

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTH CENTRAL MICHIGAN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 709 S WESTNEDGE AVE City or town, state or province, country, and ZIP or foreign postal code KALAMAZOO, MI 49007 F Name and address of principal officer: CHRISTIPHER SARGENT SAME AS C ABOVE	D Employer identification number 38-1359193 E Telephone number 269-343-2524 G Gross receipts \$ 20,133,805. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDFORSCMI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: UNITED WAY OF SOUTH CENTRAL MICHIGAN STRIVES FOR CARING, CONNECTED, EQUITABLE COMMUNITIES.		
	2 Check this box <input type="checkbox"/> 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	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	733
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,792,929.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		328,562.	353,486.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		497,902.	386,687.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,619,393.	20,048,813.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,432,576.
	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)	2,117,258.	4,374,672.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,249,364.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,942,110.	3,810,379.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,491,944.	20,749,685.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,872,551.	-700,872.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,915,676.	End of Year 32,086,707.
	21 Total liabilities (Part X, line 26)	2,547,755.	5,009,025.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,367,921.	27,077,682.

Part II Signature Block

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

Sign Here	Signature of officer CHRISTIPHER SARGENT, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JEFFREY E. HERT, CPA	Preparer's signature JEFFREY E. HERT, CPA
	Firm's name REHMANN ROBSON LLC	Date 08/14/23
	Firm's address PO BOX 2025 SAGINAW, MI 48605-2025	Check if self-employed <input type="checkbox"/> PTIN P00066715
		Firm's EIN 38-3567911 Phone no. 989-799-9580

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 [X]

1 Briefly describe the organization's mission: WE BRING TOGETHER THE PEOPLE, IDEAS AND RESOURCES TO LEAD WITH OUR COMMUNITIES AND CREATE A FLOURISHING, EQUITABLE LIFE FOR EVERYONE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,454,257. including grants of \$ 5,454,257.) (Revenue \$) PROGRAM INVESTMENTS UNITED WAY SCMI (UWSCMI) AND ITS DEDICATED STAFF ADVANCE THE COMMON GOOD BY OPTIMIZING OPPORTUNITIES FOR SYSTEMS CHANGE AND IMPROVEMENT THAT ADDRESS RACIAL AND ECONOMIC DISPARITIES. AREAS OF FOCUS FOR INVESTMENT INCLUDE, BUT AREN'T LIMITED TO, FINANCIAL STABILITY, EDUCATION, HEALTH, AND BASIC NEEDS.COMMUNITY INVESTMENTS IN LAST FISCAL YEAR: BATTLE CREEK/KALAMAZOO -- \$4,534,727 INVESTED IN 94 PROGRAMS THROUGH 64 AGENCY PARTNERS. CAPITAL AREA -- \$410,937 INVESTED IN 12 PROGRAMS THROUGH 10 AGENCY PARTNERS AND 4 COLLABORATIVES. JACKSON COUNTY -- \$494,825 INVESTED IN 18 PROGRAMS AT 16 AGENCIES

4b (Code:) (Expenses \$ 4,934,540. including grants of \$) (Revenue \$) COMMUNITY IMPACT & INITIATIVES UWSCMI DRIVES SYSTEMS CHANGE AND IMPROVEMENT THROUGH DIVERSE COMMUNITY PARTNERSHIPS, ASSESSMENT, ADVOCACY, VOLUNTEERISM, AND COLLABORATION TO UNDERSTAND AND ADDRESS COMMUNITY NEEDS COLLECTIVELY AND STRATEGICALLY VIA PROGRAM PARTNERSHIPS, UWSCMI-DRIVEN INITIATIVES AND MEASURABLE OUTCOMES.COMMUNITY IMPACT & INITIATIVES UWSCMI DRIVES SYSTEMS CHANGE AND IMPROVEMENT THROUGH DIVERSE COMMUNITY PARTNERSHIPS, ASSESSMENT, ADVOCACY, VOLUNTEERISM, AND COLLABORATION TO UNDERSTAND AND ADDRESS COMMUNITY NEEDS COLLECTIVELY AND STRATEGICALLY VIA PROGRAM PARTNERSHIPS, UWSCMI-DRIVEN INITIATIVES AND MEASURABLE OUTCOMES.

EXAMPLES OF IMPACT & INITIATIVES IN LAST FISCAL YEAR:

4c (Code:) (Expenses \$ 1,522,134. including grants of \$ 1,522,134.) (Revenue \$) DONOR DESIGNATIONS UWSCMI ALLOWS DONORS TO DESIGNATE GIFTS TO OTHER UNITED WAYS OR OTHER QUALIFYING AGENCIES, FURTHER EXPANDING COMMUNITY IMPACT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,588,242. including grants of \$ 5,588,242.) (Revenue \$)

4e Total program service expenses 17,499,173.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), parachute payments (15), excise tax (16), and section 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIPHER SARGENT PRESIDENT & CEO	40.00			X			181,909.	0.	32,724.	
(2) ALYSSA STEWART CHIEF IMPACT OFFICER	40.00				X		116,895.	0.	12,775.	
(3) TIMOTHY BERGSMA CFO AS OF 7/25/22	40.00			X			59,850.	0.	14,341.	
(4) L. ROBERT MCCONNELL BOARD CHAIR	5.00	X		X			0.	0.	0.	
(5) JAMES JOHNSON JR VICE CHAIR	5.00	X		X			0.	0.	0.	
(6) CARLA THOMPSON PAYTON 2ND VICE CHAIR	5.00	X		X			0.	0.	0.	
(7) ERIK DECKER TREASURER	5.00	X		X			0.	0.	0.	
(8) CONNER WOOD SECRETARY	5.00	X		X			0.	0.	0.	
(9) BECKY BALDWIN MEMBER	1.00	X					0.	0.	0.	
(10) DEBRA BITTNER MEMBER	1.00	X					0.	0.	0.	
(11) JIM BONGIORNO MEMBER	1.00	X					0.	0.	0.	
(12) DYLAN CROTTY MEMBER	1.00	X					0.	0.	0.	
(13) REBECCA FLEURY MEMBER	1.00	X					0.	0.	0.	
(14) BEN FRANTZ MEMBER	1.00	X					0.	0.	0.	
(15) GABRIEL GIRON MEMBER	1.00	X					0.	0.	0.	
(16) MARCUS GLASS MEMBER	1.00	X					0.	0.	0.	
(17) ASH GOEL MD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) UNAA HOLINESS MEMBER	1.00	X						0.	0.	0.
(19) MIKE HUERTA MEMBER	1.00	X						0.	0.	0.
(20) SHALANDA HUNT MEMBER	1.00	X						0.	0.	0.
(21) KAY KECK MEMBER	1.00	X						0.	0.	0.
(22) MAUREEN KEENE MEMBER	1.00	X						0.	0.	0.
(23) JAMES LIGGINS JR IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(24) RHONDA NEWMAN MEMBER	1.00	X						0.	0.	0.
(25) JEREMY PATTERSON MEMBER	1.00	X						0.	0.	0.
(26) JAMIE RABE MEMBER	1.00	X						0.	0.	0.
1b Subtotal								358,654.	0.	59,840.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								358,654.	0.	59,840.

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,880,010.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,428,630.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 105,129.			
	h	Total. Add lines 1a-1f		19,308,640.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		353,261.		353,261.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	198,091.			
			(ii) Personal				
	6 b	Less: rental expenses ...		0.			
	6 c	Rental income or (loss)		198,091.			
	d	Net rental income or (loss)		198,091.	198,091.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	85,217.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		84,992.			
	7 c	Gain or (loss)		225.			
	d	Net gain or (loss)		225.		225.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	133,663.		133,663.	
	b	PROFESSIONAL SERVICES REVENUE	900099	54,933.		54,933.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		188,596.			
12	Total revenue. See instructions		20,048,813.	198,091.	0.	542,082.	

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 domestic organizations and domestic governments. See Part IV, line 21 ...	12,564,634.	12,564,634.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	479,398.	263,783.	123,402.	92,213.
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	3,050,547.	1,672,838.	785,436.	592,273.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	257,616.	144,319.	66,225.	47,072.
9 Other employee benefits	341,346.	191,226.	87,749.	62,371.
10 Payroll taxes	245,765.	133,273.	62,643.	49,849.
11 Fees for services (nonemployees):				
a Management				
b Legal	33,821.	19,148.	10,951.	3,722.
c Accounting	135,609.		135,609.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	82,254.		82,254.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,464,893.	1,269,779.	75,363.	119,751.
12 Advertising and promotion	151,186.	41,781.	10,194.	99,211.
13 Office expenses	11,916.	2,940.	7,075.	1,901.
14 Information technology	588,244.	416,627.	121,353.	50,264.
15 Royalties				
16 Occupancy	136,084.	79,782.	34,556.	21,746.
17 Travel	50,680.	24,852.	15,233.	10,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	34,753.	24,927.	7,958.	1,868.
20 Interest				
21 Payments to affiliates	277,360.		277,360.	
22 Depreciation, depletion, and amortization	153,275.	118,963.	17,840.	16,472.
23 Insurance	40,618.	23,429.	8,794.	8,395.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	182,168.	182,168.		
b RENTAL AND MAINTENANCE	153,241.	96,894.	29,143.	27,204.
c PROGRAM EXPENSES	105,205.	105,205.		
d TELEPHONE	55,024.	38,327.	6,850.	9,847.
e All other expenses _____	154,048.	84,278.	35,160.	34,610.
25 Total functional expenses. Add lines 1 through 24e	20,749,685.	17,499,173.	2,001,148.	1,249,364.
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 <input type="checkbox"/> 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	14,913.	1	1,125,732.
	2 Savings and temporary cash investments	3,489,159.	2	8,009,132.
	3 Pledges and grants receivable, net	5,882,900.	3	5,336,686.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	632,795.	7	994,606.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	274,046.	9	37,451.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,245,040.		
	b Less: accumulated depreciation	10b 4,088,810.		
	11 Investments - publicly traded securities	825,341.	10c	2,156,230.
	12 Investments - other securities. See Part IV, line 11	9,743,895.	11	10,031,483.
	13 Investments - program-related. See Part IV, line 11	1,052,627.	12	3,951,306.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	444,081.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,915,676.	15	32,086,707.	
17 Accounts payable and accrued expenses	697,607.	16	1,059,748.	
18 Grants payable	1,850,148.	17	2,359,323.	
19 Deferred revenue	0.	18	1,098,339.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	0.	24	491,615.	
26 Total liabilities. Add lines 17 through 25	2,547,755.	25	5,009,025.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
28 Net assets without donor restrictions	7,642,338.	27	11,973,011.	
29 Net assets with donor restrictions	11,725,583.	28	15,104,671.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		29		
32 Paid-in or capital surplus, or land, building, or equipment fund		30		
33 Retained earnings, endowment, accumulated income, or other funds		31		
34 Total net assets or fund balances	19,367,921.	32	27,077,682.	
35 Total liabilities and net assets/fund balances	21,915,676.	33	32,086,707.	

Part XI Reconciliation 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	20,048,813.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,749,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	-700,872.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,367,921.
5	Net unrealized gains (losses) on investments	5	-874,898.
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 on Schedule O)	9	9,285,531.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,077,682.

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10677431.	11671287.	20408244.	9792929.	19308640.	71858531.
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	10677431.	11671287.	20408244.	9792929.	19308640.	71858531.
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)						11497375.
6 Public support. Subtract line 5 from line 4.						60361156.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	10677431.	11671287.	20408244.	9792929.	19308640.	71858531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	283,308.	258,427.	296,053.	332,423.	488,577.	1658788.
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 VI.)	122,112.	138,172.	754,858.	483,327.	67,388.	1565857.
11 Total support. Add lines 7 through 10						75083176.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	80.39	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	83.30	%
16a 33 1/3% support test - 2022. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

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

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 122,112.

2019 AMOUNT: \$ 8,588.

2020 AMOUNT: \$ 450,120.

2021 AMOUNT: \$ 230,840.

2022 AMOUNT: \$ 12,455.

PROFESSIONAL SERVICES REVENUE

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 129,584.

2020 AMOUNT: \$ 304,738.

2021 AMOUNT: \$ 252,487.

2022 AMOUNT: \$ 54,933.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **UNITED WAY OF SOUTH CENTRAL MICHIGAN** Employer identification number **38-1359193**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

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

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 0. |
| d Additions during the year | 612,643. |
| e Distributions during the year | 414,064. |
| f Ending balance | 198,579. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,028,593.	998,892.	250,000.	250,000.	250,000.
b Contributions			753,331.		
c Net investment earnings, gains, and losses	-62,038.	29,701.	-4,439.	6,668.	6,977.
d Grants or scholarships					
e Other expenditures for facilities and programs				6,668.	6,977.
f Administrative expenses					
g End of year balance	966,555.	1,028,593.	998,892.	250,000.	250,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		609,364.		609,364.
b Buildings		3,964,402.	2,638,429.	1,325,973.
c Leasehold improvements		582,039.	417,425.	164,614.
d Equipment		1,089,235.	1,032,956.	56,279.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,156,230.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) FUNDS	3,951,306.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,951,306.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATIONS	491,615.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	491,615.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,612,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-585,677.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-246,367.	
e	Add lines 2a through 2d	2e		-832,044.
3	Subtract line 2e from line 1	3		18,444,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,604,388.	
c	Add lines 4a and 4b	4c		1,604,388.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		20,048,813.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	19,188,151.
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	42,854.	
e	Add lines 2a through 2d	2e		42,854.
3	Subtract line 2e from line 1	3		19,145,297.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,604,388.	
c	Add lines 4a and 4b	4c		1,604,388.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		20,749,685.

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

THERE ARE A NUMBER OF ORGANIZATIONS THAT ACT AS INDEPENDENT ORGANIZATIONS WITH UNITED WAY OF SOUTH CENTRAL MICHIGAN AS THE FINANCIAL FIDUCIARY. THE ASSETS ARE NOT OWNED BY UNITED WAY OF SOUTH CENTRAL MICHIGAN.

PART V, LINE 4:

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

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL

Part XIII Supplemental Information (continued)

YEARS 2019 THROUGH 2022, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF MARCH 31, 2023. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT MARCH 31, 2023, AND IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN FUNDS	-289,221.
IN KIND DONATIONS	42,854.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-246,367.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,522,134.
INVESTMENT MANAGEMENT FEE	82,254.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,604,388.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND EXPENSES	42,854.
------------------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,522,134.
INVESTMENT MANAGEMENT FEE	82,254.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,604,388.

Schedule D (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF SOUTH CENTRAL MICHIGAN** Employer identification number **38-1359193**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENT HOUSE MINISTRIES, INC. 743 N MARTIN LUTHER KING JR BLVD LANSING, MI 48915	38-2746052	501C3	45,119.	0.			DESIGNATIONS & YOUTH, AGES 16-24, HAVE SUPPORT NEEDED TO EARN A LIFE SUSTAINING WAGE
ALLEGAN COUNTY UNITED WAY PO BOX 1858 HOLLAND, MI 49422	38-3522782	501C3	5,967.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS - KALAMAZOO CHAPTER - 5640 VENTURE COURT - KALAMAZOO, MI 49009	53-0196605	501C3	35,397.	0.			DONOR DESIGNATIONS
AWARE INC 704 W. MICHIGAN AVE. JACKSON, MI 49204	23-7118921	501C3	33,824.	0.			DESIGNATIONS & RESIDENTIAL SERVICES
BARRY COUNTY UNITED WAY 231 S BROADWAY ST HASTINGS, MI 49058	38-6062803	501C3	7,468.	0.			DONOR DESIGNATIONS
BATTLE CREEK PUBLIC SCHOOLS 3 WEST VAN BUREN ST. BATTLE CREEK, MI 49017	38-6000746	115	17,898.	0.			DESIGNATIONS & FOOD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 116.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF SOUTHWEST MICHIGAN - 3501 COVINGTON RD - KALAMAZOO, MI 49001	38-1720832	501C3	69,878.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
BOYS & GIRLS CLUB OF GREATER KALAMAZOO - 4000 PORTAGE ST, STE 201 - KALAMAZOO, MI 49001	38-1627080	501C3	100,136.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
BOYS & GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501C3	43,705.	0.			DESIGNATIONS & CHILD SUCCESS -CHILDREN ARE READY TO LEARN AND THRIVE THROUGH SCHOOL
BRONSON HEALTHCARE GROUP PO BOX 4073 KALAMAZOO, MI 49003	38-2415081	501C3	19,000.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
BURMESE AMERICAN INITIATIVE 765 UPTON AVE SPRINGFIELD, MI 49037	45-3441524	501C3	50,400.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
CALHOUN COUNTY TREASURER 190 E MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-6004358	115	65,250.	0.			DESIGNATIONS & PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH FOR FAMILY AND INFANT
CALHOUN INTERMEDIATE SCHOOL DISTRICT - 17111 G DRIVE NORTH - MARSHALL, MI 49068	38-6062816	115	45,296.	0.			DESIGNATIONS & EARLY CHILDHOOD SUCCESS AND KINDERGARTEN READINESS
CAPITAL AREA HUMANE SOCIETY 7095 W. GRAND RIVER AVE. LANSING, MI 48906	38-1601542	501C3	32,102.	0.			DONOR DESIGNATIONS
CARE FREE MEDICAL 1100 W SAGINAW ST LANSING, MI 48915	14-1909938	501C3	9,336.	0.			DESIGNATIONS & INDIVIDUALS HAVE ACCESS TO HEALTH CARE SERVICES AND SUPPORTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES - DIOCESE OF KALAMAZOO - 1819 GULL ROAD - KALAMAZOO, MI 49048	38-2072348	501C3	178,952.	0.			DESIGNATIONS & PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH FOR FAMILY AND INFANT
CENTRICA CARE NAVIGATORS 7100 STADIUM DR KALAMAZOO, MI 49009	38-2293985	501C3	8,080.	0.			DONOR DESIGNATIONS
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501C3	87,017.	0.			DESIGNATIONS & OTHER BASIC NECESSITIES
CHC: CREATING HEALTHIER COMMUNITIES - 1199 N FAIRFAX ST, STE 600 - ALEXANDRIA, VA 22314	13-6167225	501C3	11,764.	0.			DONOR DESIGNATIONS
CHILD AND FAMILY CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501C3	68,163.	0.			DESIGNATIONS & YOUTH, AGES 16-24, HAVE SUPPORT NEEDED TO EARN A LIFE SUSTAINING WAGE
CHILD CARE NETWORK 3941 RESEARCH PARK DR, SUITE C ANN ARBOR, MI 48108	38-2160250	501C3	22,232.	0.			DESIGNATIONS & FAMILY SUPPORT PROGRAM (FSP)
COMMUNITIES IN SCHOOLS OF MICHIGAN INC - 721 N CAPITOL AVE, STE 1 - LANSING, MI 48906	45-3736821	501C3	43,255.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
COMMUNITY ACTION 175 MAIN ST PO BOX 1026 BATTLE CREEK, MI 49016	38-1794361	501C3	239,805.	0.			DESIGNATIONS & STABLE & AFFORDABLE HOUSING
COMMUNITY HEALING CENTERS 2615 STADIUM DR. KALAMAZOO, MI 49008	38-1961500	501C3	106,938.	0.			DESIGNATIONS & AWARENESS, EDUCATION, AND ENGAGEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOMEWORKS 810 BRYANT ST KALAMAZOO, MI 49001	27-1037159	501C3	54,870.	0.			DONOR DESIGNATIONS
CRISTO REY COMMUNITY CENTER 1717 N HIGH ST LANSING, MI 48906	38-1779460	501C3	7,368.	0.			DONOR DESIGNATIONS
DISABILITY NETWORK CAPITAL AREA 2812 N MARTIN LUTHER KING JR BLVD LANSING, MI 48906	38-2154463	501C3	19,817.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
DUNGYTREEI HERITAGE FOUNDATION 245 E. ROBINSON STREET JACKSON, MI 49203	85-0701492	501C3	15,000.	0.			DESIGNATIONS & GRASSROOTS GRANT
EL CONCILIO/HISPANIC AMERICAN COUNCIL - 930 LAKE STREET - KALAMAZOO, MI 49001	38-2437758	501C3	53,668.	0.			DESIGNATIONS & EARLY CHILDHOOD SUCCESS AND KINDERGARTEN READINESS
ELE'S PLACE 1145 W OAKLAND AVE LANSING, MI 48915	38-2976751	501C3	16,249.	0.			DONOR DESIGNATIONS
EVE INC. PO BOX 14149 LANSING, MI 48901	38-2211520	501C3	18,845.	0.			DESIGNATIONS & INDIVIDUALS HAVE THEIR EMERGENCY SHELTER AND PROVISIONAL NEEDS MET
FAMILY & CHILDREN SERVICES, INC 1608 LAKE STREET KALAMAZOO, MI 49001	38-2118101	501C3	133,543.	0.			DESIGNATIONS & AWARENESS, EDUCATION, AND ENGAGEMENT
FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501C3	38,475.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE & CHILDRENS AID 306 W. MICHIGAN AVENUE JACKSON, MI 49201	38-6028838	501C3	69,919.	0.			DESIGNATIONS & JACKSON COUNTY CLINICAL COUNSELING VOUCHER PROGRAM
FIRST DAY SHOE FUND 4120 OLD FIELD TRAIL KALAMAZOO, MI 49008	20-4881364	501C3	5,616.	0.			DONOR DESIGNATIONS
GFM THE SYNERGY CENTER 625 HARRISON STREET KALAMAZOO, MI 49007	20-0034091	501C3	36,304.	0.			DONOR DESIGNATIONS
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE RD - BATTLE CREEK, MI 49037	38-1426892	501C3	85,474.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
GOODWILL INDUSTRIES OF SW MI 420 E ALCOTT STREET KALAMAZOO, MI 49001	38-1558550	501C3	54,083.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
GRACE HEALTH 181 W EMMETT ST BATTLE CREEK, MI 49037	38-2679075	501C3	151,575.	0.			DESIGNATIONS & PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH FOR FAMILY AND INFANT
GREAT START COLLABORATIVE-JACKSON 6700 BROWNS LAKE RD JACKSON, MI 49201	38-1710621	501C3	15,000.	0.			DESIGNATIONS & TRUSTED ADVISORS
GREATER KINGDOM INTERNATIONAL 50 SPENCER ST BATTLE CREEK, MI 49014	56-2298725	501C3	106,425.	0.			DONOR DESIGNATIONS
GRYPHON PLACE 3245 S 8TH ST KALAMAZOO, MI 49009	38-2808685	501C3	53,679.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULL LAKE AREA COMMUNITY VOLUNTEERS, INC. - PO BOX 352 - RICHLAND, MI 49083	38-2623473	501C3	10,000.	0.			DONOR DESIGNATIONS
HABITAT FOR HUMANITY CAPITAL REGION - 1941 BENJAMIN DR. - LANSING, MI 48906	38-2716658	501C3	18,017.	0.			DESIGNATIONS & INDIVIDUALS HAVE ACCESS TO HEALTH CARE SERVICES AND SUPPORTS
HAVEN HOUSE 121 WHITEHILLS DR EAST LANSING, MI 48823	38-2433890	501C3	20,481.	0.			DESIGNATIONS & INDIVIDUALS HAVE THEIR EMERGENCY SHELTER AND PROVISIONAL NEEDS MET
HAVEN OF REST MINISTRIES 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501C3	68,520.	0.			DONOR DESIGNATIONS
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW, STE 100 GRAND RAPIDS, MI 49503	38-1360923	501C3	8,408.	0.			DONOR DESIGNATIONS
HOUSING RESOURCES INC., 420 E ALCOTT STREET, SUITE 200 KALAMAZOO, MI 49007	38-2474879	501C3	241,967.	0.			DESIGNATIONS & STABLE & AFFORDABLE HOUSING
HOUSING SERVICES MID MICHIGAN 319 S COCHRAN AVE CHARLOTTE, MI 48813	38-3245099	501C3	37,936.	0.			DESIGNATIONS & YOUTH, AGES 16-24, HAVE SUPPORT NEEDED TO EARN A LIFE SUSTAINING WAGE
IMAGINE PLANET 632 E MICHIGAN JACKSON, MI 49203	47-3332294	501C3	7,000.	0.			DESIGNATIONS & GRASSROOTS GRANT
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DR. LANSING, MI 48933	23-7200548	501C3	17,695.	0.			DESIGNATIONS & CHILD SUCCESS -CHILDREN ARE READY TO LEARN AND THRIVE THROUGH SCHOOL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INGHAM GREAT START COLLABORATIVE 2630 WEST HOWELL ROAD MASON, MI 48854	38-1737701	501C3	38,684.	0.			DESIGNATIONS & CHILD SUCCESS -CHILDREN ARE READY TO LEARN AND THRIVE THROUGH SCHOOL
ISLAMIC SOCIETY OF GREATER LANSING 920 S. HARRISON RD EAST LANSING, MI 48823	38-2373418	501C3	22,003.	0.			DESIGNATIONS & PARENTS SUCCESS AS CHILD'S 1ST EDUCATOR
JACKSON COUNTY HEALTH DEPT 1715 LANSING AVE JACKSON, MI 49202	38-6004845	115	32,495.	0.			DESIGNATIONS & TEEN PREGNANCY PREVENTION INITIATIVE AND THE TRANSPARENCY PROJECT
KALAMAZOO COMMUNITY FOUNDATION 402 E MICHIGAN AVE. KALAMAZOO, MI 49007	38-3333202	501C3	33,495.	0.			DONOR DESIGNATIONS
KALAMAZOO COUNTY 201 W KALAMAZOO AVE KALAMAZOO, MI 49007	27-3342489	115	130,500.	0.			DESIGNATIONS & PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH FOR FAMILY AND INFANT
KALAMAZOO COUNTY READY 4S 259 W. MICHIGAN AVENUE, SUITE 209 KALAMAZOO, MI 49007	27-3342489	501C3	79,825.	0.			DESIGNATIONS & EARLY CHILDHOOD SUCCESS AND KINDERGARTEN READINESS
KALAMAZOO DROP-IN CHILD CARE CENTER - 345 W MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1359203	501C3	19,255.	0.			DESIGNATIONS & EARLY CHILDHOOD SUCCESS AND KINDERGARTEN READINESS
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES - 1219 SOUTH PARK STREET - KALAMAZOO, MI 49001	38-2391442	501C3	49,500.	0.			DESIGNATIONS & BARRIER REMOVAL
KALAMAZOO RESA 1819 EAST MILHAM ROAD KALAMAZOO, MI 49002	38-1709020	501C3	113,060.	0.			DESIGNATIONS & EARLY CHILDHOOD SUCCESS AND KINDERGARTEN READINESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALAMAZOO YOUTH DEVELOPMENT NETWORK - 912 N BURDICK STREET - KALAMAZOO, MI 49007	82-4427471	501C3	33,750.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
LEGAL AID OF WEST MICHIGAN 201 W KALAMAZOO, SUITE 427 KALAMAZOO, MI 49007	38-2156874	501C3	53,334.	0.			DESIGNATIONS & STABLE & AFFORDABLE HOUSING
LEGAL SERVICES OF SC MI 123 W. TERRITORIAL RD BATTLE CREEK, MI 49015	38-1845444	501C3	77,011.	0.			DESIGNATIONS & STABLE & AFFORDABLE HOUSING
LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN - 15 S WASHINGTON - YPSILANTI, MI 48197	38-1845444	501C3	10,882.	0.			DESIGNATIONS & INDIVIDUALS HAVE THEIR EMERGENCY SHELTER AND PROVISIONAL NEEDS MET
LENDING HANDS OF MICHIGAN, INC 4570 COMMERCIAL AVE STE E PORTAGE, MI 49002	32-0146465	501C3	7,963.	0.			DONOR DESIGNATIONS
LILY MISSIONS CENTER PO BOX 421 JACKSON, MI 49204	38-3469813	501C3	46,120.	0.			DESIGNATIONS & FINANCIAL LITERACY AT THE AFTER SCHOOL PROGRAM
MANY HANDS COMMUNITY SERVICES 1288 W GRAND RIVER AVE, STE 400 WILLIAMSTON, MI 48895	45-4444119	501C3	10,210.	0.			DESIGNATIONS & GRASSROOTS GRANT
MICHIGAN ADVOCACY PROGRAM 15 S. WASHINGTON ST YPSILANTI, MI 48197	38-1845444	501C3	71,968.	0.			DONOR DESIGNATIONS
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD., RM 300 EAST LANSING, MI 48824	38-6005984	501C3	39,617.	0.			DESIGNATIONS & PARENTS SUCCESS AS CHILD'S 1ST EDUCATOR

Schedule I (Form 990)

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

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MICHIGAN WORKS! SOUTHWEST 1601 S BURDICK ST KALAMAZOO, MI 49001	38-1360419	501C3	23,750.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
MILESTONE SENIOR SERVICES 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501C3	96,522.	0.			DONOR DESIGNATIONS
MINISTRY WITH COMMUNITY 500 N EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501C3	74,492.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
MRC INDUSTRIES, INC. 2538 S. 26TH ST KALAMAZOO, MI 49048	38-1911437	501C3	63,223.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
MSU - STRYKE FORCE 4-H FIRST ROBOTICS - 201 W KALAMAZOO AVE - KALAMAZOO, MI 49007	37-1701735	115	5,589.	0.			DONOR DESIGNATIONS
MY PLACE INC 406 S BLACKSTONE JACKSON, MI 49203	38-3079910	501C3	10,000.	0.			DESIGNATIONS & GRASSROOTS GRANT
NEIGHBORHOODS INC 47 N WASHINGTON BATTLE CREEK, MI 49017	38-2375773	501C3	23,750.	0.			DESIGNATIONS & STABLE & AFFORDABLE HOUSING
NEW GENESIS, INC. 1225 PATERSON STREET KALAMAZOO, MI 49007	38-2338855	501C3	34,269.	0.			DESIGNATIONS & EARLY GRADE READING ACHIEVEMENT
NEW LEVEL SPORTS 400 W. MICHIGAN AVE BATTLE CREEK, MI 49017	01-0582339	501C3	97,440.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING

Schedule I (Form 990)

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

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NONPROFIT NETWORK 209 E WASHINGTON AVE, SUITE 430 JACKSON, MI 49201	38-3444092	501C3	18,869.	0.			DONOR DESIGNATIONS
NORTHWEST INITIATIVE 510 W. OTTAWA ST., 2ND FLR LANSING, MI 48933	06-1674223	501C3	6,215.	0.			DESIGNATIONS & INDIVIDUALS AND FAMILIES HAVE ACCESS TO ESSENTIAL LIFE SUSTAINING NEEDS
PORTAGE COMMUNITY CENTER 325 E CENTRE AVE KALAMAZOO, MI 49002	38-2178011	501C3	46,340.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
PREVENTION WORKS OF SOUTHWEST MI 611 WHITCOMB, SUITE A KALAMAZOO, MI 49008	38-3264831	501C3	30,679.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
READ AND WRITE KALAMAZOO 802 S WESTNEDGE AVE KALAMAZOO, MI 49008	47-5372831	501C3	29,449.	0.			DESIGNATIONS & EARLY GRADE READING ACHIEVEMENT
REFUGEE DEVELOPMENT CENTER 600 W MAPLE ST., STE A LANSING, MI 48906	26-3936253	501C3	35,869.	0.			DESIGNATIONS & PARENTS SUCCESS AS CHILD'S 1ST EDUCATOR
REGION 3B AREA ON AGING 200 WEST MICHIGAN AVE BATTLE CREEK, MI 49017	38-3013931	501C3	23,750.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
RESOLUTION SERVICES CENTER OF CENTRAL MICHIGAN - 516 S CREYTS RD., STE A - LANSING, MI 48917	38-3275730	501C3	7,176.	0.			DESIGNATIONS & CHILD SUCCESS -CHILDREN ARE READY TO LEARN AND THRIVE THROUGH SCHOOL
RISE 165 N. WASHINGTON BATTLE CREEK, MI 49037	82-3730738	501C3	64,525.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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

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ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE, STE 3 KALAMAZOO, MI 49007	47-1161414	501C3	47,935.	0.			DESIGNATIONS & PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH FOR FAMILY AND INFANT
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501C3	71,546.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
SAFE & JUST MICHIGAN 521 SEYMOUR AVE LANSING, MI 48933	38-3520445	501C3	17,767.	0.			DESIGNATIONS & NATION OUTSIDE
SAVE OUR YOUTH 110 LINCOLN COURT JACKSON, MI 49203	47-5664864	501C3	34,856.	0.			DESIGNATIONS & GRASSROOTS GRANT
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49015	38-3022871	501C3	65,499.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
SLD READ 5250 LOVERS LANE, SUITE LL 100 KALAMAZOO, MI 49007	38-2055709	501C3	61,676.	0.			DESIGNATIONS & EARLY GRADE READING ACHIEVEMENT
SOUTH COUNTY COMMUNITY SERVICES 606 SPRUCE ST VICKSUBRG, MI 49097	38-1961745	501C3	41,407.	0.			DESIGNATIONS & BARRIER REMOVAL/FOOD/SHELTER/OTHER BASIC NECESSITIES
SOUTH MICHIGAN FOOD BANK 5451 WAYNE RD BATTLE CREEK, MI 49037	38-2445948	501C3	202,690.	0.			DESIGNATIONS & FOOD
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W. VAN BUREN ST BATTLE CREEK, MI 49017	38-1817220	501C3	60,795.	0.			DESIGNATIONS & EARLY GRADE READING ACHIEVEMENT

Schedule I (Form 990)

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

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ST LUKES EPISCOPAL CHURCH - PIH 247 W. LOVELL KALAMAZOO, MI 49007	38-1369613	501C3	33,646.	0.			DESIGNATIONS & OTHER BASIC NECESSITIES
ST. VINCENT CATHOLIC CHARITIES 2800 W WILLOW ST LANSING, MI 48917	38-1360530	501C3	20,997.	0.			DONOR DESIGNATIONS
STARR COMMONWEALTH 13725 STARR COMMONWEALTH RD ALBION, MI 49224	38-1359593	501C3	28,718.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
STUDENT ADVOCACY 124 PEARL STREET, SUITE 504 YPSILANTI, MI 48197	38-2058667	501C3	28,933.	0.			DESIGNATIONS & EDUCATION ADVOCACY
THE ARC OF CALHOUN COUNTY 44 WEST MICHIGAN AVE BATTLE CREEK, MI 49017	38-1734960	501C3	43,200.	0.			DESIGNATIONS & SOCIAL EMOTIONAL WELLBEING
THE DAVIES PROJECT FOR MID-MI CHILDREN - 230 BINGHAM ST, #100 - LANSING, MI 48912	46-1209200	501C3	16,968.	0.			DESIGNATIONS & INDIVIDUALS HAVE ACCESS TO HEALTH CARE SERVICES AND SUPPORTS
THE SALVATION ARMY - BATTLE CREEK PO BOX 93 400 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1370971	501C3	85,670.	0.			DESIGNATIONS & FOOD
THE SALVATION ARMY - KALAMAZOO 1700 S BURDICK ST KALAMAZOO, MI 49001	36-2167910	501C3	65,836.	0.			DESIGNATIONS & FOOD
THE SALVATION ARMY - LANSING 525 N PENNSYLVANIA AVE LANSING, MI 48912	36-2167910	501C3	5,371.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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

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TRI COUNTY LABOR AGENCY FOR HUMAN 5906 MORGAN ROAD BATTLE CREEK, MI 49017	38-2181989	501C3	41,310.	0.			DESIGNATIONS & FOOD
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVE., STE. #300 - DETROIT, MI 48226	20-3099071	501C3	8,163.	0.			DONOR DESIGNATIONS
UNITED WAY OF SOUTHWEST MICHIGAN P.O. BOX 288. SAINT JOSEPH, MI 49085	38-1358411	501C3	28,546.	0.			DONOR DESIGNATIONS
UNITED WAY OF WASHTENAW COUNTY 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501C3	6,338.	0.			DONOR DESIGNATIONS
URBAN ALLIANCE INC. 1009 E STOCKBRIDGE AVE. KALAMAZOO, MI 49008	20-4969751	501C3	70,342.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501C3	150,864.	0.			DESIGNATIONS & WORKFORCE & INCOME SUPPORTS FOR LOW-INCOME AND WORKING INDIVIDUALS
WASHINGTON HEIGHTS UNITED METHODIST CHURCH - 153 WOOD ST N - BATTLE CREEK, MI 49037	85-2939244	501C3	64,751.	0.			DESIGNATIONS & FOOD
WMU HOMER STRYKER M.D. SCHOOL OF MEDICINE - 300 PORTAGE STREET - KALAMAZOO, MI 49007	45-4135256	115	80,893.	0.			DESIGNATIONS & AWARENESS, EDUCATION, AND ENGAGEMENT
YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501C3	19,966.	0.			DESIGNATIONS & EARLY GRADE READING ACHIEVEMENT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

AGENCIES RECEIVING DONOR DESIGNATIONS ARE MONITORED BY VERIFICATION OF

Part IV Supplemental Information

COMPLICANCE 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 AGENCIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HAVEN HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATIONS & INDIVIDUALS HAVE THEIR EMERGENCY SHELTER AND PROVISIONAL NEEDS MET (INCLUSIVE OF BUT NOT LIMITED TO, HOMELESSNESS, SAFETY FROM VIOLENCE AND DISASTER)

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATIONS & INDIVIDUALS HAVE THEIR EMERGENCY SHELTER AND PROVISIONAL NEEDS MET (INCLUSIVE OF BUT NOT LIMITED TO, HOMELESSNESS, SAFETY FROM VIOLENCE AND DISASTER)

**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" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTH CENTRAL MICHIGAN

Employer identification number

38-1359193

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTIPHER SARGENT PRESIDENT & CEO	(i)	181,909.	0.	0.	18,191.	14,533.	214,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF SOUTH CENTRAL MICHIGAN** 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	11	105,129.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

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

SCHEDULE M, PART I, COLUMN (B)

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTH CENTRAL MICHIGAN

Employer identification number

38-1359193

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ASSISTANCE CENTER -- A MICHIGAN ENERGY ASSISTANCE PROGRAM

PROVIDING HOUSEHOLDS WITH DIRECT ENERGY ASSISTANCE TO PAY HEAT AND

ELECTRIC BILLS. PARTICIPANTS COMPLETE A NEEDS ASSESSMENT SO THEY ARE

CONNECTED WITH NON-ENERGY ASSISTANCE SERVICES THEY NEED. 5,732

HOUSEHOLDS RECEIVED ENERGY SECURITY/SELF-SUFFICIENCY PROGRAMMING OR

REFERRALS 4,970 HOUSEHOLDS WERE SERVED USING STATE FUNDING AND FUNDING

FROM CONSUMERS ENERGY.

VOLUNTEER INCOME TAX ASSISTANCE (VITA) AN IRS PROGRAM ADMINISTERED BY

PARTNER ORGANIZATIONS PROVIDING FREE, HIGH-QUALITY TAX PREPARATION

SERVICES FOR LOW- TO MODERATE-INCOME HOUSEHOLDS MAKING \$57,000 OR LESS.

UWSCMI'S VITA PROGRAM EXPANDED TO SERVE KALAMAZOO AND PARTNERED WITH

AGENCIES LEADING VITA PROGRAMS IN CALHOUN AND JACKSON COUNTIES.

HOUSEHOLDS SERVED: 3,434. \$5,681,526 IN FEDERAL AND STATE TAX REFUNDS

BROUGHT BACK INTO THE COMMUNITY.

KALAMAZOO COUNTY CONTINUUM OF CARE - INCREASED COORDINATION AND FIND

SOLUTIONS TO THE GAPS, INEQUITIES, AND CHALLENGES TO REDUCING

HOMELESSNESS. IN 2022, THE COC ADMINISTERED \$1,718,144 IN FEDERAL

FUNDING AND \$485,820 IN STATE FUNDING TO PREVENT AND ADDRESS

HOMELESSNESS; PROVIDED \$53,500 DOLLARS IN MINI-GRANTS TO LOCAL

NON-PROFITS SERVING THE UNHOUSED; AND REDESIGNED THE RENTABLE PROGRAM

TO BETTER SUPPORT ALICE HOUSEHOLDS IN SECURING OR RETAINING THEIR

HOUSING.

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JOBSTAR A RESOURCE FOR EMPLOYERS TO HELP THEIR EMPLOYEES OVERCOME OBSTACLES THAT MAY IMPEDE THEIR ABILITY TO WORK. 2022 HIGHLIGHT: UWSCMI ONBOARDED A NEW COMPANY INTO JOBSTAR, THE RESULT OF A FOCUS ON RECRUITMENT. REFERRALS PROVIDED: 803 REFERRALS ACROSS 10 BUSINESSES (FOR YEAR ENDING 9/30/22).

CAPITAL AREA COLLEGE ACCESS NETWORK (CAPCAN) -- A COMMUNITY COLLABORATIVE FOCUSED ON INCREASING POST-SECONDARY ATTAINMENT AS AN ACHIEVABLE REALITY FOR ALL RESIDENTS BY FOSTERING HIGH EDUCATIONAL ASPIRATIONS THROUGH THE ALIGNMENT OF OUR INSTITUTIONS AND RESOURCES. 2022 HIGHLIGHT: CAPCAN STAFF LAUNCHED THE COLLEGE AMBASSADOR PROGRAM IN WHICH THEY TRAINED 13 RISING SENIORS IN THE SUMMER OF 2022 TO ENGAGE WITH THEIR PEERS AT SCHOOL REGARDING THE COLLEGE PROCESS AND HELP BUILD A COLLEGE GOING CULTURE. STUDENTS SERVED: 2,700.

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

UWSCMI ALSO CREATES 'VALUE-ADD' WITHIN THE REGIONAL COMMUNITY THROUGH ITS UNIQUE POSITION TO CONVENE, CONNECT AND ENGAGE COMMUNITY ORGANIZATIONS, INSTITUTIONS AND PEOPLE TO CREATE COLLABORATIVE OPPORTUNITIES TO ADDRESS NEEDS, LEVERAGE FUNDING FROM SOURCES OTHER THAN ANNUAL CAMPAIGN, AND LEAD COLLECTIVE/SHARED EFFORTS AROUND EDUCATION, ADVOCACY AND IMPACT.

EXAMPLES IN THE PAST FISCAL YEAR INCLUDE:

MERGER IN 2022, UNITED WAYS IN BATTLE CREEK/KALAMAZOO, CAPITAL AREA (LANSING AND SURROUNDING COUNTIES) AND JACKSON COUNTY MERGED TO CREATE UNITED WAY OF SOUTH CENTRAL MICHIGAN. THE MERGER TAPS NEW SOURCES OF FUNDING, CREATES NEW PARTNERSHIPS, ADVOCATES FOR RACIAL AND ECONOMIC

Name of the organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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EQUITY MORE EFFECTIVELY, AND TAKES A BIGGER ROLE IN LEADING THE IMPACT THAT THE INDIVIDUAL UNITED WAYS COULD NOT DO BY THEMSELVES. KEY ACCOMPLISHMENTS DURING 2022 INCLUDED NEARLY \$26 MILLION IN LOCAL AND REGIONAL IMPACT, LEADING TWO 21-DAY EQUITY CHALLENGES, BUILDING NEW AND DIVERSE PARTNERSHIPS, AND EARNING AWARDS FOR IMPACT AND COMMUNICATION.

DISASTER RELIEF FUND A REGIONAL, EVERGREEN RESPONSE FUND TO SERVE AS A VEHICLE FOR PRIVATE AND PUBLIC INVESTMENT FOR BASIC NEEDS IN THE EVENT OF A CRISIS. THIS FUND WAS CREATED TO ADDRESS THE COVID-19 PANDEMIC AND REMAINS IN PLACE FOR FUTURE CRISIS SITUATIONS.

SMALL BUSINESS SUPPORTS A PARTNERSHIP WITH THE CITY OF KALAMAZOO TO PROVIDE GRANTS TO MICROBUSINESSES WITHIN THE CITY. PRIMARY FOCUS IS ON WOMEN-OWNED AND/OR MICROBUSINESSES UNDER BLACK, INDIGENOUS OR PEOPLE OF COLOR OWNERSHIP, AND EMPHASIS ON UNDERREPRESENTED NEIGHBORHOODS. EXPENSES \$ 5,588,242. INCLUDING GRANTS OF \$ 5,588,242. REVENUE \$ 0.

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

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

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

POTENTIAL CONFLICTS OF INTEREST RELATIONSHIPS ARE MONITORED BY SIGNING A CONFLICT OF INTEREST POLICY. ADMINISTRATION MONITORS THE ISSUES THAT MAY REQUIRE DISCLOSURE AND/OR OTHER ACTION AS APPROPRIATE. IF A MATTER IS UNDER CONSIDERATION BY THE BOARD OR COMMITTEE IN WHICH THERE IS A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE MEMBER SHALL NOT VOTE OR USE THEIR

Name of the organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
--	--

PERSONAL INFLUENCE ON THE MATTER.

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

COMPENSATION REVIEWS BEGIN AT THE PERSONNEL COMMITTEE LEVEL. THEY ARE PROVIDED SALARY AND WAGE SURVEY DATA FOR SIMILAR SIZE UNITED WAYS AND OTHER NOT FOR PROFITS IN THE AREA TO ENSURE SALARIES ARE CONSISTENT WITH PEER ORGANIZATIONS. THE EXECUTIVE COMMITTEE REVIEWS DATA RELATING TO THE CEO AND WILL PROPOSE SALARY ADJUSTMENTS TO THE BOARD. THE BOARD DETERMINES COMPENSATION FOR THE CEO. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

COMPENSATION REVIEWS BEGIN AT THE PERSONNEL COMMITTEE LEVEL. THEY ARE PROVIDED SALARY AND WAGE SURVEY DATA FOR SIMILAR SIZE UNITED WAYS AND OTHER NOT FOR PROFITS IN THE AREA TO ENSURE SALARIES ARE CONSISTENT WITH PEER ORGANIZATIONS. OTHER SALARIES ARE DETERMINED BY THE CEO. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

CONFLICT OF INTEREST POLICY, 990 AND AUDITED FINANCIAL STATEMENTS ARE ON THE WEBSITE AND AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 15 & 25

FOR LEASES WITH A LEASE TERM EXCEEDING 12 MONTHS, A LEASE LIABILITY IS RECORDED ON THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION AT LEASE COMMENCEMENT REFLECTING THE PRESENT VALUE OF ITS FIXED PAYMENT OBLIGATIONS OVER SUCH TERM. A CORRESPONDING RIGHT-OF-USE ("ROU") ASSET EQUAL TO THE INITIAL LEASE LIABILITY IS ALSO RECORDED, INCREASED BY ANY PREPAID RENT AND/OR INITIAL DIRECT COSTS INCURRED IN CONNECTION WITH EXECUTION OF THE LEASE, AND REDUCED BY ANY LEASE INCENTIVES RECEIVED.

Name of the organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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THE ORGANIZATION INCLUDES FIXED PAYMENT OBLIGATIONS RELATED TO NON-LEASE COMPONENTS IN THE MEASUREMENT OF ROU ASSETS AND LEASE LIABILITIES, AS IT ELECTS TO ACCOUNT FOR LEASE AND NON-LEASE COMPONENTS TOGETHER AS A SINGLE LEASE COMPONENT. VARIABLE LEASE PAYMENTS ARE NOT INCLUDED IN THE MEASUREMENT OF ROU ASSETS AND LEASE LIABILITIES. ROU ASSETS ASSOCIATED WITH FINANCE LEASES, IF ANY, ARE PRESENTED SEPARATE FROM THOSE ASSOCIATED WITH OPERATING LEASES, AND ARE INCLUDED WITHIN NET PROPERTY AND EQUIPMENT ON THE ORGANIZATION'S CONSOLIDATED STATEMENT OF FINANCIAL POSITION. FOR PURPOSES OF MEASURING THE PRESENT VALUE OF ITS FIXED PAYMENT OBLIGATIONS FOR A GIVEN LEASE, THE ORGANIZATION USES THE RISK-FREE DISCOUNT RATE, DETERMINED BASED ON INFORMATION AVAILABLE AT LEASE COMMENCEMENT, AS RATES IMPLICIT IN ITS LEASING ARRANGEMENTS ARE NOT READILY DETERMINABLE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS FROM MERGER	9,285,531.
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FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT WITHIN THE PAST YEAR.

FORM 990, PAGE 1, B

EFFECTIVE APRIL 1, 2022, CAPITAL AREA UNITED WAY, INC. ("CAUW"), UNITED WAY OF JACKSON COUNTY ("UWJC"), AND UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION ("UWBCKR") MERGED INTO ONE ORGANIZATION. THE

Name of the organization

UNITED WAY OF SOUTH CENTRAL MICHIGAN

Employer identification number

38-1359193

SURVIVING ORGANIZATION OF THE MERGER WAS UWCKR, WHICH CHANGED THE ORGANIZATION'S NAME TO UNITED WAY OF SOUTH CENTRAL MICHIGAN.

Multiple horizontal lines for additional text entry.