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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04/01, 2010, and ending 03/31, 20 11

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

E Telephone number
(269) 343-2524

G Gross receipts $ 10,477,905.

F Name and address of principal officer

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE GREATER KALAMAZOO UNITED WAY ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. WE WORK TO MOBILIZE THE CARING POWER OF OUR COMMUNITY IN ORDER TO IMPROVE LIVES.

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)	3	39.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	27.
6	Total number of volunteers (estimate if necessary)	6	1,948.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	284,556.	10,098,514.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,219.	71,244.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,951.	115,111.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,726.	10,284,869.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,280.	6,849,025.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	305,858.	1,474,554.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 808,044.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	106,952.	632,946.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	438,090.	8,956,525.
19	Revenue less expenses Subtract line 18 from line 12	-85,364.	1,328,344.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,293,594.	12,828,377.
21	Total liabilities (Part X, line 26)	3,002,721.	3,209,160.
22	Net assets or fund balances. Subtract line 21 from line 20	8,290,873.	9,619,217.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 10/10/11

Michael Larson, President + CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD NOREEN		9-12-11	☐	P00059529

Firm's name ▶ BDO USA, LLP — Firm's EIN ▶ 13-5381590

Firm's address ▶ 200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503 — Phone no 616-774-7000

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2010)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

THE GREATER KALAMZOO UNITED WAY'S MISSION IS TO MOBILIZE THE CARING POWER OF OUR COMMUNITY TO IMPROVE LIVES. OUR VISION IS TO ENGAGE PEOPLE IN BUILDING AND SUSTAINING A VIBRANT COMMUNITY.

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 $ 5,085,008 including grants of $ 5,085,008) (Revenue $ _____)

PROGRAM INVESTMENTS - THE GREATER KALAMAZOO UNITED WAY ADVANCES THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. WE FOCUS ON EDUCATION, INCOME AND HEALTH - THE BUILDING BLOCKS FOR A GOOD QUALITY LIFE. THESE ACTIVITIES ARE FUNDED BY THE ANNUAL CAMPAIGN FOR OUTCOME-BASED INVESTMENTS IN AGENCY PROGRAMS.

4b (Code _____) (Expenses $ 1,763,167 including grants of $ 1,763,167) (Revenue $ _____)

DONOR DESIGNATIONS - THE GREATER KALAMAZOO UNITED WAY ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES. APPROXIMATELY 3,900 DONORS DESIGNATED FUNDS TO 784 AGENCIES IN THE 2010 CAMPAIGN.

4c (Code _____) (Expenses $ 422,019 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.

4d Other program services (Describe in Schedule O)

(Expenses $ 457,939 including grants of $ 850) (Revenue $ _____)

4e Total program service expenses ▶ 7,728,133.

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—othersecurities 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*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
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
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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *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		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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *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 disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, 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 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, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1		
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	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☐

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	39		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	39		
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 governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant 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*	9			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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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 ▶ LISA STOVER 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**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JEFF AMPLY DIRECTOR	5.00	X								
(2) KATHLEEN CAIN-BABBITT DIRECTOR	5.00	X								
(3) CECILY CAGLE DIRECTOR	5.00	X								
(4) DOUG CALLANDER LEGAL COUNSEL	5.00	X								
(5) DAWNANNE CORBIT PAST CHAIR	5.00	X								
(6) DAVID FURGASON TREASURER	5.00	X		X						
(7) LAURA HOWARD VICKSBURG REP	5.00	X								
(8) JAMES STEPHANAK BOARD CHAIR	5.00	X		X						
(9) ELIZABETH BURNS DIRECTOR	5.00	X								
(10) TIMOTHY LIGGETT GULL LAKE REP	5.00	X								
(11) KEN DAVIS DIRECTOR	5.00	X								
(12) EILEEN WILSON-OYELARAN DIRECTOR	5.00	X								
(13) RON KITCHENS DIRECTOR	5.00	X								
(14) RICK CHAMBERS DIRECTOR	5.00	X								
(15) LEROY CRABTREE DIRECTOR	5.00	X								
(16) MIRIAM SHANNON GALESBURG REP	5.00	X								

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JANE TAMRAZ DIRECTOR	5.00	X								
(18) MILLIE LAMBERT DIRECTOR	5.00	X								
(19) BOORNE GREEN DIRECTOR	5.00	X								
(20) ALBERT LITTLE DIRECTOR	5.00	X								
(21) PAUL SPAUDE DIRECTOR	5.00	X								
(22) JAMES BARNUM DIRECTOR	5.00	X								
(23) MAURICE EVANS DIRECTOR	5.00	X								
(24) JANICE JAMES DIRECTOR	5.00	X								
(25) RICH MACDONALD SECRETARY	5.00	X		X						
(26) STEPHEN MACMILLAN DIRECTOR	5.00	X								
(27) DAVE TOMKO DIRECTOR	5.00	X								
(28) KEN COLLARD DIRECTOR	5.00	X								
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1 ▶								222,643.		
d Total (add lines 1b and 1c) ▶								222,643.		

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

		Yes	No
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*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(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

				(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	100,035				
	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	9,998,479				
	g Noncash contributions included in lines 1a-1f $		193,036.				
	h **Total.** Add lines 1a-1f			10,098,514			
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)			71,244			71,244
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross Rents	2,935					
	b Less rental expenses						
	c Rental income or (loss)	2,935					
	d Net rental income or (loss)			2,935			2,935.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	193,036					
	b Less cost or other basis and sales expenses	193,036					
	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		108,402	108,402.		
	b OTHER INCOME	900099		3,774	3,774		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			112,176			
	12 **Total revenue.** See instructions			10,284,869.	112,176		74,179

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,849,025.	6,849,025.		
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	161,947.	33,008.	61,259.	67,680.
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	1,049,619.	534,851.	169,943.	344,825.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	95,403.	37,310.	21,450.	36,643.
9 Other employee benefits	93,591.	34,872.	20,752.	37,967.
10 Payroll taxes	73,994.	28,382.	16,388.	29,224.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	27,031.		27,031.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	114,739.	65,213.	15,364.	34,162.
12 Advertising and promotion	120,839.	10,904.	1,886.	108,049.
13 Office expenses	26,932.	8,941.	3,632.	14,359.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	47,798.	16,738.	11,997.	19,063.
17 Travel	16,695.	6,071.	2,588.	8,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	31,132.	16,692.	5,926.	8,514.
20 Interest	0.			
21 Payments to affiliates ATCH 2.	88,291.	31,166.	22,338.	34,787.
22 Depreciation, depletion, and amortization	56,431.	19,920.	14,277.	22,234.
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EQUIPMENT RENTAL & MAINTENAN	31,047.	10,921.	7,876.	12,250.
b D&O INSURANCE	2,414.		2,414.	
c DUES	45,879.	16,273.	11,577.	18,029.
d MISCELLANEOUS	23,718.	7,846.	3,650.	12,222.
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	8,956,525.	7,728,133.	420,348.	808,044.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		3,315,159.	2	5,332,392.
	3	Pledges and grants receivable, net		3,982,336.	3	4,208,325.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		29,678.	9	12,819.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,938,699.			
	b	Less accumulated depreciation	10b 1,448,600.	451,477.	10c	490,099.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		3,487,405.	12	2,770,744.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,539.	15	13,998.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,293,594.	16	12,828,377.
Liabilities	17	Accounts payable and accrued expenses		135,398.	17	124,541.
	18	Grants payable		2,198,292.	18	2,310,782.
	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		669,031.	25	773,837.
	26	**Total liabilities.** Add lines 17 through 25		3,002,721.	26	3,209,160.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,893,518.	27	2,722,100.
	28	Temporarily restricted net assets		6,397,355.	28	6,897,117.
	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		8,290,873.	33	9,619,217.
	34	Total liabilities and net assets/fund balances		11,293,594.	34	12,828,377.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,284,869.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,956,525.
3	Revenue less expenses Subtract line 2 from line 1	3	1,328,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,290,873.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,619,217.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated 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?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 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?

		Yes	No
(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?	11g(i)	
(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)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,111,435	9,213,931.	9,030,347	324,943	10,098,514.	39,779,170
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	11,111,435	9,213,931	9,030,347	324,943	10,098,514	39,779,170
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						39,779,170

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,111,435.	9,213,931	9,030,347	324,943	10,098,514.	39,779,170
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,471	175,788	152,499	26,219	71,244.	649,221.
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	1,141	2,952	9,354	1,594	6,710	21,751
11 **Total support.** Add lines 7 through 10						40,450,142
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 2010 (line 6, column (f) divided by line 11, column (f))	14	98.34 %
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	98.12 %

16a **33 1/3 % support test - 2010.** 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 ▶ [X]

b **33 1/3 % support test - 2009.** 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 - 2010.** 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 - 2009.** 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 ▶ ☐

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2010** 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 - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	1,141	2,952.	9,354	1,594	6,710.	21,751.
TOTALS	1,141	2,952.	9,354	1,594	6,710	21,751.

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

2010

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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
GREATER KALAMAZOO UNITED WAY, INC.	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 on behalf of or in opposition to candidates for public office 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 filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

JSA
0E1265 0 020

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) Yes	(a) No	(b) 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?			
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		7,979.
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			7,979.
2 a	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, AND EARLY CHILDHOOD.

Part IV Supplemental Information *(continued)*

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

2010

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

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	250,000.		
b Contributions					
c Net investment earnings, gains, and losses	10,170	5,765	20,231		
d Grants or scholarships					
e Other expenditures for facilities and programs	10,170	5,765	20,231		
f Administrative expenses					
g End of year balance	250,000	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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI 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		883,980.	621,929.	262,051.
c Leasehold improvements				
d Equipment				
e Other		906,053.	826,671.	79,382.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				490,099.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	2,306,348.	FMV
(B) MUTUAL FUNDS	103,654.	FMV
(C) CORPORATE BONDS	35,368.	FMV
(D) EQUITY SECURITY	33,064.	FMV
(E) US GOVERNMENT AGENCY BONDS	292,310.	FMV
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	2,770,744.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	490,806.
(3) POST-RETIREMENT BENEFIT PBL	283,031.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	773,837.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	10,284,869.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,956,525.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,328,344.
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	1,328,344.

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	8,521,702.
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	8,521,702.
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	1,763,167.		
c	Add lines 4a and 4b			4c	1,763,167.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	10,284,869.

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

1	Total expenses and losses per audited financial statements			1	7,193,358.
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	7,193,358.
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	1,763,167.		
c	Add lines 4a and 4b			4c	1,763,167.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	8,956,525.

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 - $1,763,167

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

THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD FOR ALL TAX UNCERTAINTIES. ASC TOPIC 740 ONLY ALLOWS THE RECOGNITION OF THOSE TAX BENEFITS THAT HAVE A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES.

BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS.

THE ORGANIZATION IS A NONPROFIT ORGANIZATION, WHICH IS TAX-EXEMPT UNDER

Part XIV Supplemental Information *(continued)*

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER 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? . . . . . [X] 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. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS	38-1360522	501(C)(3)	40,436				DONOR DESIGNATED FOR OPERATIONS
(2) CARES	38-2784545	501(C)(3)	11,540				DONOR DESIGNATED FOR OPERATIONS
(3) COMMUNITY HEALING CENTERS	38-1961500	501(C)(3)	10,191.				DONOR DESIGNATED FOR OPERATIONS
(4) CONSTANCE BROWN HEARING CENTERS	38-1410463	501(C)(3)	7,696				DONOR DESIGNATED FOR OPERATIONS
(5) DOUGLASS COMMUNITY ASSOCIATION	38-1359200	501(C)(3)	15,596				DONOR DESIGNATED FOR OPERATIONS
(6) FAMILY AND CHILDREN SERVICES, INC	38-2118101	501(C)(3)	39,616				DONOR DESIGNATED FOR OPERATIONS
(7) RESIDENTIAL OPPORTUNITIES, INC	38-2185735	501(C)(3)	6,823				DONOR DESIGNATED FOR OPERATIONS
(8) SENIOR SERVICES, INC.	38-1747660	501(C)(3)	31,263				DONOR DESIGNATED FOR OPERATIONS
(9) WMU CENTER FOR DISABILITY SERVICES	38-6007327	501(C)(3)	6,012				DONOR DESIGNATED FOR OPERATIONS
(10) YMCA, KALAMAZOO FAMILY	38-1360592	501(C)(3)	13,416				DONOR DESIGNATED FOR OPERATIONS
(11) BIG BROTHERS BIG SISTERS	38-1720832	501(C)(3)	30,777				DONOR DESIGNATED FOR OPERATIONS
(12) BOYS AND GIRLS' CLUBS OF KALAMAZOO, INC	38-1627080	501(C)(3)	33,081				DONOR DESIGNATED FOR OPERATIONS

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER 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. Part II can be duplicated if additional space is needed . . . . ▶☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOY SCOUTS OF AMERICA	38-1998734	501(C)(3)	43,287.				DONOR DESIGNATED FOR OPERATIONS
(2) CATHOLIC FAMILY SERVICES	38-2072348	501(C)(3)	141,792.				DONOR DESIGNATED FOR OPERATIONS
(3) GIRL SCOUTS HEART OF MICHIGAN	38-1641320	501(C)(3)	11,329.				DONOR DESIGNATED FOR OPERATIONS
(4) SLD LEARNING CENTER	38-2055709	501(C)(3)	6,101.				DONOR DESIGNATED FOR OPERATIONS
(5) ADVOCACY SERVICES FOR KIDS	20-0996694	501(C)(3)	5,614				DONOR DESIGNATED FOR OPERATIONS
(6) COMMUNITY ADVOCATES FOR PERSONS WITH DEV D	38-1613581	501(C)(3)	7,036				DONOR DESIGNATED FOR OPERATIONS
(7) DISABILITY NETWORK	38-2351028	501(C)(3)	7,000.				DONOR DESIGNATED FOR OPERATIONS
(8) GOODWILL INDUSTRIES, INC	38-1558550	501(C)(3)	6,185				DONOR DESIGNATED FOR OPERATIONS
(9) HOUSING RESOURCES, INC	38-2474879	501(C)(3)	25,423				DONOR DESIGNATED FOR OPERATIONS
(10) LEGAL AID OF WESTERN MICHIGAN	38-2156874	501(C)(3)	7,408				DONOR DESIGNATED FOR OPERATIONS
(11) MINISTRY WITH COMMUNITY	38-2596981	501(C)(3)	70,561.				DONOR DESIGNATED FOR OPERATIONS
(12) MRC INDUSTRIES, INC.	38-1911437	501(C)(3)	13,212				DONOR DESIGNATED FOR OPERATIONS

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

3 Enter total number of other organizations . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER 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. Part II can be duplicated if additional space is needed . . . . . ▶☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY	38-2699000	501(C)(3)	24,397.				DONOR DESIGNATED FOR OPERATIONS
(2) YWCA	38-1360598	501(C)(3)	21,365				DONOR DESIGNATED FOR OPERATIONS
(3) COMSTOCK COMMUNITY CENTER	38-1902558	501(C)(3)	17,522.				DONOR DESIGNATED FOR OPERATIONS
(4) GRYPHON PLACE	38-2808685	501(C)(3)	24,440				DONOR DESIGNATED FOR OPERATIONS
(5) MICHIGAN COUNCIL ON CRIME AND DELINQUENCY	38-2108273	501(C)(3)	9,500				PROGRAM OPERATING COST
(6) PORTAGE COMMUNITY CENTER	38-2178011	501(C)(3)	28,005.				DONOR DESIGNATED FOR OPERATIONS
(7) SOUTH COUNTY COMMUNITY SERVICES	38-1961745	501(C)(3)	25,549				DONOR DESIGNATED FOR OPERATIONS
(8) FOOD BANK OF SOUTH CENTRAL MICHIGAN	38-2445948	501(C)(3)	21,980				DONOR DESIGNATED FOR OPERATIONS
(9) HOSPICE CARE OF SOUTHWEST MICHIGAN	38-2293985	501(C)(3)	133,558				DONOR DESIGNATED FOR OPERATIONS
(10) ALLEGAN AREA UNITED WAY	38-6063214	501(C)(3)	11,538				DONOR DESIGNATED FOR OPERATIONS
(11) ALTERNATIVES WOMEN'S CARE CENTER	38-2850563	501(C)(3)	15,410				DONOR DESIGNATED FOR OPERATIONS
(12) AUTISM SOCIETY OF KALAMAZOO/BATTLE CREEK	38-3034552	501(C)(3)	9,139.				DONOR DESIGNATED FOR OPERATIONS

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER 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. Part II can be duplicated if additional space is needed . . . . . ▶☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BARRY COUNTY UNITED WAY	38-6062803	501(C)(3)	6,375.				DONOR DESIGNATED FOR OPERATIONS
(2) BORGESS VISITING NURSE AND HOSPICE	38-1359216	501(C)(3)	6,837				DONOR DESIGNATED FOR OPERATIONS
(3) BUILDING BLOCKS OF KALAMAZOO	06-1705642	501(C)(3)	12,000				PROGRAM OPERATING COST
(4) CHEFF THERAPEUTIC RIDING CENTER	38-6061238	501(C)(3)	6,608				DONOR DESIGNATED FOR OPERATIONS
(5) HOSPITAL HOSPITALITY HOUSE	38-2540700	501(C)(3)	5,445				DONOR DESIGNATED FOR OPERATIONS
(6) HUMANE SOCIETY OF KALAMAZOO COUNTY	38-1474932	501(C)(3)	5,466.				DONOR DESIGNATED FOR OPERATIONS
(7) KALAMAZOO ANIMAL RESCUE	38-3058357	501(C)(3)	5,516				DONOR DESIGNATED FOR OPERATIONS
(8) KALAMAZOO COMMUNITY FOUNDATION	38-3333202	501(C)(3)	6,334.				DONOR DESIGNATED FOR OPERATIONS
(9) KALAMAZOO DEACONS' CONFERENCE	38-2018800	501(C)(3)	10,836				DONOR DESIGNATED FOR OPERATIONS
(10) KALAMAZOO GAY/LESBIAN RESOURCE CTR	38-2800996	501(C)(3)	6,080				DONOR DESIGNATED FOR OPERATIONS
(11) KALAMAZOO GOSPEL MISSION	38-1877515	501(C)(3)	34,872				DONOR DESIGNATED FOR OPERATIONS
(12) KALAMAZOO LOAVES AND FISHES	38-2420575	501(C)(3)	27,000				DONOR DESIGNATED FOR OPERATIONS

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER 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.

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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
(1) KALAMAZOO YOUTH FOR CHRIST	38-1873558	501(C)(3)	9,493				DONOR DESIGNATED FOR OPERATIONS
(2) NEW GENESIS	38-2338855	501(C)(3)	9,960				DONOR DESIGNATED FOR OPERATIONS
(3) PAWS WITH A CAUSE	38-2370342	501(C)(3)	12,342				DONOR DESIGNATED FOR OPERATIONS
(4) PLANNED PARENTHOOD OF SOUTH CENTRAL MICHIGA	38-1811120	501(C)(3)	15,540				DONOR DESIGNATED FOR OPERATIONS
(5) PRETTY LAKE VACATION CAMP	38-1359229	501(C)(3)	5,344.				DONOR DESIGNATED FOR OPERATIONS
(6) SPCA OF SOUTHWEST MICHIGAN	38-3614688	501(C)(3)	9,312				DONOR DESIGNATED FOR OPERATIONS
(7) ST JOSEPH CO UNITED FUND, CENTREVILLE	38-6095409	501(C)(3)	10,904				DONOR DESIGNATED FOR OPERATIONS
(8) UNITED WAY OF BATTLE CREEK	38-1846794	501(C)(3)	13,119				DONOR DESIGNATED FOR OPERATIONS
(9) UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK	04-2475271	501(C)(3)	6,023				DONOR DESIGNATED FOR OPERATIONS
(10) VAN BUREN COUNTY UNITED WAY	23-7113927	501(C)(3)	17,647				DONOR DESIGNATED FOR OPERATIONS
(11) ADVOCACY SERVICES FOR KIDS	20-0996694	501(C)(3)	30,467.				PROGRAM OPERATING COST
(12) AMERICAN RED CROSS	38-1360522	501(C)(3)	419,649				PROGRAM OPERATING COST

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: GREATER 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.

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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
(1) BIG BROTHERS BIG SISTERS	38-1720832	501(C)(3)	140,920.				PROGRAM OPERATING COST
(2) BOY SCOUTS OF AMERICA	38-1998734	501(C)(3)	50,000.				PROGRAM OPERATING COST
(3) BOYS AND GIRLS' CLUBS OF KALAMAZOO, INC	38-1627080	501(C)(3)	290,356				PROGRAM OPERATING COST
(4) CARES	38-2784545	501(C)(3)	40,000				PROGRAM OPERATING COST
(5) CATHOLIC FAMILY SERVICES	38-2072348	501(C)(3)	175,910				PROGRAM OPERATING COST
(6) COMMUNITY ADVOCATES FOR PERSONS WITH DEV D	38-1613581	501(C)(3)	70,000.				PROGRAM OPERATING COST
(7) COMMUNITY HEALING CENTERS	38-1961500	501(C)(3)	281,704.				PROGRAM OPERATING COST
(8) COMSTOCK COMMUNITY CENTER	38-1902558	501(C)(3)	100,000.				PROGRAM OPERATING COST
(9) CONSTANCE BROWN HEARING CENTERS	38-1410463	501(C)(3)	21,717				PROGRAM OPERATING COST
(10) DISABILITY NETWORK	38-2351028	501(C)(3)	28,000.				PROGRAM OPERATING COST
(11) DOUGLASS COMMUNITY ASSOCIATION	38-1359200	501(C)(3)	229,335.				PROGRAM OPERATING COST
(12) EPILEPSY FOUNDATION	38-1508581	501(C)(3)	10,560				PROGRAM OPERATING COST

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GREATER 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.

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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
(1) FAMILY AND CHILDREN SERVICES, INC	38-2118101	501(C)(3)	752,569.				PROGRAM OPERATING COST
(2) GIRL SCOUTS HEART OF MICHIGAN	38-1641320	501(C)(3)	50,000				PROGRAM OPERATING COST
(3) GOODWILL INDUSTRIES, INC	38-1558550	501(C)(3)	128,000				PROGRAM OPERATING COST
(4) GRYPHON PLACE	38-2808685	501(C)(3)	227,101.				PROGRAM OPERATING COST
(5) GUARDIAN FINANCE AND ADVOCACY SERVICES	38-2282034	501(C)(3)	32,448				PROGRAM OPERATING COST
(6) HEMOPHILIA FOUNDATION	38-1905673	501(C)(3)	8,500.				PROGRAM OPERATING COST
(7) HISPANIC AMERICAN COUNCIL	38-2437758	501(C)(3)	27,500.				PROGRAM OPERATING COST
(8) HOUSING RESOURCES, INC	38-2474879	501(C)(3)	154,912				PROGRAM OPERATING COST
(9) LEGAL AID OF WESTERN MICHIGAN	38-2156874	501(C)(3)	110,000				PROGRAM OPERATING COST
(10) MICHIGAN ASSOCIATION FOR DEAF AND HARD OF H	38-1355064	501(C)(3)	7,250				PROGRAM OPERATING COST
(11) MICHIGAN LEAGUE FOR HUMAN SERVICES	38-1360557	501(C)(3)	13,100				PROGRAM OPERATING COST
(12) MINISTRY WITH COMMUNITY	38-2596981	501(C)(3)	67,250.				PROGRAM OPERATING COST

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GREATER 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

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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
(1) MRC INDUSTRIES, INC	38-1911437	501(C)(6)	131,953				PROGRAM OPERATING COST
(2) NATIONAL KIDNEY FOUNDATION	38-1559941	501(C)(3)	9,000				PROGRAM OPERATING COST
(3) PORTAGE COMMUNITY CENTER	38-2178011	501(C)(3)	63,000				PROGRAM OPERATING COST
(4) RESIDENTIAL OPPORTUNITIES, INC	38-2185735	501(C)(3)	30,000				PROGRAM OPERATING COST
(5) SALVATION ARMY	38-2699000	501(C)(3)	87,000				PROGRAM OPERATING COST
(6) SENIOR SERVICES, INC	38-1747660	501(C)(3)	251,858				PROGRAM OPERATING COST
(7) SLD LEARNING CENTER	38-2055709	501(C)(3)	60,000				PROGRAM OPERATING COST
(8) SOUTH COUNTY COMMUNITY SERVICES	38-1961745	501(C)(3)	84,002				PROGRAM OPERATING COST
(9) VOLUNTEER CENTER OF GREATER KALAMAZOO	38-2026621	501(C)(3)	87,851				PROGRAM OPERATING COST
(10) WMU CENTER FOR DISABILITY SERVICES	38-6007327	501(C)(3)	68,000				PROGRAM OPERATING COST
(11) YMCA, KALAMAZOO FAMILY	38-1360592	501(C)(3)	64,694				PROGRAM OPERATING COST
(12) YWCA	38-1360598	501(C)(3)	331,902				PROGRAM OPERATING COST

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization
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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.

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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
(1) FAMILY HEALTH CENTER CONTRACT	23-7107569	501(C)(3)	80,000.				PROGRAM OPERATING COST
(2) FOOD BANK OF SOUTH CENTRAL MICHIGAN	38-2445948	501(C)(3)	32,000.				PROGRAM OPERATING COST
(3) NEW GENESIS	38-2338855	501(C)(3)	15,000				PROGRAM OPERATING COST
(4) COMMUNITY HEALTH CHARITIES OF MICHIGAN	51-0240030	501(C)(3)	10,805				DONOR DESIGNATED FOR OPERATIONS
(5) HEART OF WEST MICHIGAN UNITED WAY	38-1360923	501(C)(3)	5,148				DONOR DESIGNATED FOR OPERATIONS
(6) UNITED WAY OF THE BAY AREA	94-1312348	501(C)(3)	5,784.				DONOR DESIGNATED FOR OPERATIONS
(7) BOYS AND GIRLS' CLUBS OF KALAMAZOO, INC	38-1627080	501(C)(3)	15,000				PROGRAM OPERATING COST
(8) GOODWILL INDUSTRIES, INC.	38-1558550	501(C)(3)	20,000.				PROGRAM OPERATING COST
(9) COMMUNITIES IN SCHOOLS OF KALAMAZOO	38-2873188	501(C)(3)	15,000.				PROGRAM OPERATING COST
(10) COMMUNITIES INCLUSIVE RECREATION	38-3180874	501(C)(3)	10,262				DONOR DESIGNATED FOR OPERATIONS
(11) KC READY 4'S PROGRAM	PENDING	PENDING	50,000				PROGRAM OPERATING COST
(12) GENEROUS HANDS	20-1887278	501(C)(3)	7,853.				DONOR DESIGNATED FOR OPERATIONS

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

GREATER 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.

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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
(1) KALAMAZOO COUNTY	38-6004860	501(C)(6)	15,000				PROGRAM OPERATING COST
(2) KALAMAZOO GAY/LESBIAN RESOURCE CTR	38-2800996	501(C)(3)	10,000				PROGRAM OPERATING COST
(3) KALAMAZOO LITERACY COUNCIL	38-3252735	501(C)(3)	10,000				PROGRAM OPERATING COST
(4) KALAMAZOO PUBLIC LIBRARY	35-1788185	501(C)(3)	20,000				PROGRAM OPERATING COST
(5) PINK SATURDAYS BREAST CANCER SCREENINGS	80-0633085	501(C)(3)	11,500				PROGRAM OPERATING COST
(6) LOCAL INITIATIVES SUPPORT GROUP	13-3030229	501(C)(3)	15,000				PROGRAM OPERATING COST
(7) UNITED WAY OF METRO DALLAS	75-6005352	501(C)(3)	8,173				DONOR DESIGNATED FOR OPERATIONS
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 81.

3 Enter total number of other organizations . . . . . ▶ 1.

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. Part III can be duplicated if additional space is needed.

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

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

Y

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

2010

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	(c) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total	. . . . . ▶ $										

Part III Grants or Assistance Benefiting 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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	24.	193,036.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

			Yes	No
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		
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?	30a		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?	31		X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

PART III 4D

FORM 990, PAGE 2, PART III, 4D

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.

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 VI

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

BOARB MEMBERS STEPHEN MACMILLAN, DAVID FERGASON, AND MONICA PERKINS ALL WORK FOR THE SAME EMPLOYER, STRYKER CORPORATION.

PART VI

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

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

Name of the organization: GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number: 38-1359193

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 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

Name of the organization: GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number: 38-1359193

TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, WWW.KALAMAZOOUNITEDWAY.ORG OR A COPY MAY BE REQUESTED FROM LISA STOVER 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 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 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A)NAME AND TITLE	(B)HOURS	(C)POSITION (1)(2)(3)(4)(5)(6)	COMPENSATION FROM (D)ORG.	(E)REL. ORG.	(F)OTHER
29 JOEL BROOKS					

Name of the organization: GREATER KALAMAZOO UNITED WAY, INC.

Employer identification number: 38-1359193

ATTACHMENT 1 (CONT'D)

	DIRECTOR	5.00	X		
30	JOHN DUNN				
	DIRECTOR	5.00	X		
31	PAMELA LIGHTWET				
	DIRECTOR	5.00	X		
32	TIM KILMARTIN				
	BOARD VICE CHAIR	5.00	X	X	
33	MONICA PERKINS				
	DIRECTOR	5.00	X		
34	JEFF DENOOYER				
	DIRECTOR	5.00	X		
35	DALE HEIN				
	DIRECTOR	5.00	X		
36	DENISE CRAWFORD				
	DIRECTOR	5.00	X		
37	SUE REINOEHL				
	DIRECTOR	5.00	X		
38	SYDNEY WALDORF				
	DIRECTOR	5.00	X		
39	NANCY WOOD				
	COMSTOCK REP.	5.00	X		
40	JILL HART				
	FINANCE DIRECTOR	40.00		X	66,617.
41	MICHAEL J. LARSON				
	PRESIDENT/CEO	40.00		X	140,609.
42	LISA STOVER				
	FINANCE DIRECTOR	40.00		X	15,417.

ATTACHMENT 2

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	88,291.	31,166.	22,338.	34,787.
TOTALS	88,291.	31,166.	22,338.	34,787.

0E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
GREATER KALAMAZOO UNITED WAY, INC.	38-1359193

DESCRIPTION OF PROPERTY

RENTAL

	Yes		No

Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME		
OTHER INCOME		
RENTAL	2,935.	
TOTAL GROSS INCOME		2,935.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		2,935.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		2,935.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL	2,935.
	2,935.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL	2,935.			2,935.
TOTALS	2,935.			2,935.

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- 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

Electronic filing *(e-file)* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

Type or print File by the due date for filing your return See instructions	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	
	709 S WESTNEDGE AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	KALAMAZOO, MI 49007	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ LISA STOVER

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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning 04/01, 20 10, and ending 03/31, 20 11

2 If the tax year entered in line 1 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	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

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