228,941.	7,931.		15,142
th 3 G or U 4 Bd 5 C tn 6 C pe pe 7 O 8 Pd ar	rants and other assistance to governments, reganizations, and individuals outside the S See Part IV, lines 15 and 16	0. 0. 54,250. 0. 228,941.			15,142
3 G or U 4 B 5 C trn 6 C pe 7 O 8 Pc ar	rants and other assistance to governments, rganizations, and individuals outside the S See Part IV, lines 15 and 16	0. 0. 54,250. 0. 228,941.			15,142
or U 4 Bi 5 Ci tn 6 Ci pe pe 7 O 8 Pi ar	rganizations, and individuals outside the S See Part IV, lines 15 and 16	0. 54,250. 0. 228,941.			15,142
U 4 Bd 5 Cd tm 6 Cd pe pe 7 O 8 Pd ar	S See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, ustees, and key employees ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salanes and wages ension plan contributions (include section 401(k) and section 403(b) employer contributions) ther employee benefits	0. 54,250. 0. 228,941.			15,142
4 Bd 5 Cd tn 6 Cd pe pe 7 O 8 Pd ar	enefits paid to or for members	0. 54,250. 0. 228,941.			15,142
5 Ci tri 6 Ci pe pe 7 O 8 Pe	ompensation of current officers, directors, ustees, and key employees	54,250. 0. 228,941.			15,142
tn 6 Ci pe 7 O 8 Pe ar	ustees, and key employees	0. 228,941.			15,142
6 Ci pe pe 7 O 8 Pe ar	ompensation not included above, to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)	0. 228,941.			15,142
pe pe 7 O 8 Pe ar	ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) ther salanes and wages	228,941.	116,958.		
7 O 8 Pe	ersons described in section 4958(c)(3)(B)	228,941.	116,958.		
7 O 8 Po ar	ther salanes and wages	228,941.	116,958.		
8 Po	ension plan contributions (include section 401(k) and section 403(b) employer contributions)		116,958.		
ar	nd section 403(b) employer contributions)	10.040		36,291.	75,692
	ther employee benefits	ا میم می		-	
	ther employee benefits	12,940.	5,497.	3,144.	4,299
90	· · · F	-8,323.	-1,705.	-2,799.	-3,819
		18,050.	6,838.	4,517.	6,695
	ees for services (non-employees)	-			
	anagement	0.			
	egal	0.	-		
	ccounting	4,061.		4,061.	
	obbying	0.			
	rofessional fundraising services See Part IV, line 17	0.			-
	vestment management fees	0.			
	ther	11,389.	4,319.	3,412.	3,658
_	dvertising and promotion	3,824.	72.	166.	3,586
	ffice expenses	2,429.	1,015.	291.	1,123
	· · · · · · · · · · · · · · · · · · ·	0.	2,010.	252.	
	formation technology	0.			
	oyalties	10,309.	4,175.	2,598.	3,536
	ravel	3,116.	1,312.	711.	1,093
	F	3,110.	1,512.		1,033
	ayments of travel or entertainment expenses or any federal, state, or local public officials	0.			
	- · · · · · · · · · · · · · · · · · · ·	8,371.	4,268.	-366.	1 160
	onferences, conventions, and meetings	0,3/1.	4,200.	-300.	4,469
	terest	22,076.	0 041	5 562	7 670
	ayments to affiliates ATCH. 3	14,642.	8,941. 5,930.	5,563.	7,572 5,022
	epreciation, depletion, and amortization	14,642.	3,930.	3,690.	5,022
	surance				
	ther expenses Itemize expenses not				
	overed above (Expenses grouped together				
	nd labeled miscellaneous may not exceed				
	% of total expenses shown on line 25 below)	2.555			
_	QUIPMENT RENTAL & MAINTENAN	9,565.	3,874.	2,410.	3,281
	O INSURANCE	630.		630.	
c DC	JES	11,259.	4,619.	2,812.	3,828
d W]	ISCELLANEOUS	5,281.	2,263.	835.	2,183
e _	- 				
f A	Il other expenses				
5 To	otal functional expenses. Add lines 1 through 24f	438,090.	201,587.	99,143.	137,360
S(or fro	oint Costs. Check here ▶ If following OP 98-2 Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation				

Pa	art X	Balance Sheet			-
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,638,573.	2	3,315,159.
	3	Pledges and grants receivable, net	5,795,703.	3	3,982,336.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of	Salah bah Alika Balakan sana da papang bagan pang sanang panggang bagan panggang bagan panggang bagan panggang		
		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	
Assets	7	Notes and loans receivable, net	_	7	
Ass	8	Inventories for sale or use		8	·
_	9	Prepaid expenses and deferred charges	29,912.	9	29,678.
	10 a	Land, buildings, and equipment: cost or 10a 1,843,646.	×,		<u> </u>
		other basis Complete Part VI of Schedule D	and a common and a	~ ~~~	المراجع المستخدم المستحدد المستحدد
	Ь	Less accumulated depreciation	466,118.	10c	451,477.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	4,064,668.	12	3,487,405.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
	15	Other assets See Part IV, line 11	27,116.	15	27,539.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,022,090.	16	11,293,594.
	17	Accounts payable and accrued expenses	100,953.	17	135,398.
	18	Grants payable	3,792,110.	18	2,198,292.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ja		employees, highest compensated employees, and disqualified	· #	₩	a diament
_		persons Complete Part II of Schedule L	· <u> </u>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	550 500	24	
	25	Other liabilities Complete Part X of Schedule D	752,789.		669,031.
_	26	Total liabilities. Add lines 17 through 25	4,645,852.	26	3,002,721.
(A)		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.		*	
ces	27		1,978,883.		
直	28	Unrestricted net assets Temporarily restricted net assets	6,397,355.	27 28	1,893,518. 6,397,355.
<u>~</u>	29	Permanently restricted net assets	0,391,333.	29	0,397,333.
2		Organizations that do not follow SFAS 117, check here	~ <u>`</u>	29	*/, yl
Œ		and complete lines 30 through 34.		منت	
S	30	Constal at all as trust are an all as a constal for de	water and more thanks a will a will be a	30	toman motor incominately a second survey of
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balanc	33	Total net assets or fund balances	8,376,238.	33	8,290,873.
~	34	Total liabilities and net assets/fund balances	13,022,090.	34	11,293,594.
_	<u> </u>	1	10,022,000.		12/2/0/0/4.

Part XI Financial Statements and Reporting 1 Accounting method used to prepare the Form 990		Pa	ige 12	
Pa	rt XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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		1	
	X 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?	3a		Х
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.	3b		1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GREATER KALAMAZOO UNITED WAY, INC. 38-1359193 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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). 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 Type II c Type III - Functionally integrated Type I b d | Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(l) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ili) Type of organization (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (I) of your (i) organized in the (see instructions)) support? Total

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009			38	-1359193		Page
Pai		ganizations D	escribed in S line 5, 7, or 8	ections 170(l		nd 170(b)(1)(A	
Sec	tion A. Public Support						
Cal	endar 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")	11,136,909.	11,111,435.	9,213,931.	9,030,347.	324,943	40,817,565
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	11,136,909	11,111,435.	9,213,931.	9,030,347.	324,943	40,817,565
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	,	,		i	,	
_	shown on line 11, column (f)		-				
6	Public support. Subtract line 5 from line 4	L		<u> </u>			40,817,565
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(h) 2000	(*) 0007	4.0.000	() 0000	
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	11,136,909.	11,111,435	9,213,931.	9,030,347.	324,943.	40,817,565
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	187,305	223,471.	175,788.	152,499.	26,219	765,282
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) . ATCH. 1	2,533.	1,141	2,952.	9,354	1,564.	17,544
11	Total support. Add lines 7 through 10	L*	8,		<u> </u>		41,600,391
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (line					14	98.12 %
15	Public support percentage from 2008 Sc						98.59 %
16a							
L	this box and stop here. The organization						▶\X
D	33 1/3 % support test - 2008. If the c						
17-	check this box and stop here. The organization and stop here.						
ııd	10%-facts-and-circumstances test - 2 or more, and if the organization me						
	Part IV how the organization meets t						
	organization						iphorreg
b	10%-facts-and-circumstances test - 2						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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

<u>Sec</u>	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	<u> </u>					
	membership fees received (Do not include						
	any "unusual grants ")						
2							
	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		<u> </u>		-	-	
~	,						
	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						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons 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	İ	*				
	line 6)			<u> </u>		<u> </u>	
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	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		7.,				
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	,					
42	(Explain in Part IV)	-				-	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.			· · · · · · · · · · · · · · · · · · ·	•••••		
	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, co					15	%_
16	Public support percentage from 2008 Schedu			· · · · · · · · · · · ·		16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2009 (lin					17	%
18	Investment income percentage from 2008 S					18	%
19 a	33 1/3 % support tests - 2009. If the or					e than 331/3 %.	and line
	17 is not more than 33 1/3 %, check th						
ь	33 1/3 % support tests - 2008. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of						
JSA				,,		chadula A (Earm 05	

Part IV Supplemental Info						
					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCO	OME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	2,533.	1,141	2,952.	9,354.	1,564.	17,544.
TOTALS		1,141.	2,952	9,354.	1,564.	17,544

SCHEDULE C

(Form 990 or 990-EZ)

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 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service

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 co	omplete Part II-A
If the	e organization answered "Yes,	to Form 990, Part IV, line 5 (Proxy Tax), then		
	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			_
	me of organization			- ' '	fication number
$\overline{}$	ATER KALAMAZOO UNI			38-13	
Pai		organization is exempt under		_ 	zation.
1		e organization's direct and indirect po			
2					
3	Volunteer hours				
Pai	t I-B Complete if the	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organization	under section 4955	▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization ma	nagers under section		
3	If the organization incurred	a section 4955 tax, did it file Form 4	720 for this year?		Yes No
4a	Was a correction made?				Yes No
ь	If "Yes," describe in Part IV				
Pai		organization is exempt under			
1	•	expended by the filing organization			
2		ing organization's funds contributed	•	_	
	527 exempt function activ	rities			
3	•	penditures. Add lines 1 and 2 Er			
_					
4		le Form 1120-POL for this year?			
5		es and employer identification numb			
		anization listed, enter the amount eived that were promptly and direc			
		cal action committee (PAC) If addit			
				T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
				1	
			1		
-					
_				<u> </u>	
				<u></u>	
			, -		
					
		1	I	1	1

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Schedule C (Form 990 or 990-EZ) 2009

Sch	ledule C (Form 990 or 990-EZ) 2009				36-1,	223132	Page 2
Pa	Complete if the or under section 501		n is exem	pt under section	501(c)(3) and fi	led Form 5768 (elec	tion
A B				an affiliated grou ox A and "limited		ns apply.	
			ying Expen ans amoun	ditures ts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influence p	ublic opinio	n (grass roots lobby	ing)		
	Total lobbying expenditures to	-	-				
c							
d							
е	Total exempt purpose expendi	tures (add l	ines 1c and	1d)		- <u> </u>	
f							
	columns						
	If the amount on line 1e, column	(a) or (b) is:	The lobbyin	g nontaxable amount	is:	<u> </u>	
	Not over \$500,000	(-, -: (-,	1	mount on line 1e			
	Over \$500,000 but not over \$1,000	0.000		us 15% of the excess of	ver \$500,000		
	Over \$1,000,000 but not over \$1,5	•		us 10% of the excess of			
	Over \$1,500,000 but not over \$17,	<u>'</u>		us 5% of the excess ov			1
	Over \$17,000,000		\$1,000,000				
	Grassroots nontaxable amoun	t (enter 25%	of line 1f)				
h	Subtract line 1g from line 1a. If	zero or les	s, enter -0-				
i	Subtract line 1f from line 1c If						
j	If these is an amount other tha	n zero on e	ither line 1h			m 4720 reporting	
_	section 4911 tax for this year?						Yes No
		ations that lumns belo	made a sec w. See the	instructions for line	do not have to ces 2a through 2f c		
		Lobi	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	<u> </u>
	Calendar year (or fiscal year beginning in)	(a) 2	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						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

	(election under section 501(h)).	1	a)	Γ	(b		
		Yes	ĺ		Amo		-
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						
а	Volunteers?	Х	-				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
C	Media advertisements?						
ď	Mailings to members, legislators, or the public?	Х					
е	Publications, or published or broadcast statements?						•
f	Grants to other organizations for looplying purposes?		L				· ·
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		_		1	,284
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV		<u> </u>				
j	Total. Add lines 1c through 1ı	٠.	-	<u> </u>		1	,284
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	ļ				
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? till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)			- A!			
Га	501(c)(6).	;)(5),	or se	cuon			
	33.44.47					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	100	100
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		<u> </u>
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I	ine 3	is an	swere	ed		
	"Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	politic	al				
	expenses for which the section 527(f) tax was paid).						
a	Current year			2a			
b	Carryover from last year			2b			
C	Total			2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
*	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
		-	-				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information	• • •	• • •	3			
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, complete this part for any additional information. $RT = IV$					ne 1i.	,
FOR	RM 990, SCHEDULE C, PAGE 3, PART IV						
	NOVING ACCULATION CONTRACTOR OF A 1 1 WITH THE CONTRACTOR OF A 1 WITH THE CONTRACTOR						
TOF	BBYING ACTIVITIES TOPICS CONSISTED OF 2-1-1, VITA FUNDS, AND EARLY	- -					
СН	LDHOOD.						
						- - -	

Schedule C (Fo	orm 990 or 990-EZ) 2009	38-1359193 Page 4
Part IV	Supplemental Information (continued)	
I AIL IV	Cappiemental information (continued)	
	·	

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service

Name	of the organization		Employer identification number
GRE	ATER KALAMAZOO UNITED WAY, INC.		38-1359193
Pai		vised Funds or Other Similar Funds o	or AccountsComplete if
	the organization answered "Yes" to Fo		
		(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 ac	lvisors in writing that the assets held in dono	r advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	· · · · · · · · · · · · · Yes
6	Did the organization inform all grantees, donors, ar		
	used only for charitable purposes and not for the be		
	purpose conferring impermissible private benefit?	<u></u>	Yes L_ No
Pa		f the organization answered "Yes" to Fo	orm 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 , recre	eation or pleasure) Preservation o	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld 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		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h	• •	
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or terminated	by the organization during
	the tax year ▶ Number of states where property subject to conser	vation agreement is leasted.	
4 5	Does the organization have a written policy regards		ing of
9	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
•	ball and volunteer flours devoted to monitoring, in	specing, and emorang conservation easeme	sits during the year
7	Amount of expenses incurred in monitoring, inspec	ting and enforcing conservation easements	during the year
•	S	ang, and emorally conscivation casements	daming the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation ease	ements.	
Pa	t III Organizations Maintaining Collection	ns of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	SFAS 116, not to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets in provide, in Part XIV, the text of the footnote to its	financial statements that describes these ite	iearch in furtherance of public service, ems
b	If the organization elected, as permitted under		
	historical treasures, or other similar assets held	for public exhibition, education, or rese	earch in furtherance of public service,
	provide the following amounts relating to these it	ems:	•
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Par	t III Organizations Maintaini	ng Colle	ctions o	of Art, His	torica	Treasure	es, o	r Other Similar	Assets(continue	d)
3	Using the organization's acquisition,		on, and o	ther record	s, chec	k any of the	follo	wing that are a sig	ınıficant u	se of its	
	collection items (check all that apply	')		_	_						
а	Public exhibition			d [chan	ge programs			
þ	Scholarly research			e		Other					
C	Preservation for future gen										
4	Provide a description of the organiza	ation's co	lections	and explain	n how th	ney further	the or	ganızatıon's exem	ipt purpos	se in	
	Part XIV										
5	During the year, did the organization										
	assets to be sold to raise funds rath	er than to	be main	itained as p	art of th	ne organiza	tion's	collection?	• • • • [Yes	☐ No
Par	t IV Escrow and Custodial A IV, line 9, or reported an	amount o	nents.Con Form	omplete if 990, Part	the or	ganızatior 21.	ans	wered "Yes" to	Form 99	0, Part	-
1a	Is the organization an agent, trustee								r	_	
	included on Form 990, Part X?						• • •	• • • • • • • •	· · · · [Yes	No
Ь	If "Yes," explain the arrangement in	Part XI V	and com	plete the fo	llowing	table:		-			
									mount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amo		orm 990,	Part X, line	e 21?				L	Yes	No
	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Con	•									
		(a) Curre	ent Year	(b) Prior	year	(c) Two ye	ears ba	ck (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	2	50,000.	25	0,000.						
	Contributions										
С	Net investment earnings, gains,					,					
	and losses		5,765.	2	0,231.						
	Grants or scholarships										
е	Other expenditures for facilities .							,		,	
	and programs		5,765	2	0,231.			· »×			
f	Administrative expenses										
g	End of year balance	2	50,000	25	0,000.						
2	Provide the estimated percentage of	f the y ea	r end bal	ance held a	ıs						
а	Board designated or quasi-endowment	ent ▶ 1	00.000	0 %							
þ	Permanent endowment >	%									
С	Term endowment ▶	%									
3a	Are there endowment funds not in the	ne pos se	ession of	the organiz	ation th	at are held	and a	administered for th	ie		
	organization by									Ŷ	es No
	(i) unrelated organizations									3a(i)	х
	(ii) related organizations									3a(ii)	Х
þ	If "Yes" to 3a(II), are the related orga	anizati ons	s listed as	s required o	n Sche	dule R? .				3b	
4	Describe in Part XIV the intended us	ses of the	organiza	ation's endo	wment	funds					-
Par	t VI Investments - Land, Bui	ldings, a	nd Equ	ipmentSe	e Forr	n 990, Pa	rt X,	line 10.		•	
	Description of investment			or other basis estment)) Cost or othe basis (other)	r	(c) Accumulated depreciation	(0	d) Book valu	e
1a	Land			•		148,6	66.			148	3,666.
b	Buildings					843,5	31.	588,948.			583.
С	Leasehold improvements				1		\dashv				
d	Equipment						$\neg \uparrow$				
е	Other	-			<u> </u>	851,4	49.	803,221.		4 8	3,228.
	I. Add lines 1a through 1e (Column		equal For	m 990, Par	t X, colu						,477.
				•		<u> </u>			Sched	ıle D (Form	

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	3,304,382.	FMV
MUTUAL FUNDS	123,734.	FMV
CORPORATE BONDS	36,479.	FMV
EQUITY SECURITY	22,810.	FMV
	22,010.	IMV
	- 	
		
	-	
	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,487,405.	
Part VIII Investments - Program Related. See		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
	,	(5)233.7333
	· · · · · · · · · · · · · · · · · · ·	
		····
	·	
Total (Column (b) must equal Form 990, Part X, col (B) line 15.)		
Part X Other Liabilities. See Form 990, Part	Y line 25	
1. (a) Description of liability		
	(b) Amount	,
Federal income taxes REFUNDABLE ADVANCE	326 000	•
	326,009.	
POST-RETIREMENT BENEFIT PBL	343,022.	
		
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	669,031.	
2. FIN 48 Footnote In Part XIV, provide the text of the fo	otnote to the organization	's financial statements that reports the
organization's liability for uncertain tax positions under F	IN 48	•

JSA 9E1270 1 000

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 38-1359193 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 352,726. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 438,090. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -85,364. ß 7 7 Other (Describe in Part XIV.) 8 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 -85,364.Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 327,446. Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments 2e 327,446. 3 Amounts included on Form 990, Part VIII, line 12, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) 25,280. c Add lines 4a and 4b 25,280. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . 352,726. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 412,810. Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 412,810. 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 b Other (Describe in Part XIV) c Add lines 4a and 4b 25,280. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . 438,090. 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

Schedule D (Form 990) 2009

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 - \$25,280

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)

Department Internal Rev Name of the

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

Open to Public Inspection

t of the Treasury	Complete if the organization	
venue Service	► Attach to Form 990.	
e organization		Employer identifica
SR KALAMA.	ER KALAMAZOO UNITED WAY, INC.	38-135919
Gonoral In	Gonoral Information on Grante and Accietance	

Name of the organization						Employer Identification number	n number
GREATER KALAMAZOO UNITED WAY, INC	INC.					38-1359193	
Part General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the	substantiate th		grants or assistance,	, the grantees' eligibi	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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ants or assistan ædures for mon	ce? Itoring the use c	of grant funds in the U	Inited States			X Yes No
Part II Grants and Other Assistance to Government	o Governmer	its and Organ	izations in the Un	ited States. Comp	olete if the organiza	ts and Organizations in the United States. Complete if the organization answered "Yes" to	s" 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	y recipient th 990) if additio	ıat received m nal space is n	ore than \$5,000. C leeded	heck this box if no:	at received more than \$5,000. Check this box if no one recipient received more than all space is needed	ived more than \$5,	000. Use ★×
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	(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
2 Enter total number of section 501(c)(3) and government organizations	d dovernment o	rganizations					

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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Schedule I (F	38-1359193	Page 2
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	te this part to	part to provide the information required in Part I, line 2,	mation required i		and any other additional information.
SCHEDULE I PART IV	 	! ! ! ! ! ! !	 		
SCHEDULE I, PAGE 2, PART IV SUPPLEMENTAL	TENTAL INFO	INFORMATION			
SEE SCHEDULE O					
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					Schedule I (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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

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

(B) Average hours	1	-			hat app	ıly)	(D) Reportable	(E) Reportable	(F) Estimated
per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
5.00	х						0.	0.	0
5.00	х						0.	0.	0
5.00	х						0.	0.	0
							-		0
									0
									0
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									0
									0
			х						0
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									-
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								-	
	Average hours per week 5.00	Average hours per week Post or individual stustee	Average hours Position (or or individual trustee)	Average hours Position (check Officer	Average hours Position (check all to Key employee	Average hours Position (check all that app Highest compensated or director Institutional trustee Position Check all that app Highest compensated	Average hours Position (check all that apply) Former	Average hours Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC)	Average hours Position (check all that apply) Reportable Compensation from the organization of the organization (W-2/1099-MISC) Reportable Compensation from the organization (W-2/1099-MISC) Reportable Compensation from the organization (W-2/1099-MISC) Position (W-2/1099-MISC) Position (W-2/1099-MISC) Position (W-2/1099-MISC) Position (W-2/1099-MISC) Position (W-2/1099-MISC) Position from related organization from related organization from related organization (W-2/1099-MISC) Position from related organization from related or

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

Schedule J-2 (Form 990) 2009

SCHEDULE O (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 ORGANIZATON.

PART IV

FORM 990, PAGE 3, PART VI, QUESTION 12

THE ORGANIZATION ELECTED TO CHANGE ITS YEAR END TO 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 V

FORM 990, PAGE 5, PART V, QUESTION 2A

AS A RESULT OF THE SHORT PERIOD RETURN ENDING MARCH 31, 2010, THE ORGANIZATION HAS YET TO FILE THE FORM W-3 WITH THE INTERNAL REVENUE SERVICE. THIS FORM WILL BE PROPERLY FILED, HOWEVER, AT THE END OF THE 2010 CALENDAR YEAR IN ACCORDANCE WITH THE IRS REQUIREMENTS.

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:

DON PARFET AND RON KITCHENS

Schedule O (Form 990) 2009

Page 2

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number

38-1359193 ATTACHMENT 2 (CONT'D)

STEVE MACMILLAN AND DAVID FURGASON

STEVE MACMILLAN AND MONICA PERKINS

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 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

Employer Identification number 38-1359193

ATTACHMENT 2 (CONT'D)

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

THE EXECUTIVE COMMITTEE REVIEWS PERFOMANCE 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

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

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

Schedule O (Form 990) 2009

Page 2

Name of the organization

GREATER KALAMAZOO UNITED WAY, INC.

Employer Identification number 38-1359193

ATTACHMENT 2 (CONT'D)

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

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 3

FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
UNITED WAY OF AMERICA DUES	22,076.	8,941.	5,563.	7,572.
TOTALS	22,076.	8,941	5,563	7,572.