See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 04-01-2013 , 2013, and ending 03-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
709 S WESTNEDGE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
KALAMAZOO, MI 49007

D Employer identification number
38-1359193

E Telephone number
(269) 343-2524

G Gross receipts $ 15,573,215

F Name and address of principal officer
MICHAEL LARSON
709 S WESTNEDGE AVENUE
KALAMAZOO,MI 49007

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHANGETHESTORY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile MI

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	50
6	Total number of volunteers (estimate if necessary)	**6**	4,075
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	24,709,353	14,919,925
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,664	277,568
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	398,417	375,722
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,283,434	15,573,215
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,803,845	11,197,926
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,439,426	2,550,412
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,382,170		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,191,806	2,217,854
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,435,077	15,966,192
19	Revenue less expenses Subtract line 18 from line 12	8,848,357	-392,977

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	24,116,802	23,493,300
21	Total liabilities (Part X, line 26)	4,595,719	4,257,478
22	Net assets or fund balances Subtract line 21 from line 20	19,521,083	19,235,822

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

****** | 2014-08-01
Signature of officer | Date

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
VICKI L VANDENBERG CPA				P00100422

Firm's name ▶ PLANTE & MORAN PLLC | Firm's EIN ▶ 38-1357951

Firm's address ▶ 750 TRADE CENTRE WAY STE 300
PORTAGE, MI 49002 | Phone no (269) 567-4500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MOBILIZE THE CARING POWER OF OUR COMMUNITY TO ADVANCE THE COMMON GOOD BY IMPROVING THE QUALITY OF LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,635,998 including grants of $ 7,635,998) (Revenue $ 0)

PROGRAM INVESTMENTS - THE UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION (UWBCKR) 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 WE ALL HAVE A STAKE IN CREATING A HEALTHY, PROSPEROUS COMMUNITY IMPROVING CONDITIONS FOR EVEN ONE HAS AN EFFECT ON US ALL WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL, WHEN A FAMILY BECOMES FINANCIALLY STABLE, AND WHEN PEOPLE HAVE GOOD HEALTH THROUGH THE GENEROUS, UNDESIGNATED GIFTS FROM DONORS, UWBCKR INVESTS IN ESSENTIAL SERVICES AND ALSO SUPPORTS COMPREHENSIVE AND INNOVATIVE APPROACHES THAT ADDRESSES THE UNDERLYING CAUSES OF PROBLEMS THE BATTLE CREEK AND KALAMAZOO COMMUNITIES EACH HAVE COMMITTEES OF KNOWLEDGEABLE VOLUNTEERS WHO DETERMINE WHICH PROGRAMS WOULD HAVE THE GREATEST IMPACT ON THE RESPECTIVE COMMUNITY FROM UWBCKR RESOURCES RECIPIENTS OF UWBCKR RESOURCES ARE CAREFULLY MONITORED TO ENSURE THEY ARE PROVIDING THE SERVICES NEEDED TO ADDRESS SOME OF THE COMMUNITY'S MOST PRESSING ISSUES FOR EXAMPLE, 54% OF MICHIGAN'S 4 YEAR OLDS DO NOT ATTEND PRESCHOOL AT-RISK YOUTH WHO RECEIVE EARLY EDUCATION ARE LESS LIKELY TO DROP OUT OF SCHOOL, BECOME TEEN PARENTS OR COMMIT VIOLENT CRIMES MORE THAN 2,000 CHILDREN ARE CURRENTLY PREPARING TO ENTER KINDERGARTEN THROUGH PRESCHOOL AND EARLY-LEARNING PROGRAMS SUPPORTED BY UWBCKR MORE THAN 4 25 MILLION POUNDS OF FOOD WERE SUPPLIED THROUGH UWBCKR SUPPORTED PROGRAMS AND INITIATIVES, HELPING TO FEED 48,000 INDIVIDUALS ANNUALLY, 16,000 OF WHICH ARE UNDER THE AGE OF 17 MORE THAN $6 4 MILLION WAS BROUGHT BACK TO THE BATTLE CREEK AND KALAMAZOO REGION BY OVER 100 TRAINED VOLUNTEERS FILING OVER 8,800 COMBINED INCOME TAX AND CREDIT RETURNS FOR LOW-TO MODERATE-INCOME WORKERS THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE INITIATIVE

4b (Code) (Expenses $ 2,575,993 including grants of $ 2,575,993) (Revenue $ 0)

DONOR DESIGNATIONS - UWBCKR ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES APPROXIMATELY 4,800 DONORS DESIGNATED THEIR GIFTS TO 620 AGENCIES IN THE 2013 CAMPAIGN

4c (Code) (Expenses $ 1,762,721 including grants of $ 0) (Revenue $ 0)

COMMUNITY IMPACT/SERVICE DIVISIONDEDICATED STAFF DEVOTED TO ADVANCING THE COMMON GOOD BY OPTIMIZING OPPORTUNITIES FOR SYSTEMS CHANGE AND IMPROVEMENT IN THE AREAS OF EDUCATION, INCOME, HEALTH AND COMMUNITY SUPPORTS THIS IS ACCOMPLISHED THROUGH ONGOING COLLABORATION, ASSESSMENT AND WORK WITH COMMUNITY VOLUNTEERS AND A NETWORK OF COMMUNITY PARTNERSHIPS TO UNDERSTAND THE NEEDS AND TO INVEST FUNDS IN TARGETED OUTCOME AREAS AND COMMUNITY PROGRAMS WITH MEASURABLE OUTCOMES HANDSON, BATTLE CREEK HANDSON (A PROGRAM OF UWBCKR) MOBILIZES VOLUNTEERS AND CONNECTS PEOPLE, INFORMATION AND SERVICES TO BUILD A STRONG, CARING COMMUNITY HANDSON ALSO SERVES AS THE 211 COORDINATOR FOR CALHOUN, BARRY, ST JOSEPH, IONIA AND MONTCALM COUNTIES

(Code) (Expenses $ 1,664,459 including grants of $ 985,935) (Revenue $ 0)

GRANTS AND INITIATIVESIN ADDITION TO THE PROGRAM INVESTMENTS NOTED ABOVE, UWBCKR VOLUNTEERS AND STAFF PROVIDE FUNDING AND GRANTS FOR VARIOUS INITIATIVES THROUGHOUT BOTH COMMUNITIES UWBCKR PROVIDES SUPPORT FOR THE KALAMAZOO COUNTY 211 CALL CENTER IN BATTLE CREEK, UWBCKR HAS WORKED WITH OTHER PARTNERS TO PROVIDE $250,000 IN EMERGENCY ASSISTANCE TO ADDRESS THOSE NEEDS IN THE AREAS OF FOOD, SHELTER AND ACCESS TO HEALTHCARE IN KALAMAZOO, THE COMMUNITY INVESTMENT CABINET AWARDS ADDITIONAL PROGRAMMING GRANTS TO COMMUNITY PARTNERS IN THE AREAS OF EDUCATION, INCOME AND HEALTH OVER $340,000 IN GRANTS WERE AWARDED TO AREA PROGRAMS THIS YEAR UWBCKR IS ALSO ABLE TO PROVIDE SERVICES TO THE COMMUNITY BY LEVERAGING FUNDING FROM SOURCES OTHER THAN THE ANNUAL CAMPAIGN SOME EXAMPLES INCLUDE COMMUNITY ENGAGEMENT THROUGH COMMUNITY ENGAGEMENT, UWBCKR SEEKS TO LEARN MORE ABOUT MEMBERS OF THE COMMUNITY INCLUDING DONORS, VOLUNTEERS AND OTHER COMMUNITY MEMBERS SO THAT THEY CAN BE ENGAGED IN THE AREA(S) OF WORK THAT MOST INTEREST THEM IN PARTNERSHIP WITH THE HARWOOD INSTITUTE AND OTHER COMMUNITY PARTNERS, BATTLE CREEK IS THE FIRST-EVER BEACON COMMUNITY, WHICH IS A NATIONAL MODEL FOR UNITING INDIVIDUALS AND ORGANIZATIONS TO ADDRESS COMMUNITY CHALLENGES EVICTION DIVERSION WORKING WITH OTHER COMMUNITY PARTNERS IN KALAMAZOO, THE EVICTION DIVERSION PROGRAM IS DESIGNED TO ASSIST LANDLORDS AND TENANTS IN RESOLVING BACK RENT SITUATIONS BEFORE TENANTS LOSE THEIR HOMES WORKING WITH TENANTS AND LANDLORDS, THE PROGRAM STRIVES TO HELP TENANTS AVOID EVICTION AND TO HELP LANDLORDS AVOID THE EXPENSIVE EVICTION PROCESS THE PROGRAM HAS GAINED STATE AND NATIONAL EXPOSURE FOR ITS COLLABORATIVE EFFORT KYDN KALAMAZOO YOUTH DEVELOPMENT NETWORK MOBILIZES PARTNERSHIPS TO IMPROVE THE STATUS OF YOUTH THROUGH NETWORKING, PROGRAM IMPROVEMENT, STAFF TRAINING, AND AGENCY COLLABORATION ITS MISSION IS TO INCREASE OPPORTUNITIES FOR YOUTH IN KALAMAZOO COUNTY TO GAIN SKILLS AND REALIZE THEIR POTENTIAL KYDN FACILITATES POSITIVE YOUTH DEVELOPMENT THROUGH COMMUNITY PARTNERSHIPS AND THE DELIVERY OF CREATIVE, INNOVATIVE AND RESEARCH-PROVEN PROGRAMS THESE METHODS FOSTER THE CONTINUOUS IMPROVEMENT OF POSITIVE YOUTH DEVELOPMENT IN KALAMAZOO COUNTY

4d Other program services (Describe in Schedule O)

(Expenses $ 1,664,459 including grants of $ 985,935) (Revenue $)

4e **Total program service expenses** ▶ 13,639,171

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or 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**		No
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**	Yes	
24a	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 25a*	**24a**		No
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**		
25a	**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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	26		
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		Yes	
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	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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 as charitable contributions? . . .	6a			No
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			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

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**	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	27		
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**		Yes	
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ LISA A STOVER 709 S WESTNEDGE AVENUE
KALAMAZOO,MI 49007 (269) 343-2524

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								357,007	0	77,842

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 84,874				
	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 14,835,051				
	g	Noncash contributions included in lines 1a-1f $	372,216				
	h	**Total.** Add lines 1a-1f	▶	14,919,925			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶				
	3	Investment income (including dividends, interest, and other similar amounts)	▶	277,568			277,568
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
		(i) Real / (ii) Personal					
	6a	Gross rents	15,065				
	b	Less rental expenses	0				
	c	Rental income or (loss)	15,065				
	d	Net rental income or (loss)	▶	15,065			15,065
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 130,087				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events	▶	130,087			130,087
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	230,570			230,570
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	230,570			
	12	**Total revenue.** See Instructions	▶	15,573,215	0	0	653,290

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,197,926	11,197,926		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	454,212	165,031	188,391	100,790
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,588,887	789,449	289,791	509,647
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,802	74,278	30,080	48,444
9 Other employee benefits	211,315	97,481	55,795	58,039
10 Payroll taxes	143,196	65,656	34,041	43,499
11 Fees for services (non-employees)				
a Management				
b Legal	3,745		3,745	
c Accounting	22,481		22,481	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	62,246		62,246	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	763,907	622,713	57,750	83,444
12 Advertising and promotion	451,847	149,637	7,326	294,884
13 Office expenses	43,958	29,669	3,820	10,469
14 Information technology				
15 Royalties . .				
16 Occupancy	122,694	47,114	33,741	41,839
17 Travel	58,303	22,656	10,950	24,697
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,837	69,019	24,778	16,040
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	102,193	39,243	28,102	34,848
23 Insurance	3,124	1,963	705	456
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES	238,133	93,788	66,721	77,624
b RENTAL & MAINTENANCE	50,952	20,562	13,563	16,827
c TELEPHONE	50,707	35,447	6,340	8,920
d POSTAGE AND SHIPPING	15,790	3,796	2,531	9,463
e All other expenses	117,937	113,743	1,954	2,240
25 **Total functional expenses.** Add lines 1 through 24e	15,966,192	13,639,171	944,851	1,382,170
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		27,160	1	26,596
	2	Savings and temporary cash investments		7,464,534	2	7,921,596
	3	Pledges and grants receivable, net		8,814,936	3	7,093,136
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,439	9	16,446
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,596,248			
	b	Less accumulated depreciation	10b 1,571,101	1,036,805	10c	1,025,147
	11	Investments—publicly traded securities		6,454,714	11	6,702,350
	12	Investments—other securities See Part IV, line 11		299,214	12	708,029
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,116,802	16	23,493,300
Liabilities	17	Accounts payable and accrued expenses		611,415	17	655,485
	18	Grants payable		3,907,311	18	3,485,932
	19	Deferred revenue		63,532	19	26,105
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		13,461	25	89,956
	26	**Total liabilities.** Add lines 17 through 25		4,595,719	26	4,257,478
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,710,845	27	5,959,907
	28	Temporarily restricted net assets		14,810,238	28	13,275,915
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		19,521,083	33	19,235,822
	34	Total liabilities and net assets/fund balances		24,116,802	34	23,493,300

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,573,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,966,192
3	Revenue less expenses Subtract line 2 from line 1	3	-392,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,521,083
5	Net unrealized gains (losses) on investments	5	107,716
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,235,822

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 38-1359193

Name: UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF DENOOYER BOARD CHAIR	5 00	X		X				0	0	0
TODD MCDONALD VICE CHAIR	5 00	X		X				0	0	0
DAVID FURGASON TREASURER	5 00	X		X				0	0	0
TIM KILMARTIN SECRETARY	5 00	X		X				0	0	0
ANDREW VORBRICH BOARD MEMBER	1 00	X						0	0	0
CINDY KOLE BOARD MEMBER	1 00	X						0	0	0
DAVID LUCAS BOARD MEMBER	1 00	X						0	0	0
DENISE CRAWFORD BOARD MEMBER	1 00	X						0	0	0
DIANNA LANGENBURG BOARD MEMBER	1 00	X						0	0	0
FRANK FOLEY BOARD MEMBER	1 00	X						0	0	0
FRANK HARDGROVE BOARD MEMBER	1 00	X						0	0	0
JIM COCHRANE BOARD MEMBER	1 00	X						0	0	0
JOHN BIEVER BOARD MEMBER	1 00	X						0	0	0
JOHN DUNN BOARD MEMBER	1 00	X						0	0	0
JULIE BOSLEY BOARD MEMBER	1 00	X						0	0	0
KATHI BABBITT BOARD MEMBER	1 00	X						0	0	0
LINDA HICKS BOARD MEMBER	1 00	X						0	0	0
LINDA MILLER BOARD MEMBER	1 00	X						0	0	0
MARK ANTHONY BOARD MEMBER	1 00	X						0	0	0
RICH MACDONALD BOARD MEMBER	1 00	X						0	0	0
RICHARD FRANZ BOARD MEMBER	1 00	X						0	0	0
RON SLAGELL BOARD MEMBER	1 00	X						0	0	0
ROSEMARY GARDINER BOARD MEMBER	1 00	X						0	0	0
SUSAN REINOEHL BOARD MEMBER	1 00	X						0	0	0
SYDNEY WALDORF BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM KOOL BOARD MEMBER	1 00	X						0	0	0
TIM SINDEN BOARD MEMBER	1 00	X						0	0	0
ALBERT LITTLE BOARD MEMBER - THROUGH 8/8/13	1 00	X						0	0	0
EILEEN WILSON-OYELARAN BOARD MEMBER - THROUGH 10/1/13	1 00	X						0	0	0
ERICK STEWART BOARD MEMBER - THROUGH 6/30/13	1 00	X						0	0	0
JAMES BARNUM - COMMUNITY INVESTMENT VC - THROUGH 4/11/13	1 00	X						0	0	0
JAMES STEPHANAK BOARD MEMBER - THROUGH 8/8/13	1 00	X						0	0	0
JANE TAMRAZ BOARD MEMBER - THROUGH 8/8/13	1 00	X						0	0	0
KEITH MARTENS BOARD MEMBER - THROUGH 6/30/13	1 00	X						0	0	0
KEN DAVIS BOARD MEMBER - THROUGH 4/11/13	1 00	X						0	0	0
KIMIKO HOJO BOARD MEMBER - THROUGH 3/1/14	1 00	X						0	0	0
LEROY CRABTREE BOARD MEMBER - THROUGH 6/13/13	1 00	X						0	0	0
PAUL SPAUDE BOARD MEMBER - THROUGH 8/8/13	1 00	X						0	0	0
MICHAEL LARSON PRESIDENT & CEO	40 00			X				156,143	0	34,896
CHRISTIPHER SARGENT VICE PRESIDENT & COO	40 00			X				114,761	0	27,064
LISA STOVER CFO	40 00			X				86,103	0	15,882

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

SCHEDULE A (Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

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

The organization is not a private foundation because it is (For lines 1 through 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 - Non-functionally integrated

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	324,943	10,098,514	10,789,904	21,835,701	14,919,925	57,968,987
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	324,943	10,098,514	10,789,904	21,835,701	14,919,925	57,968,987
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)						6,567,610
6 **Public support.** Subtract line 5 from line 4						51,401,377

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	324,943	10,098,514	10,789,904	21,835,701	14,919,925	57,968,987
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,219	71,244	44,516	187,926	292,633	622,538
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)	41,981	115,112	130,360	288,752	230,570	806,775
11 **Total support** (Add lines 7 through 10)						59,398,300

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	86 540 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	97 770 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

If the organization answered "Yes" 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 35c (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ 0

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 the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,761
j	Total Add lines 1c through 1i			4,761
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	250,000	250,000	250,000	250,000	250,000
b	Contributions					
c	Net investment earnings, gains, and losses	9,423	5,499	3,406	10,170	5,765
d	Grants or scholarships					
e	Other expenditures for facilities and programs	9,423	5,499	3,406	10,170	5,765
f	Administrative expenses					
g	End of year balance	250,000	250,000	250,000	250,000	250,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,666		170,666
b Buildings		1,760,685	1,051,882	708,803
c Leasehold improvements				
d Equipment		599,062	470,723	128,339
e Other		65,835	48,496	17,339
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,025,147

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY ACCOUNTS	89,956
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	89,956

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,042,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	107,716		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	107,716
3	Subtract line **2e** from line **1**			3	12,934,976
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	62,246		
b	Other (Describe in Part XIII)	4b	2,575,993		
c	Add lines **4a** and **4b**			4c	2,638,239
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	15,573,215

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	13,327,953
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	13,327,953
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	62,246		
b	Other (Describe in Part XIII)	4b	2,575,993		
c	Add lines **4a** and **4b**			4c	2,638,239
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	15,966,192

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED TO SUPPORT THE GENERAL OPERATIONS OF THE ORGANIZATION
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501 (C)(3) ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF MARCH 31, 2014, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO MARCH 31, 2010
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,575,993
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,575,993

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 KELLOGG TRINKET SALE (event type)	(b) Event #2 WKKI CASH & CARRY/SILENT AUCTION (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	24,493	19,687	85,907	130,087
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	24,493	19,687	85,907	130,087
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				130,087

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

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**

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 161

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCACY SERVICES FOR KIDS 414 E MICHIGAN AVENUE KALAMAZOO, MI 49007	20-0996694	501 (C)(3)	31,028				CHILDREN'S ACVOCACY PROGRAM SUPPORT
ALTRUSA CHILD CARE & PRESCHOOL 75 IRVING PARK DRIVE BATTLE CREEK, MI 49017	38-1426880	501 (C)(3)	25,000				REMOVING BARRIERS TO SCHOOL READINESS
THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	38-1613581	501 (C)(3)	40,000				EDUCATION ADVOCACY
BATTLE CREEK FAMILY YMCA 182 CAPITAL AVENUE NE BATTLE CREEK, MI 49017	38-1986068	501 (C)(3)	90,000				LIERACY & WORKFORCE READINESS & HEALTHY U BC
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN ST BATTLE CREEK, MI 49017	38-6000746	GOVERNMENTAL	46,875				SUSPENSION CENTER
BIG BROTHERS BIG SISTERS A COMMUNITY OF CARING 3501 COVINGON ROAD KALAMAZOO, MI 49001	38-1720832	501 (C)(3)	145,000				MENTORING/COMPANION PROGRAM SUPPORT
BOY SCOUTS OF AMERICA COUNCIL 1979 HURON PKY ANN ARBOR, MI 48104	38-1357989	501 (C)(3)	115,000				LEARNING FOR LIFE PROGRAM/SCOUTING OUTREACH
BOYS & GIRLS CLUB OF BATTLE CREEK 35 HAMBLIN AVENUE BATTLE CREEK, MI 49017	20-3936388	501 (C)(3)	27,000				HEALTHY LIFESTYLES PROGRAM
BOYS & GIRLS CLUB OF GREATER KALAMAZOO 915 LAKE STREET KALAMAZOO, MI 49001	38-1627080	501 (C)(3)	296,142				YOUTH DEVELOPMENT AND FAMILY SUPPORT SERVICES
BRONSON BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI 49017	38-2776791	501 (C)(3)	10,000				CHILD ADVOCACY CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALHOUN COUNTY TREASURER 161 EAST MICHIGAN AVE BATTLE CREEK, MI 49017	38-6004358	GOVERNMENTAL	109,500				SCHOOL WELLNESS & NURSE FAMILY PARTNERSHIP PROGRAMS
CALHOUN INTERMEDIATE SCHOOL DISTRICT 17111 G DRIVE NORTH MARSHALL, MI 49068	38-6062816	GOVERNMENTAL	225,000				EARLY CHILDHOOD PROGRAMS & CHILDCARE SCHOLARSHIPS
CARES 629 PIONEER KALAMAZOO, MI 49008	38-2784545	501 (C)(3)	55,000				HIV PREVENTION AND SUPPORT PROGRAMS
CATHOLIC CHARITIES - DIOCESE OF KALAMAZOO 1819 GULL ROAD KALAMAZOO, MI 49001	38-2072348	501 (C)(3)	193,400				THE ARK AND CARING NETWORK SUPPORT
CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017	38-1405611	501 (C)(3)	75,000				CLOTHES FOR FAMILIES IN NEED
COMMUNITY ACTION PO BOX 1026 BATTLE CREEK, MI 49017	38-1794361	501 (C)(3)	110,000				EMERGENCY SERVICES
THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	38-1613581	501 (C)(3)	70,000				INDIVIDUAL FAMILY/COMMUNITY ADVOCACY
COMMUNITY FATHERHOOD 74 HIGH STREET BATTLE CREEK, MI 49014	27-0784483	501 (C)(3)	70,000				PROGRAM OPERATING SUPPORT
COMMUNITY HEALING CENTERS 2615 STADIUM DRIVE KALAMAZOO, MI 49008	38-1961500	501 (C)(3)	351,070				INFANT & PARENT SERVICES, CHILD ADVOCACY & BEHAVIORAL HEALTH SVC FOR SCHOOL AGED CHILDREN
COMMUNITY HEALTHCARE CONNECTION 190 E MICHIGAN AVE BATTLE CREEK, MI 49014	20-2717744	501 (C)(3)	182,200				HEALTH ASSISTANCE, PRESCRIPTION DRUG ACCESS, DENTIST PARTNERSHIP, MOBILE MEDICAL SERVICES AND NURSING CLINIC OF BC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY UNLIMITED 221 ELLEN STREET UNION CITY,MI 49094	38-3530155	501 (C)(3)	15,000				BLAST
COMSTOCK COMMUNITY CENTER 6330 KING HWY COMSTOCK,MI 49041	38-1902558	501 (C)(3)	102,000				COMMUNITY BUILDING
CONSTANCE BROWN HEARING CENTER 1634 GULL ROAD KALAMAZOO,MI 49048	38-1410463	501 (C)(3)	48,652				PROGRAM OPERATING SUPPORT
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO,MI 49001	38-2351028	501 (C)(3)	38,516				INDEPENDENT LIVING PROGRAMS
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO,MI 49007	38-1359200	501 (C)(3)	44,130				FAMILY COUNSELING & COMMUNITY BUILDING
EPILEPSY FOUNDATION OF MICHIGAN 20300 CIVIC CENTER DR SOUTHFIELD,MI 48076	38-1508581	501 (C)(3)	8,000				PROGRAM OPERATING SUPPORT
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO,MI 49001	38-2118101	501 (C)(3)	987,775				FAMILY INTERVENTION SERVICES, FOSTER CARE PROGRAM SUPPORT, RESPITE & LINK PROGRAM, FAMILY/SCHOOL ADVOCACY SERVICE, HOME & SCHOOL BASED SERVICES & THE COUNSELING CENTER
FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK,MI 49015	38-3243665	501 (C)(3)	62,000				CHILD CARE CENTER SUPPORT
FAMILY HEALTH CENTER 117 W PATTERSON ST KALAMAZOO,MI 49007	23-7107569	501 (C)(3)	80,000				EMERGENCY PRESCRIPTION ASSISTANCE
FIRST TEE OF BATTLE CREEK 7255 B DRIVE S BATTLE CREEK,MI 49015	38-2045459	501 (C)(3)	90,000				PROGRAM OPERATING SUPPORT/HEALTHY KIDS INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FOOD BANK OF SOUTH CENTRAL MICHIGAN PO BOX 408 BATTLE CREEK,MI 49016	38-2445948	501 (C)(3)	141,639				FOOD DISTRIBUTION
GFM THE SYNERGY CENTER 118 E PATERSON KALAMAZOO,MI 49007	20-0034091	501 (C)(3)	50,325				MENTAL HEALTH & SUBSTANCE ABUSE SERVICES
GIRL SCOUTS OF HEART OF MICHIGAN 601 W MAPLE STREET KALAMAZOO,MI 49008	38-1581300	501 (C)(3)	40,000				OUTREACH PROGRAMS
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO,MI 49001	38-1558550	501 (C)(3)	130,000				VOCATIONAL REHABILITATION
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND 4820 WAYE ROAD BATTLE CREEK,MI 49015	38-1426892	501 (C)(3)	107,500				FINANCIAL OPPORTUNITY CENTER
AMERICAN RED CROSS - KALAMAZOO CHAPTER 5640 VENTURE COURT KALAMAZOO,MI 49009	53-0196605	501 (C)(3)	394,649				BLOOD SERVICES, DISASTER PREPAREDNESS & RELIEF, ARMED FORCES EMERGENCY SERVICES, AND HEALTH & SAFETY PROGRAMS
GRYPHON PLACE 3245 S 8TH ST KALAMAZOO,MI 49009	38-2808685	501 (C)(3)	234,321				211 HELPLINE SUPPORT
GUARDIAN FINANCE & ADVOCACY SERVICES 18 W MICHIGAN AVE BATTLE CREEK,MI 49017	38-2282034	501 (C)(3)	63,046				MONEY MANAGEMENT ASSISTANCE PROGRAM & ENSURING BASIC NEEDS
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK,MI 49014	38-6122756	501 (C)(3)	164,000				GAP KIDS EDUCATIN, LIFE RECOVERY PROGRAMS
NEW GENESIS INC 1340 COBB ST KALAMAZOO,MI 49007	38-2338855	501 (C)(3)	110,325				SUCCESS ACADEMY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HEMOPHILLIA FOUNDATION OF MICHIGAN 1921 W MICHIGAN AVE YPSILANTI,MI 48197	38-1905673	501 (C)(3)	8,500				PROGRAM OPERATING SUPPORT
HOUSING RESOURCES INC 420 E ALCOTT ST KALAMAZOO,MI 49001	38-2474879	501 (C)(3)	163,000				HOUSING STABILIZATION/FAMILY SHELTER
INTEGRATED HEALTH PARTNERS 165 N WASHINGTON BATTLE CREEK,MI 49037	38-3252060	501 (C)(3)	30,000				CHAIN PROGRAM
LEGAL AID OF WESTERN MICHIGAN 89 IONIA NW GRAND RAPIDS,MI 49503	38-2156874	501 (C)(3)	112,000				INDIGENT CIVIL LEGAL SERVICES
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN 70 EAST MICHIGAN AVENUE BATTLE CREEK,MI 49017	38-1845444	501 (C)(3)	80,000				ADVICE, REPRESENTATION AND ADVOCACY FOR HOUSING PRESERVATION & HEALTHY SHELTER/AFFIMATIVE LITIGATION
MICHIGAN COUNCIL ON CRIME & DELINQUENCY 1000 W ST JOSEPH STE 400 LANSING,MI 48915	38-2108273	501 (C)(3)	9,672				PROGRAM OPERATING SUPPORT
MICHIGAN LEAGUE FOR HUMAN SERVICES 1223 TURNER ST LANSING,MI 48906	38-1360557	501 (C)(3)	13,100				PROGRAM OPERATING SUPPORT
MINISTRY WITH COMMUNITY 440 NORTH CHRUCH ST KALAMAZOO,MI 49007	38-2596981	501 (C)(3)	68,489				DROP IN CENTER AND MEALS
MRC INDUSTRIES INC 2538 S 26TH ST KALAMAZOO,MI 49048	38-1911437	501 (C)(3)	134,384				MCKERCHER EMPLOYMENT SERVICES & PATHWAYS PROGRAM
NATIONAL KIDNEY FOUNDATION OF MICHIGAN 260 LEONARD NW GRAND RAPIDS,MI 49504	38-1559941	501 (C)(3)	8,000				PROGRAM OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PORTAGE COMMUNITY OUTREACH CTR 325 E CENTRE PORTAGE,MI 49002	38-2178011	501 (C)(3)	64,260				COMMUNITY BUILDING
KALAMAZOO COUNTRY DAY SCHOOL 4221 E MILHAM RD PORTAGE,MI 49002	38-2266451	501 (C)(3)	35,000				SERVICES FOR ADULTS
SAFE PLACE 303 CATPITAL AVENUE NE BATTLE CREEK,MI 49017	38-2436401	501 (C)(3)	40,000				SHELTER
SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO,MI 49001	38-2699000	501 (C)(3)	89,000				UTILITY ASSISTANCE
SALVATION ARMY - BATTLE CREEK PO BOX 93 BATTLE CREEK,MI 49016	36-2167910	501 (C)(3)	65,000				FAMILY SERVICES
SENIOR SERVICES INC 918 JASPER ST KALAMAZOO,MI 49001	38-1747660	501 (C)(3)	263,749				IN HOME AND SUPPORT SERVICES FOR SENIORS, NUTRITION PROGRAM SUPPORT AND VOLUNTEER OPPORTUNITY SUPPORT
SNAP 28 PENN STREET BATTLE CREEK,MI 49017	23-7427587	501 (C)(3)	75,000				CHILDCARE
SOUTH COUNTY COMMUNITY CENTER 101 S MAIN VICKSBURG,MI 49097	38-1961745	501 (C)(3)	86,522				COMMUNITY BUILDING
SLD LEARNING CENTER INC 5250 LOVERS LAND KALAMAZOO,MI 49002	38-2055709	501 (C)(3)	65,000				TUTORING PROGRAM
SPROUT URBAN FARMS PO BOX 1334 BATTLE CREEK,MI 49016	45-3707870	501 (C)(3)	45,000				FRESH ON WHEELS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION,MI 49224	38-1359593	501 (C)(3)	12,500				SUSPENSION CENTER
SUBSTANCE ABUSE COUNCIL 140 WEST MICHIGAN AVENUE BATTLE CREEK,MI 49017	38-2699513	501 (C)(3)	81,000				DRUG PREVENTION EDUCATION/TOBACCO CESSATION
URBAN LEAGUE 172 WEST VAN BUREN STREET BATTLE CREEK,MI 49017	38-1817220	501 (C)(3)	45,000				FAMILY FOCUS
VOCES 520 W MICHIGAN AVE BATTLE CREEK,MI 49037	27-3586666	501 (C)(3)	130,000				LIDERES YOUTH COUNCIL/PADRES LIDERES COALITION & LANGUAGE SERVICES
VOLUNTEER KALAMAZOO 3901 EMERALD DR KALAMAZOO,MI 49001	38-2026621	501 (C)(3)	90,894				BUILDING AGENCIES' VOLUNTEER CAPACITY
WEST MICHIGAN TEAM PO BOX 68553 GRAND RAPIDS,MI 49516	20-8873170	501 (C)(3)	25,000				KALAMAZOO/BATTLE CREEK EMPLOYER RESOURCE NETWORK
WMU CENTER FOR DISABILITY SERVICES 1000 OAKLAND DR KALAMAZOO,MI 49008	38-6007327	501 (C)(3)	68,000				COMMUNTIY SUPPORT
WOMEN'S NETWORK INC 2055 E COLUMBIA AVE BATTLE CREEK,MI 49017	26-2699012	501 (C)(3)	32,500				WOMEN'S CO-OP
YMCA OF GREATER KALAMAZOO 1001 WEST MAPLE KALAMAZOO,MI 49008	38-1360592	501 (C)(3)	35,000				HEALTH AND WELLNESS PROGRAMS
YWCA OF KALAMAZOO 353 E MICHIGAN KALAMAZOO,MI 49007	38-1360598	501 (C)(3)	333,902				WOMEN'S ECONOMIC EMPOWERMENT, DOMESTIC AND SEXUAL ASSAULT VICTIM SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HANDSON BATTLE CREEK 34 WEST JACKSON STREET BATTLE CREEK,MI 49017	38-1367339	501 (C)(3)	178,000				211 SUPPORT
SENIOR SERVICES INC 918 JASPER ST KALAMAZOO,MI 49001	38-1747660	501 (C)(3)	20,000				CABINET GRANT FOR MEALS ON WHEELS
KALAMAZOO PUBLIC LIBRARY 315 S ROSE ST KALAMAZOO,MI 49007	35-1788185	501 (C)(3)	15,000				CABINET GRANT FOR ONEPLACE SUPPORT
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO,MI 49001	38-2351028	501 (C)(3)	5,000				CABINET GRANT FOR RAMP UP PROJECT
WESTERN MICHIGAN UNIVERSITY 1903 W MICHGIAN AVE KALAMAZOO,MI 49008	38-6007327	GOVERNMENTAL	35,290				CABINET GRANT - PILOT PROGRAM INTEGRATION OF PRIMARY & BEHAVIORAL HEALTH CARE
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO,MI 49001	38-1558550	501 (C)(3)	25,000				CABINET GRANT - TAX COUNSELING INITIATIVE
KALAMAZOO COUNTY READY 4S 222 S WESTNEDGE AVE KALAMAZOO,MI 49007	27-3342489	501 (C)(3)	60,000				CABINET GRANT - OPERATIONAL SUPPORT
HOUSING RESOURCES INC 420 E ALCOTT ST KALAMAZOO,MI 49001	38-2474879	501 (C)(3)	20,000				CABINET GRANT - HOMEOWNERS ASSISTANCE
LOCAL INITIATIVES SUPPORT CORP 141 EAST MICHIGAN AVENUE STE 501 KALAMAZOO,MI 49007	13-3030229	501 (C)(3)	25,000				CABINET GRANT - CONTINUUM OF CARE
FIRST DAY SHOE FUND PO BOX 2751 KALAMAZOO,MI 49001	20-4881364	501 (C)(3)	5,000				CABINET GRANT - FIRST DAY SHOE FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KALAMAZOO DROP-IN CHILD CARE CENTER 345 W MICHIGAN AVE KALAMAZOO, MI 49007	38-1359203	501 (C)(3)	12,880				CABINET GRANT - OPERATIONAL SUPPORT
BUILDING BLOCKS OF KALAMAZOO 1822 W MILHAM AVE STE 4 PORTAGE, MI 49024	06-1705642	501 (C)(3)	18,000				CABINET GRANT - 2014 PROJECTS
KALAMAZOO RESA FOUNDATION 1819 EAST MILHAM KALAMAZOO, MI 49002	38-2478137	501 (C)(3)	20,000				CABINET GRANT - EDUCATION RECONNECTION
HOUSING RESOURCES INC 420 E ALCOTT ST KALAMAZOO, MI 49001	38-2474879	501 (C)(3)	25,000				SIEMER PROGRAM GRANT
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO, MI 49001	38-1558550	501 (C)(3)	25,000				SIEMER PROGRAM GRANT
COMMUNITY ACTION PO BOX 1026 BATTLE CREEK, MI 49017	38-1794361	501 (C)(3)	150,000				EMERGENCY ASSISTANCE FUNDS
CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK, MI 49017	38-1405611	501 (C)(3)	35,000				EMERGENCY ASSISTANCE FUNDS
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501 (C)(3)	5,000				ADVOCACY & ALLIES PROJECT
BATTLE CREEK COMMUNITY FOUNDATION 34 WEST JACKSON STREET BATTLE CREEK, MI 49017	38-2045459	501 (C)(3)	5,000				ELEMENTARY ENRICHMENT COMMUNITY PROJECT
COMMUNITY HEALTHCARE CONNECTION 190 E MICHIGAN AVE BATTLE CREEK, MI 49014	20-2717744	501 (C)(3)	50,000				EMERGENCY ASSISTANCE FUNDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTLE CREEK HABITAT FOR HUMANITY 5700 BECKLEY ROAD NO F BATTLE CREEK,MI 49015	38-2846821	501 (C)(3)	5,000				FUNDS FOR RELIEF DUE TO 2012 FIRE
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND 4820 WAYE ROAD BATTLE CREEK,MI 49015	38-1426892	501 (C)(3)	12,500				WIA SUMMER YOUTH EMPLOYMENT PROGRAM
SAFE PLACE 303 CATPITAL AVENUE NE BATTLE CREEK,MI 49017	38-2436401	501 (C)(3)	50,000				EMERGENCY ASSISTANCE FUNDS
AFLCIOSC MI TRI-COUNTY LABOR COUNCIL 5906 EAST MORGAN ROAD BATTLE CREEK,MI 49017	38-2181989	501 (C)(3)	146,369				PROGRAM OPERATING SUPPORT
HOSPICE CARE OF SOUTHWEST MICHIGAN 222 N KALAMAZOO MALL KALAMAZOO,MI 49007	38-2293985	501 (C)(3)	99,330				DONOR DESIGNATIONS FOR OPERATIONS
CATHOLIC CHARITIES - DIOCESE OF KALAMAZOO 1819 GULL ROAD KALAMAZOO,MI 49001	38-2072348	501 (C)(3)	98,619				DONOR DESIGNATIONS FOR OPERATIONS
MINISTRY WITH COMMUNITY 440 NORTH CHRUCH ST KALAMAZOO,MI 49007	38-2596981	501 (C)(3)	48,919				DONOR DESIGNATIONS FOR OPERATIONS
FAMILY & CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO,MI 49001	38-2118101	501 (C)(3)	43,959				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO COUNTY READY 4S 222 S WESTNEDGE AVE KALAMAZOO,MI 49007	27-3342489	501 (C)(3)	40,686				DONOR DESIGNATIONS FOR OPERATIONS
FOOD BANK OF SOUTH CENTRAL MICHIGAN PO BOX 408 BATTLE CREEK,MI 49016	38-2445948	501 (C)(3)	37,570				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KALAMAZOO COMMUNITY FOUNDATION 151 S ROSE ST KALAMAZOO,MI 49007	38-3333202	501 (C)(3)	37,176				DONOR DESIGNATIONS FOR OPERATIONS
BIG BROTHERS BIG SISTERS A COMMUNITY OF CARING 3501 COVINGON ROAD KALAMAZOO,MI 49001	38-1720832	501 (C)(3)	33,978				DONOR DESIGNATIONS FOR OPERATIONS
SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO,MI 49001	38-2699000	501 (C)(3)	30,973				DONOR DESIGNATIONS FOR OPERATIONS
VAN BUREN COUNTY UNITED WAY 181 W MICHIGAN AVE PAW PAW,MI 49079	23-7113927	501 (C)(3)	29,527				DONOR DESIGNATIONS FOR OPERATIONS
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW STE 100 GRAND RAPIDS,MI 49503	38-1360923	501 (C)(3)	28,214				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO GOSPEL MISSION 448 N BURDICK KALAMAZOO,MI 49007	38-1877515	501 (C)(3)	25,105				DONOR DESIGNATIONS FOR OPERATIONS
SENIOR SERVICES INC 918 JASPER ST KALAMAZOO,MI 49001	38-1747660	501 (C)(3)	22,979				DONOR DESIGNATIONS FOR OPERATIONS
AMERICAN RED CROSS - KALAMAZOO CHAPTER 5640 VENTURE COURT KALAMAZOO,MI 49009	53-0196605	501 (C)(3)	22,681				DONOR DESIGNATIONS FOR OPERATIONS
HOUSING RESOURCES INC 420 E ALCOTT ST KALAMAZOO,MI 49001	38-2474879	501 (C)(3)	22,156				DONOR DESIGNATIONS FOR OPERATIONS
BOYS & GIRLS CLUB OF GREATER KALAMAZOO 915 LAKE STREET KALAMAZOO,MI 49001	38-1627080	501 (C)(3)	21,947				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KALAMAZOO DEACONS CONFERENCE 1010 N WESTNEDGE KALAMAZOO,MI 49007	38-2018800	501 (C)(3)	20,740				DONOR DESIGNATIONS FOR OPERATIONS
PORTAGE COMMUNITY OUTREACH CTR 325 E CENTRE PORTAGE,MI 49002	38-2178011	501 (C)(3)	20,110				DONOR DESIGNATIONS FOR OPERATIONS
SOUTH COUNTY COMMUNITY CENTER 101 S MAIN VICKSBURG,MI 49097	38-1961745	501 (C)(3)	18,382				DONOR DESIGNATIONS FOR OPERATIONS
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO,MI 49007	38-1359200	501 (C)(3)	16,676				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO LOAVES & FISHES 901 PORTAGE ST KALAMAZOO,MI 49001	38-2420575	501 (C)(3)	16,605				DONOR DESIGNATIONS FOR OPERATIONS
BOY SCOUTS OF AMERICA COUNCIL 1979 HURON PKY ANN ARBOR,MI 48104	38-1357989	501 (C)(3)	15,855				DONOR DESIGNATIONS FOR OPERATIONS
MRC INDUSTRIES INC 2538 S 26TH ST KALAMAZOO,MI 49048	38-1911437	501 (C)(3)	14,675				DONOR DESIGNATIONS FOR OPERATIONS
PAWS WITH A CAUSE 4646 S DIVISION WAYLAND,MI 49348	38-2370342	501 (C)(3)	13,959				DONOR DESIGNATIONS FOR OPERATIONS
UNITED WAY OF THE LAKESHORE 31 E CLAY AVE MUSKEGON,MI 49443	38-1426895	501 (C)(3)	13,939				DONOR DESIGNATIONS FOR OPERATIONS
BERGEN COUNTY UNITED WAY 6 FOREST AVENUE PARAMUS,NJ 07652	22-6028959	501 (C)(3)	13,671				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ALLEGAN COUNTY UNITED WAY 650 GRAND ST ALLEGAN,MI 49010	38-6063214	501 (C)(3)	13,619				DONOR DESIGNATIONS FOR OPERATIONS
YMCA OF GREATER KALAMAZOO 1001 WEST MAPLE KALAMAZOO,MI 49008	38-1360592	501 (C)(3)	13,161				DONOR DESIGNATIONS FOR OPERATIONS
COMSTOCK COMMUNITY CENTER 6330 KING HWY COMSTOCK,MI 49041	38-1902558	501 (C)(3)	12,332				DONOR DESIGNATIONS FOR OPERATIONS
GRYPHON PLACE 3245 S 8TH ST KALAMAZOO,MI 49009	38-2808685	501 (C)(3)	12,191				DONOR DESIGNATIONS FOR OPERATIONS
YWCA OF KALAMAZOO 353 E MICHIGAN KALAMAZOO,MI 49007	38-1360598	501 (C)(3)	11,861				DONOR DESIGNATIONS FOR OPERATIONS
UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR DALLAS,TX 75202	76-6005352	501 (C)(3)	10,982				DONOR DESIGNATIONS FOR OPERATIONS
SAFE PLACE 303 CATPITAL AVENUE NE BATTLE CREEK,MI 49017	38-2436401	501 (C)(3)	10,976				DONOR DESIGNATIONS FOR OPERATIONS
CARES 629 PIONEER KALAMAZOO,MI 49008	38-2784545	501 (C)(3)	10,452				DONOR DESIGNATIONS FOR OPERATIONS
PLANNED PARENTHOOD OF MID AND SOUTH MICHIGAN 3100 PROFESSIONAL DRIVE ANN ARBOR,MI 48106	38-1707521	501 (C)(3)	10,272				DONOR DESIGNATIONS FOR OPERATIONS
BARRY COUNTY UNITED WAY 231 S BROADWAY HASTINGS,MI 49058	38-6062803	501 (C)(3)	10,142				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FSH SOCIETY 450 BEDFORD STREET LEXINGTON,MA 02420	52-1762747	501 (C)(3)	10,000				DONOR DESIGNATIONS FOR OPERATIONS
ST JOSEPH COUNTY UNITED WAY PO BOX 577 CENTERVILLE,MI 49032	38-6095409	501 (C)(3)	9,991				DONOR DESIGNATIONS FOR OPERATIONS
OPEN DOORS 810 S WESTNEDGE KALAMAZOO,MI 49008	23-7088427	501 (C)(3)	9,724				DONOR DESIGNATIONS FOR OPERATIONS
UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE PORTSMOUTH,NH 03801	04-2382233	501 (C)(3)	9,699				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO YOUTH FOR CHRIST 122 W CROSSTOWN KALAMAZOO,MI 49001	38-1873558	501 (C)(3)	9,613				DONOR DESIGNATIONS FOR OPERATIONS
ALTERNATIVES WOMENS CARE CENTER 4200 W MICHIGAN AVENUE KALAMAZOO,MI 49006	38-2850563	501 (C)(3)	9,202				DONOR DESIGNATIONS FOR OPERATIONS
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND,MI 49422	38-3522782	501 (C)(3)	9,067				DONOR DESIGNATIONS FOR OPERATIONS
GIRL SCOUTS OF HEART OF MICHIGAN 601 W MAPLE STREET KALAMAZOO,MI 49008	38-1581300	501 (C)(3)	8,895				DONOR DESIGNATIONS FOR OPERATIONS
LEGAL AID OF WESTERN MICHIGAN 89 IONIA NW GRAND RAPIDS,MI 49503	38-2156874	501 (C)(3)	8,799				DONOR DESIGNATIONS FOR OPERATIONS
DISABILITY NETWORK SOUTHWEST MICHIGAN 517 EAST CROSSTOWN PARKWAY KALAMAZOO,MI 49001	38-2351028	501 (C)(3)	8,350				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KALAMAZOO VALLEY HABITAT FOR HUMANITY 525 E KALAMAZOO AVE KALAMAZOO,MI 49007	38-2558965	501 (C)(3)	8,264				DONOR DESIGNATIONS FOR OPERATIONS
UNITED WAY OF THE BAY AREA 221 MAIN ST SAN FRANCISCO,CA 94105	94-1312348	501 (C)(3)	6,655				DONOR DESIGNATIONS FOR OPERATIONS
PRETTY LAKE VACATION CAMP 9123 WEST Q AVENUE MATTAWAN,MI 49071	38-1359229	501 (C)(3)	6,302				DONOR DESIGNATIONS FOR OPERATIONS
ST JUDE CHILDRENS RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501 (C)(3)	6,249				DONOR DESIGNATIONS FOR OPERATIONS
KAZOO SCHOOL 1401 CHERRY ST KALAMAZOO,MI 49008	38-2058301	501 (C)(3)	6,170				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO COUNTRY DAY SCHOOL 4221 E MILHAM RD PORTAGE,MI 49002	38-2266451	501 (C)(3)	6,095				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO COUNTRY DAY SCHOOL 4221 E MILHAM RD PORTAGE,MI 49002	38-2266451	501 (C)(3)	6,032				DONOR DESIGNATIONS FOR OPERATIONS
SCHOOLCRAFT FRIDAY PACK INC PO BOX 50 SCHOOLCRAFT,MI 49087	45-2695361	501 (C)(3)	5,969				DONOR DESIGNATIONS FOR OPERATIONS
CHARITABLE UNION 85 CALHOUN ST BATTLE CREEK,MI 49017	38-1405611	501 (C)(3)	5,903				DONOR DESIGNATIONS FOR OPERATIONS
KALAMAZOO GAY & LESBIAN RESOURCE CENTER 629 PIONEER STREET KALAMAZOO,MI 49008	38-2800996	501 (C)(3)	5,781				DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KALAMAZOO ANIMAL RESCUE PO BOX 3295 KALAMAZOO,MI 49003	38-3058537	501 (C)(3)	5,591				DONOR DESIGNATIONS FOR OPERATIONS
HUMANE SOCIETY OF KALAMAZOO COUNTY 4239 S WESTNEDGE AVENUE KALAMAZOO,MI 49008	38-1474932	501 (C)(3)	5,340				DONOR DESIGNATIONS FOR OPERATIONS
CONSTANCE BROWN HEARING CENTER 1634 GULL ROAD KALAMAZOO,MI 49048	38-1410463	501 (C)(3)	5,335				DONOR DESIGNATIONS FOR OPERATIONS
UNITED WAY OF METROPOLITAN CHICAGO 560 WEST LAKE ST CHICAGO,IL 60661	30-0200478	501 (C)(3)	5,210				DONOR DESIGNATIONS FOR OPERATIONS
GOODWILL INDUSTRIES OF SOUTHWESTERN MICHIGAN 420 E ALCOTT ST KALAMAZOO,MI 49001	38-1558550	501 (C)(3)	5,114				DONOR DESIGNATIONS FOR OPERATIONS
COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE,MD 21275	13-6167225	501 (C)(3)	16,468				CFC DONOR DESIGNATIONS FOR OPERATIONS
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO,CA 94145	94-3193418	501 (C)(3)	9,643				CFC DONOR DESIGNATIONS FOR OPERATIONS
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA SUITE 220 ASHBURN,VA 20147	94-3193374	501 (C)(3)	8,987				CFC DONOR DESIGNATIONS FOR OPERATIONS
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO,CA 94145	94-3255961	501 (C)(3)	8,670				CFC DONOR DESIGNATIONS FOR OPERATIONS
COMMUNITY HEALTH CHARITIES OF MICHIGAN 8675 CANAL RD STERLING HEIGHTS,MI 48314	51-0240030	501 (C)(3)	8,163				CFC DONOR DESIGNATIONS FOR OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANE SOCIETY OF SOUTH CENTRAL MICHIGAN 2500 WATKINS ROAD BATTLE CREEK,MI 49015	38-1437902	501 (C)(3)	8,050				CFC DONOR DESIGNATIONS FOR OPERATIONS
ANIMAL CHARITITES OF AMERICA PO BOX 45754 SAN FRANCISCO,CA 94145	94-3193389	501 (C)(3)	7,432				CFC DONOR DESIGNATIONS FOR OPERATIONS
SAFE PLACE 303 CATPITAL AVENUE NE BATTLE CREEK,MI 49017	38-2436401	501 (C)(3)	6,333				CFC DONOR DESIGNATIONS FOR OPERATIONS
MILITARY SUPPORT GROUPS OF AMERICA PO BOX 45754 SAN FRANCISCO,CA 94145	27-2242752	501 (C)(3)	5,953				CFC DONOR DESIGNATIONS FOR OPERATIONS
GLOBAL IMPACT PO BOX 409616 ATLANTA,GA 30384	52-1273585	501 (C)(3)	5,250				CFC DONOR DESIGNATIONS FOR OPERATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MICHAEL LARSON	(i)	154,104	2,039	0	15,639	19,257	191,039	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CEO IS PROVIDED MEMBERSHIP TO BATTLE CREEK COUNTRY CLUB HE REIMBURSES ORGANIZATION FOR PERSONAL EXPENSES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	22	147,645	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 ▶ (ASSETS ACQ IN)	X	1	224,571	FMV
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Return Reference	Explanation
PART I, LINE 32B	DONATED PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO A BROKER AND SOLD AS SOON AS POSSIBLE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493223013974

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
38-1359193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS KATHI BABBITT AND JOHN DUNN BOTH WORK FOR WESTERN MICHIGAN UNIVERSITY
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE AND EXECUTIVE COMMITTEES REVIEWED THE 990 IN DETAIL AND APPROVED IT FOR FILING BOARD MEMBERS WERE PROVIDED AN ELECTRONIC COPY BEFORE THE 990 WAS FILED
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, KEY VOLUNTEERS, AND STAFF ARE REQUIRED ANNUALLY TO DECLARE POTENTIAL CONFLICTS OF INTEREST RELATIONSHIPS BY SIGNING A CONFLICT OF INTEREST POLICY ADMINISTRATION MONITORS THE ISSUES THAT MAY REQUIRE DISCLOSURE AND/OR OTHER ACTION AS APPROPRIATE
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEWS BEGIN AT THE PERSONNEL COMMITTEE LEVEL THEY ARE PROVIDED SALARY AND WAGE SURVEY DATA FOR SIMLIAR SIZE UNITED WAYS AND OTHER NOT FOR PROFITS IN THE AREA TO ENSURE SALARIES ARE CONSISTENT WITH PEER ORGANIZATIONS THE EXECUTIVE COMMITTEE REVIEWS DATA RELATING TO THE CEO AND WILL PROPOSE SALARY ADJUSTMENTS TO THE BOARD THE BOARD DETERMINES COMPENSATION FOR THE CEO OTHER SALARIES ARE DETERMINED BY THE CEO THIS PROCESS WAS LAST UNDERTAKEN IN 2014
FORM 990, PART VI, SECTION C, LINE 18	DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, LINE XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT WITHIN THE PAST YEAR