

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature block fields: Sign Here (Signature of officer, Date, Name and Title); Paid (Preparer's name, signature, date, PTIN); Preparer Use Only (Firm's name, address, EIN, phone number).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 4,181,860. including grants of \$ 4,181,860.) (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 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 -- \$3,881,878 INVESTED IN 93 PROGRAMS THROUGH 64 AGENCY PARTNERS. CAPITAL AREA -- \$354,000 INVESTED IN 15 PROGRAMS THROUGH 12 AGENCY PARTNERS AND 4 COLLABORATIVES. JACKSON COUNTY -- \$308,448 INVESTED IN 24 PROGRAMS AT 21 AGENCIES

4b (Code:) (Expenses \$ 6,016,611. 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.

EXAMPLES OF IMPACT & INITIATIVES IN LAST FISCAL YEAR: 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

4c (Code:) (Expenses \$ 3,044,488. including grants of \$ 3,044,488.) (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 \$ 9,703,476. including grants of \$ 9,703,476.) (Revenue \$)

4e Total program service expenses 22,946,435.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
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
CHRISTIPHER SARGENT - 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			180,483.	0.	32,837.	
(2) TIMOTHY BERGSMA CFO THRU 11/30/2023	40.00			X			146,901.	0.	34,648.	
(3) JENNIFER HSU-BISHOP CHIEF EQUITY OFFICER	40.00				X		113,552.	0.	27,175.	
(4) TERESA KMETZ CHIEF RESOURCE DEV & MKTG OFFICER	40.00				X		120,884.	0.	12,391.	
(5) ALYSSA STEWART CHIEF IMPACT OFFICER	40.00				X		117,319.	0.	12,218.	
(6) JAMES JOHNSON JR BOARD CHAIR	5.00	X		X			0.	0.	0.	
(7) CARLA THOMPSON PAYTON 1ST VICE CHAIR	5.00	X		X			0.	0.	0.	
(8) STEPHANIE SLINGERLAND 2ND VICE CHAIR	5.00	X		X			0.	0.	0.	
(9) JAMIE RABE TREASURER	5.00	X		X			0.	0.	0.	
(10) CONNER WOOD SECRETARY	5.00	X		X			0.	0.	0.	
(11) BECKY BALDWIN MEMBER	1.00	X					0.	0.	0.	
(12) DEBRA BITTNER MEMBER	1.00	X					0.	0.	0.	
(13) JIM BONGIORNO MEMBER	1.00	X					0.	0.	0.	
(14) RENEE BROWN MEMBER	1.00	X					0.	0.	0.	
(15) KIMBERLY CARTER MEMBER	1.00	X					0.	0.	0.	
(16) BEN FRANTZ MEMBER	1.00	X					0.	0.	0.	
(17) LISA GARCIA 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) GABRIEL GIRON MEMBER	1.00	X						0.	0.	0.
(19) MARCUS GLASS MEMBER	1.00	X						0.	0.	0.
(20) ASH GOEL MD MEMBER	1.00	X						0.	0.	0.
(21) UNAA HOLINESS MEMBER	1.00	X						0.	0.	0.
(22) MIKE HUERTA MEMBER	1.00	X						0.	0.	0.
(23) SHALANDA HUNT MEMBER	1.00	X						0.	0.	0.
(24) MAUREEN KEENE MEMBER	1.00	X						0.	0.	0.
(25) L. ROBERT MCCONNELL IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(26) TODD MCDONALD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								679,139.	0.	119,269.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								679,139.	0.	119,269.

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 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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

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	13,217,735.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,082,774.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 106,887.			
	h	Total. Add lines 1a-1f		23,300,509.			
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)		466,518.		466,518.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	199,648.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	199,648.			
	d	Net rental income or (loss)		199,648.		199,648.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	82,896.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	84,378.			
	c	Gain or (loss)	7c	-1,482.			
	d	Net gain or (loss)		-1,482.		-1,482.	
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						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	262,928.		262,928.	
	b	PROFESSIONAL SERVICES REVENUE	900099	36,766.		36,766.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		299,694.			
12	Total revenue. See instructions		24,264,887.	0.	0.	964,378.	

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 ...	16,929,824.	16,929,824.		
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	354,073.	265,181.	37,537.	51,355.
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	3,145,933.	2,353,542.	333,263.	459,128.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	258,875.	194,978.	27,551.	36,346.
9 Other employee benefits	419,767.	316,157.	44,675.	58,935.
10 Payroll taxes	249,786.	188,595.	23,906.	37,285.
11 Fees for services (nonemployees):				
a Management				
b Legal	19,446.	5,498.	13,336.	612.
c Accounting	169,599.	52,152.	109,204.	8,243.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,847.		58,847.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,626,624.	1,396,711.	135,548.	94,365.
12 Advertising and promotion	102,978.	36,638.	4,582.	61,758.
13 Office expenses	80,141.	52,009.	23,201.	4,931.
14 Information technology	607,965.	207,880.	367,224.	32,861.
15 Royalties				
16 Occupancy	273,650.	198,220.	40,511.	34,919.
17 Travel	58,663.	40,279.	7,976.	10,408.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,236.	26,663.	5,573.	
20 Interest				
21 Payments to affiliates	156,443.	117,186.	15,821.	23,436.
22 Depreciation, depletion, and amortization	155,648.	134,632.	8,405.	12,611.
23 Insurance	45,733.	34,300.	4,573.	6,860.
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	187,227.	187,227.	2/19/2025	
b RENTAL AND MAINTENANCE	159,669.	67,983.	77,927.	13,759.
c SUPPLIES	102,470.	71,414.	27,043.	4,013.
d MISCELLANEOUS	80,497.	36,039.	39,459.	4,999.
e All other expenses	81,265.	33,327.	8,533.	39,405.
25 Total functional expenses. Add lines 1 through 24e	25,357,359.	22,946,435.	1,414,695.	996,229.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,125,732.	1	1,422,778.
	2 Savings and temporary cash investments	8,009,132.	2	5,230,792.
	3 Pledges and grants receivable, net	5,336,686.	3	6,443,636.
	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	994,606.	7	235,213.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,451.	9	45,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,275,040.		
	b Less: accumulated depreciation	10b 4,244,458.		
	11 Investments - publicly traded securities	2,156,230.	10c	2,030,582.
	12 Investments - other securities. See Part IV, line 11	10,031,483.	11	11,781,121.
	13 Investments - program-related. See Part IV, line 11	3,951,306.	12	4,397,435.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	444,081.	14	279,940.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,086,707.	15	31,866,881.	
17 Accounts payable and accrued expenses	1,059,748.	16	1,519,272.	
18 Grants payable	2,359,323.	17	2,197,702.	
19 Deferred revenue	1,098,339.	18	610,331.	
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	491,615.	24	312,324.	
26 Total liabilities. Add lines 17 through 25	5,009,025.	25	4,639,629.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	11,973,011.	27	14,467,341.	
28 Net assets with donor restrictions	15,104,671.	28	12,759,911.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	27,077,682.	32	27,227,252.	
33 Total liabilities and net assets/fund balances	32,086,707.	33	31,866,881.	

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	24,264,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,357,359.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,092,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,077,682.
5	Net unrealized gains (losses) on investments	5	1,242,042.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,227,252.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?	X	
3b	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	X	

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11671287.	20408244.	9792929.	19308640.	23300509.	84481609.
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	11671287.	20408244.	9792929.	19308640.	23300509.	84481609.
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)						15082247.
6 Public support. Subtract line 5 from line 4.						69399362.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	11671287.	20408244.	9792929.	19308640.	23300509.	84481609.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	258,427.	296,053.	332,423.	488,577.	466,518.	1841998.
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.)	138,172.	754,858.	483,327.	67,388.	299,694.	1743439.
11 Total support. Add lines 7 through 10						88067046.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	78.80	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	80.39	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

2019 AMOUNT: \$ 8,588.

2020 AMOUNT: \$ 450,120.

2021 AMOUNT: \$ 230,840.

2022 AMOUNT: \$ 12,455.

2023 AMOUNT: \$ 262,928.

PROFESSIONAL SERVICES REVENUE

2019 AMOUNT: \$ 129,584.

2020 AMOUNT: \$ 304,738.

2021 AMOUNT: \$ 252,487.

2022 AMOUNT: \$ 54,933.

2023 AMOUNT: \$ 36,766.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY OF SOUTH CENTRAL MICHIGAN

Employer identification number

38-1359193

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KELLOGG COMPANY ONE KELLOGG SQUARE BATTLE CREEK, MI 49017	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF MICHIGAN 7109 W SAGINAW HWY LANSING, MI 48917	\$ 5,700,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STRYKER JOHNSTON FOUNDATION 180 EAST WATER STREET, SUITE 3000 KALAMAZOO, MI 49007	\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	W.K. KELLOGG FOUNDATION ONE MICHIGAN AVE E BATTLE CREEK, MI 49017	\$ 1,559,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COUNTY OF KALAMAZOO 201 W KALAMAZOO AVE KALAMAZOO, MI 49007	\$ 1,238,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (Yes/No questions).

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.

Form with sections 1a-1b and 2. 1a: Footnote for public service. 1b: Amounts for art collection (revenue/assets). 2: Amounts for financial gain (revenue/assets).

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 | 198,579. |
| d Additions during the year | 1,775,087. |
| e Distributions during the year | 1,744,374. |
| f Ending balance | 229,292. |
- 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 in 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	966,555.	1,028,593.	998,892.	250,000.	250,000.
b Contributions				753,331.	
c Net investment earnings, gains, and losses	165,247.	-62,038.	29,701.	-4,439.	6,668.
d Grants or scholarships					
e Other expenditures for facilities and programs					6,668.
f Administrative expenses					
g End of year balance	1,131,802.	966,555.	1,028,593.	998,892.	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.	2,731,439.	1,232,963.
c Leasehold improvements		582,039.	444,504.	137,535.
d Equipment		1,087,735.	1,052,765.	34,970.
e Other		31,500.	15,750.	15,750.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,030,582.

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	4,397,435.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,397,435.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	312,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	312,324.

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	22,403,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	621,646.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	620,396.	
e	Add lines 2a through 2d	2e		1,242,042.
3	Subtract line 2e from line 1	3		21,161,552.
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	3,103,335.	
c	Add lines 4a and 4b	4c		3,103,335.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		24,264,887.

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	22,254,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		22,254,024.
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	3,103,335.	
c	Add lines 4a and 4b	4c		3,103,335.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		25,357,359.

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 OF THE

Part XIII Supplemental Information (continued)

MERGED ORGANIZATIONS FOR FISCAL YEARS 2021 THROUGH 2024, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF MARCH 31, 2024. 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, 2024 AND 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	620,396.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	3,044,488.
INVESTMENT MANAGEMENT FEE	58,847.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,103,335.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	3,044,488.
INVESTMENT MANAGEMENT FEE	58,847.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,103,335.

**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

2023

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
ACTION F/ HEALTH KIDS 600 N VANBUREN ST, STE720 CHICAGO, IL 60607	47-0902020	501C3	9,090.	0.			DONOR DESIGNATIONS
ADVENT HOUSE MIN 743 N MARTIN LUTHER KING JR BLVD LANSING, MI 48915	38-2746052	501C3	50,870.	0.			DONOR DESIGNATIONS
AIM CORP 218 GLADYS ST PORTAGE, MI 49002	38-2498007	501C3	8,000.	0.			CONTINUUM OF CARE
ALLIANCE FOR JUST SOCIETY 3518 SOUTH EDMUNDS ST SEATTLE, WA 98118	91-1635554	501C3	14,920.	0.			CO-FACILITATION OF RACIAL HEALING CIRCLES FOR UWSCMI STAFF
AMERICAN RED CROSS - KALAMAZOO CHAPTER - 5640 VENTURE COURT - KALAMAZOO, MI 49009	53-0196605	501C3	8,100.	0.			ADDRESSING COMMUNITY EMERGENGIES
AWARE INC 706 W. MICHIGAN AVE. JACKSON, MI 49201	23-7118921	501C3	19,609.	0.			DONOR DESIGNATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 185.

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

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

Schedule I (Form 990) 2023

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
B&G CLUB OF GRE KZOO 4000 PORTAGE ST, STE 201 KALAMAZOO, MI 49001	38-1627080	501C3	37,415.	0.			DONOR DESIGNATIONS
BATTLE CREEK COMM FD 32 WEST MICHIGAN AVE, STE 1 BATTLE CREEK, MI 49017	38-2045459	501C3	14,037.	0.			DONOR DESIGNATIONS
BELL'S LOGISTICS INC 1627 HOLIDAY LN PORTAGE, MI 49024	87-4220469		10,000.	0.			KMEG
BIG BRO BIG SIS SWMI 3501 COVINGTON RD KALAMAZOO, MI 49001	38-1720832	501C3	45,274.	0.			DONOR DESIGNATIONS
BIGBROBIGSIS MI CP RG 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501C3	72,511.	0.			DONOR DESIGNATIONS
BLACK WALL STREET KALAMAZOO 225 W WALNUT ST KALAMAZOO, MI 49007	83-4127178	501C3	37,500.	0.			BLACK WALL STREET KALAMAZOO
BOYS & GIRLS CLUB OF NORTHWEST GEORGIA - PO BOX 2939 - ROME, GA 30164	58-0632795	501C3	9,844.	0.			DONOR DESIGNATIONS
BOYS&GIRLS CLUB LANS 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501C3	33,700.	0.			DONOR DESIGNATIONS
BUILDING BLOCKS OF KALAMAZOO 802 S WESTNEDGE AVE SUITE BB KALAMAZOO, MI 49008	61-7056042	501C3	30,000.	0.			APRA CITY OF KALAMAZOO; ALICE RESPONSIVE MINI GRANT

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
BURMESE AMERICAN INITIATIVE (BURMA CENTER) - 765 UPTON AVE - SPRINGFIELD, MI 49037	45-3441524	501C3	64,308.	0.			THRIVE; RESOURCE NAVIGATION, SEEDING HEALTH - ARPA
CALHOUN COUNTY TREASURER 190 E MICHIGAN AVENUE BATTLE CREEK, MI 49014	38-6004358	115	16,313.	0.			NURSE-FAMILY PARTNERSHIP
CALHOUN INTERMEDIATE SCHOOL DISTRICT - 17111 G DRIVE NORTH - MARSHALL, MI 49068	38-6062816	115	11,250.	0.			GREAT START 3 YEAR OLD SCHOLARSHIP
CAPITAL AREA HMNE SOC 7095 W. GRAND RIVER AVE. LANSING, MI 48906	38-1601542	501C3	28,411.	0.			DONOR DESIGNATIONS
CARE FREE MEDICAL 1100 W SAGINAW ST, STE 5 LANSING, MI 48915	14-1909938	501C3	6,981.	0.			DONOR DESIGNATIONS
CATCHING THE DREAM LEARNING CENTER 765 UPTON AVE SPRINGFIELD, MI 49037	84-4855671	501C3	37,500.	0.			CATCHING THE DREAM LEARNING CENTER
CC DIOCESE OF KZOO 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501C3	106,711.	0.			DONOR DESIGNATIONS
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501C3	89,239.	0.			DONOR DESIGNATIONS
CHARLIES PLACE PO BOX 145 KALAMAZOO, MI 49009	46-4081928	501C3	72,500.	0.			ORGANIZATIONAL MULTI-YEAR FUNDING, ARPA CITY OF KALAMAZOO

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
CHILD AND FAMILY SERVICES OF MICHIGAN, INC - 4287 FIVE OAKS DR - LANSING, MI 48911	38-2118108	501C3	18,750.	0.			FOSTERING KINSHIP, EXPANDING SUPPORT FOR CHILDREN
CHILD CARE NETWORK 3941 RESEARCH PARK DR, SUITE C ANN ARBOR, MI 48108	38-2160250	501C3	15,518.	0.			FAMILY SUPPORT PROGRAM
CMTY'S IN SCH OF KZOO 180 E WATER ST KALAMAZOO, MI 49007	38-2873188	501C3	26,443.	0.			DONOR DESIGNATIONS
COMM AIDS RES&EDU SVC 629 PIONEER STREET, STE 200 KALAMAZOO, MI 49008	38-2784545	501C3	37,500.	0.			COMMUNITY AIDS RESOURCE & EDUCATION SERVICES
COMMUNITIES IN SCHOOLS OF MICHIGAN INC - 721 N CAPITOL AVE, STE 1 - LANSING, MI 48906	45-3736821	501C3	10,800.	0.			INTEGRATED STUDENT SUCCESS
COMMUNITY ACTION 175 MAIN ST PO BOX 1026 BATTLE CREEK, MI 49016	38-1794361	501C3	151,013.	0.			DONOR DESIGNATIONS
COMMUNITY HEALING CENTERS 2615 STADIUM DR. KALAMAZOO, MI 49008	38-1961500	501C3	74,272.	0.			DONOR DESIGNATIONS
COMMUNITY HOMEWORKS 810 BRYANT ST KALAMAZOO, MI 49001	27-1037159	501C3	54,914.	0.			DONOR DESIGNATIONS
COOL PEOPLE COMMUNITY SAVERS 127 BEACHFIELD BATTLE CREEK, MI 49015	56-2298725	501C3	75,000.	0.			ALICE FOOD & BASIC NEEDS

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
COUNTRY PROPERTIES MANAGEMENT 822 PALMER AVE KALAMAZOO, MI 49001	20-0144493	501C3	10,822.	0.			CONTINUUM OF CARE
CREATING HELTHER CMTY 1199 N FAIRFAX ST, STE 600 ALEXANDRIA, VA 22314	13-6167225	501C3	9,826.	0.			DONOR DESIGNATIONS
DAVIES PRO MIDMI CHLD 230 BINGHAM ST, #100 LANSING, MI 48912	46-1209200	501C3	14,774.	0.			DONOR DESIGNATIONS
DISBILTY NTRK SWMI 517 E CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501C3	20,872.	0.			DONOR DESIGNATIONS
DOUGLASS CMTY ASSOC 1000 W PATTERSON ST KALAMAZOO, MI 49007	38-1359200	501C3	57,974.	0.			DONOR DESIGNATIONS
DUKE LAW SCHOOL 210 SCIENCE DR DURHAM, NC 27708	56-0532129	501C3	17,400.	0.			DONOR DESIGNATIONS
DUNGYTREEI HERITAGE FOUNDATION C/O DENA MORGAN, 245 E. ROBINSON ST JACKSON, MI 49203	85-0701492	501C3	15,000.	0.			GRASSROOTS
EDISON INITIATIVES PO BOX 33 OSHTEMO, MI 49077	87-1529823	501C3	50,000.	0.			LIMITED INCOME HOME OWNERSHIP
EL CONCILIO/HISPANIC AMERICAN COUNCIL - 930 LAKE STREET - KALAMAZOO, MI 49001	38-2437758	501C3	69,525.	0.			ACADEMIA AZTECA EL CONCILLIO-BRIDGING COMMUNITY; ESCUELITA NUEVO

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
ELE'S PLACE 1145 W OAKLAND AVE LANSING, MI 48915	38-2976751	501C3	15,377.	0.			DONOR DESIGNATIONS
EVE INC PO BOX 14149 LANSING, MI 48901	38-2211520	501C3	15,967.	0.			DONOR DESIGNATIONS
FAM SVCS & CHLDRN AID 306 W. MICHIGAN AVENUE JACKSON, MI 49201	38-6028838	501C3	56,267.	0.			DONOR DESIGNATIONS
FAMILY ENRICHMENT CENTER 415 SOUTH 28TH STREET BATTLE CREEK, MI 49015	38-3243665	501C3	9,619.	0.			CHILD CARE ASSISTANCE
FEEDING AMERICA 161 N CLARK ST, STE 700 CHICAGO, IL 60601	36-3673599	501C3	17,751.	0.			DONOR DESIGNATIONS
FMLY&CHLDRN SVC KZOO 1608 LAKE ST KALAMAZOO, MI 49001	38-2118101	501C3	91,686.	0.			DONOR DESIGNATIONS
FOOD RESEARCH AND ACTION CENTER-END CHILDHOOD HUNGER - 1200 18TH ST NW, STE 400 - WASHINGTON, DC 20036	23-7200739	501C3	13,052.	0.			DONOR DESIGNATIONS
FOURTH ESTATE DBA IMG, LLC 2200 HUNT ST, PMB 2002 DETROIT, MI 48207	99-1810311	501C3	357,782.	0.			FISCAL SPONSORSHIP PAYOUT
FUTURE FARMERS OF AMERICA-MICHIGAN 6060 FFA DR INDIANAPOLIS, IN 46278	54-0524844	501C3	5,738.	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.)

(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
GFM THE SYNERGY CENTER 625 HARRISON STREET KALAMAZOO, MI 49007	20-0034091	501C3	9,000.	0.			URBANZONE
GIRLS BUILD KALAMAZOO 537 COOPER AVE KALAMAZOO, MI 49048	82-2781278	501C3	7,000.	0.			ALICE RESPONSIVE MINI GRANT; SEEDING LEADERS GRANT
GOODWILL INDUS SWMI 420 E ALCOTT STREET KALAMAZOO, MI 49001	38-1558550	501C3	55,190.	0.			DONOR DESIGNATIONS
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE RD - BATTLE CREEK, MI 49037	38-1426892	501C3	56,858.	0.			DONOR DESIGNATIONS
GRACE HEALTH 181 W EMMETT ST BATTLE CREEK, MI 49037	38-2679075	501C3	39,355.	0.			DONOR DESIGNATIONS
GRACIOUS HOMES TRANSITIONAL HOUSING - PO BOX 977 - BATTLE CREEK, MI 49016	05-0605425	501C3	13,333.	0.			SEEDING HEALTH - ARPA
GREAT START COLLABORATIVE-JACKSON 6700 BROWNS LAKE RD JACKSON, MI 49201	38-1710621	501C3	7,885.	0.			TRUSTED ADVISORS
GREATER KINGDOM INTERNATIONAL (KINGDOM BUILDERS) - 50 SPENCER ST - BATTLE CREEK, MI 49014	56-2298725	501C3	78,333.	0.			GENERAL OPERATING COSTS; SEEDING HEALTH - ARPA
GREEN OUR PLANET 8020 S RAINBOW BLVD LAS VEGAS, NV 89139	38-3883213	501C3	12,500.	0.			HYDRONONNECT PROGRAM AT BATTLE CREEK PUBLIC SCHOOLS

Schedule I (Form 990)

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GRYPHON PLACE 3245 S 8TH ST KALAMAZOO, MI 49009	38-2808685	501C3	15,096.	0.			DONOR DESIGNATIONS
HABITAT 4HMNTY CAPRGN 1941 BENJAMIN DR. LANSING, MI 48906	38-2716658	501C3	14,561.	0.			DONOR DESIGNATIONS
HAVEN HOUSE 121 WHITEHILLS DR EAST LANSING, MI 48823	38-2433890	501C3	19,539.	0.			DONOR DESIGNATIONS
HAVEN OF REST MIN 11 GREEN STREET BATTLE CREEK, MI 49014	38-6122756	501C3	69,109.	0.			DONOR DESIGNATIONS
HEART OF WEST MI UW 118 COMMERCE AVE SW, STE 100 GRAND RAPIDS, MI 49503	38-1360923	501C3	100,767.	0.			DONOR DESIGNATIONS
HERBAL MEADOWS BOTANICALS 117 REMINE ST KALAMAZOO, MI 49001	87-4411327		10,000.	0.			KMEG
HOPE THRU NAVIGATION 806 S WESTNEDGE KALAMAZOO, MI 49008	86-3268910	501C3	198,850.	0.			HOPE HELPS,ARPA CITY OF KALAMAZOO
HOUSING RESOURCES INC 420 E ALCOTT STREET, SUITE 200 KALAMAZOO, MI 49007	38-2474879	501C3	273,353.	0.			DONOR DESIGNATIONS
HOUSING SERVICES MID MICHIGAN 319 S COCHRAN AVE CHARLOTTE, MI 48813	38-3245099	501C3	48,580.	0.			SHARED HOUSING INTERVENTION,SIEMER GRANT SHIP

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IMAGINE PLANET 632 E MICHIGAN JACKSON, MI 49203	47-3332294	501C3	7,000.	0.			GRASSROOTS
IMPRESSION 5 SCI CNTR 200 MUSEUM DR. LANSING, MI 48933	23-7200548	501C3	20,077.	0.			DONOR DESIGNATIONS
INGHAM ISD C/O BUSINESS OFFICE, 2630 WEST HOWE MASON, MI 48854	38-1737701	501C3	30,651.	0.			ENGAGING FAMILIES IN EARLY LITERACY
ISAAC 247 W LOVELL ST. KALAMAZOO, MI 49007	20-2027747	501C3	96,500.	0.			ARPA CITY OF KALAMAZOO - COMMUNITY VIOLENCE INTERVENTION
ISALIAH'S HUB 730 TOMLINSON ST JACKSON, MI 49203	47-5515284	501C3	42,239.	0.			GENERAL OPERATIONS
ISLAMIC SOCIETY OF GREATER LANSING ATTN: RASHEED A. AHMED, 920 S. HARRISON RD - EAST LANSING, MI 48823	38-2373418	501C3	19,195.	0.			ENGAGING FAMILIES IN EARLY LITERACY
JACKSON COUNTY HEALTH DEPT 1715 LANSING AVE JACKSON, MI 49202	38-6004845	115	12,857.	0.			THE TRANSPARENCY PROJECT; TEEN PREGNANCY PREVENTION
JEFFREY A. DOLE 14841 W STOLL RD EAGLE, MI 48822	37-0824288	501C3	10,175.	0.			PATHWAY TO POTENTIAL COLLEGE/CAREER COACHING GRANT
JUNIOR ACHV OF SW MI 2785 W DICKMAN RD, STE C BATTLE CREEK, MI 49037	38-1557861	501C3	5,370.	0.			DONOR DESIGNATIONS, KMEG-KAL MICRO ENTERPRISE GRANT

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

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KALAMAZOO COUNTY ATTN: DAVID ARTLEY, 201 W KALAMAZOO AVE - KALAMAZOO, MI 49007	27-3342489	115	32,625.	0.			FATHERHOOD INITIATIVE; MATERNAL CHILD HEALTH DIV- NURSE FAMILY PARTNERS
KALAMAZOO DROP-IN CHILD CARE CENTER - 345 W MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1359203	501C3	23,506.	0.			DONOR DESIGNATIONS
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. - 1219 SOUTH PARK STREET - KALAMAZOO, MI 49001	38-2391442	501C3	57,375.	0.			KNHS PLACEHOLDER PROGRAM; NEW HOMEOWNER SERVICES
KALAMAZOO RESA 1819 EAST MILHAM ROAD KALAMAZOO, MI 49002	38-1709020	501C3	22,185.	0.			CAREERNOW; SEEDS FOR SUCCESS - PARENTS AS TEACHERS
KYDNET 912 N BURDICK STREET KALAMAZOO, MI 49007	82-4427471	501C3	92,688.	0.			BUILDING BRIDGES TO THRIVING YOUTH
KZOO CO READY 4S 259 W. MICHIGAN AVENUE, SUITE 209 KALAMAZOO, MI 49007	27-3342489	501C3	76,181.	0.			DONOR DESIGNATIONS
KZOO COMMUNITY FDN 402 E MICHIGAN AVE. KALAMAZOO, MI 49007	38-3333202	501C3	50,619.	0.			DONOR DESIGNATIONS
KZOO LITERACY COUNCIL 420 E ALCOTT ST. KALAMAZOO, MI 40991	38-3252735	501C3	85,907.	0.			DONOR DESIGNATIONS
LANSING SAVES (CITY OF LANSING) CITY OF LANSING, 124 W MICHIGAN AVE LANSING, MI 48933		115	10,000.	0.			ALLOC OF FUNDS HELD FOR VIRG BERNERO - CITY OF KINDNESS

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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LEELANAU CONSERVANCY 105 1ST ST LELAND, MI 49654	38-2710855	501C3	5,747.	0.			DONOR DESIGNATIONS
LEGAL AID OF WESTERN MICHIGAN-KZ 201 W KALAMAZOO, SUITE 427 KALAMAZOO, MI 49007	38-2156874	501C3	119,060.	0.			DONOR DESIGNATIONS
LEGAL SERVICES SCMI 123 W. TERRITORIAL RD BATTLE CREEK, MI 49015	38-1845444	501C3	119,479.	0.			DONOR DESIGNATIONS
LENDING HANDS MI INC 4570 COMMERCIAL AVE STE E PORTAGE, MI 49002	32-0146465	501C3	12,925.	0.			DONOR DESIGNATIONS
LILY MISSIONS CENTER PO BOX 421 JACKSON, MI 49204	38-3469813	501C3	35,633.	0.			DONOR DESIGNATIONS
LIT COLLECTIONS LLC 1502 CLINTON AVE KALAMAZOO, MI 49001	80-2645482	501C3	15,000.	0.			KSBL FORGIVENESS PMT
LYCOMING COUNTY UW 1 W 3RD ST 208 WILLIAMSPORT, PA 17701	24-0828149	501C3	109,593.	0.			DONOR DESIGNATIONS
MI ADVOCACY PROGRAM ATTN: CENTRAL ADMINISTRATION, 15 S. WASHINGTON ST - YPSILANTI, MI 48197	38-1845444	501C3	22,697.	0.			DONOR DESIGNATIONS
MICHIGAN BREASTFEEDING NETWORK 503 MALL CT , PMB 296 LANSING, MI 48912	26-4308289	501C3	60,333.	0.			RACIAL EQUITY IN BREASTFEEDING FOR BATTLE CREEK FAMILIES, SEEDING LEADERS - ARPA

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 STATE UNIVERSITY COLLEGE ADVISING CORPS - 556 EAST CIRCLE DR, STUDENT SERVICES BUILDING RM113 - EAST LANSING, MI 48824	06-1830611	501C3	60,000.	0.			COLLEGE ADVISING AMERICORPS MATCH
MICHIGAN WORKS! SOUTHWEST UPJOHN INSTITUTE EMPLOYMENT SERVICES MANAGEMENT DI - KALAMAZOO, MI 49007	38-1360419	501C3	5,937.	0.			BC EMPLOYEE RESOURCE FUND
MILESTONE SENIOR SVCS 918 JASPER ST KALAMAZOO, MI 49001	38-1747660	501C3	97,368.	0.			DONOR DESIGNATIONS
MINISTRY WITH CMTY 500 N EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501C3	75,607.	0.			DONOR DESIGNATIONS
MRC INDUSTRIES INC 2538 S. 26TH ST KALAMAZOO, MI 49048	38-1911437	501C3	63,486.	0.			DONOR DESIGNATIONS
MSU UNIVERSITY ADVANCEMENT, SPARTAN WAY, 535 CHESTNUT RD., RM 300 - EAST LANSING	38-6005984	501C3	25,330.	0.			DONOR DESIGNATIONS
MY PLACE INC 406 S BLACKSTONE JACKSON, MI 49203	38-3079910	501C3	10,000.	0.			GRASSROOTS
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR, PMB 16009 BEAVERTON, OR 97008	04-3236982	501C3	9,428.	0.			DONOR DESIGNATIONS
NEIGHBORHOODS INC 47 N WASHINGTON BATTLE CREEK, MI 49017	38-2375773	501C3	43,437.	0.			FEDERAL HOME LOAN BANK; STABLE & AFFORDABLE HOUSING INITIATIVE

Schedule I (Form 990)

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NEW GENESIS, INC. 1225 PATERSON STREET KALAMAZOO, MI 49007	38-2338855	501C3	35,374.	0.			DONOR DESIGNATIONS
NEW LEVEL SPORTS 400 W. MICHIGAN AVE BATTLE CREEK, MI 49017	01-0582339	501C3	111,460.	0.			DONOR DESIGNATIONS
NEW VILLAGE PARK 2400 ST ALBANS WAY KALAMAZOO, MI 49048	35-2430343	501C3	5,026.	0.			COC - RENTABLE (BACK RENT)
NO KID HUNGRY BY SOS 1030 15TH STREET, NW WASHINGTON, DC 20005	52-1367538	501C3	72,869.	0.			DONOR DESIGNATIONS
NONPROFIT NETWORK 209 EAST WASHINGTON AVE, SUITE 430- JACKSON, MI 49201	38-3444092	501C3	17,058.	0.			NONPROFIT TA & SUPPORT
NORTHWEST INITIATIVE 510 W. OTTAWA ST., 2ND FLR LANSING, MI 48933	06-1674223	501C3	5,710.	0.			DONOR DESIGNATIONS
OAKWOOD BUILDERS, LLC 2326 BENTON AVE KALAMAZOO, MI 49008	80-2865488		10,000.	0.			KMEG
OPEN DOORS 1141 S ROSE ST KALAMAZOO, MI 49001	23-7088427	501C3	6,450.	0.			CONTINUUM OF CARE
OUT FRONT KALAMAZOO 340 S. ROSE ST. KALAMAZOO, MI 49007	38-2800996	501C3	26,739.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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PARTIAL TO GIRLS 711 S MECHANIC ST JACKSON, MI 49203	47-5664864	501C3	15,000.	0.			GRASSROOTS
PLANNED PARNTHOOD MI PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501C3	6,493.	0.			DONOR DESIGNATIONS
PORTAGE CMTY CENTER 325 E CENTRE AVE KALAMAZOO, MI 49002	38-2178011	501C3	45,888.	0.			DONOR DESIGNATIONS
PRVNTION WRKS OF SWMI 611 WHITCOMB, SUITE A KALAMAZOO, MI 49008	38-3264831	501C3	70,245.	0.			DONOR DESIGNATIONS
READ AND WRITE KZOO 802 S WESTNEDGE AVE KALAMAZOO, MI 49008	47-5372831	501C3	7,662.	0.			DONOR DESIGNATIONS
REFUGEE DEVLPMNT CNTR 600 W MAPLE ST., STE A LANSING, MI 48906	26-3936253	501C3	33,402.	0.			DONOR DESIGNATIONS
REGION 3B AREA ON AGING ATTN: JOHN GELLETICH , 200 WEST MICHIGAN AVE - BATTLE CREEK, MI 49017	38-3013931	501C3	24,687.	0.			REMOVING BARRIERS FOR ALL
RESOLUTION SERVICES CENTER OF CENTRAL MICHIGAN - 516 S CREYTS RD., STE A - LANSING, MI 48917	38-3275730	501C3	6,440.	0.			DONOR DESIGNATIONS
RISE 165 N. WASHINGTON BATTLE CREEK, MI 49037	82-3730738	501C3	78,333.	0.			RISE UP COMMUNITY 2023-26; SEEDING HEALTHL - ARPA

Schedule I (Form 990)

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ROOTEAD ENRCHMENT CTR 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	47-1161414	501C3	44,725.	0.			INTEGRATIVE SOCIAL EMOTIONAL LEARNING FOR HIGH SCHOOL; CONTINUUM FAMILY
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501C3	69,436.	0.			DONOR DESIGNATIONS
SAFE & JUST MICHIGAN 521 SEYMOUR AVE LANSING, MI 48933	38-3520445	501C3	14,813.	0.			NATION OUTSIDE; JACKSON CHAPTER
SALVATION ARMY 1700 S BURDICK ST KALAMAZOO, MI 49001	36-2167910	501C3	19,367.	0.			DONOR DESIGNATIONS
SALVATION ARMY - BATTLE CREEK PO BOX 93 400 CAPITAL AVE NE BATTLE CREEK, MI 49017	38-1370971	501C3	21,315.	0.			EMERGENCIES FAMILY SERVICES
SAVE OUR YOUTH C/O MR THOMAS BURKE, 110 LINCOLN CO JACKSON, MI 49203	47-5664864	501C3	17,356.	0.			GRASSROOTS
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49015	38-3022871	501C3	65,063.	0.			COMMUNITY MEALS & BARRIER REMOVAL
SHERMAN LAKE YMCA OUTDOOR CENTER 6225 N 39TH ST AUGUSTA, MI 49012	38-3167869	501C3	6,135.	0.			DONOR DESIGNATIONS
SLD READ 5250 LOVERS LANE, SUITE LL 100 KALAMAZOO, MI 49007	38-2055709	501C3	15,750.	0.			DONOR DESIGNATIONS

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SOUTH CO. CMTY SVCS 606 SPRUCE ST VICKSUBRG, MI 49097	38-1961745	501C3	41,573.	0.			DONOR DESIGNATIONS
SOUTH MI FOOD BANK 5451 WAYNE RD BATTLE CREEK, MI 49037	38-2445948	501C3	105,673.	0.			DONOR DESIGNATIONS
SOUTH MICHIGAN FOOD BANK 5451 WAYNE RD BATTLE CREEK, MI 49037	38-2445948	501C3	49,901.	0.			DONOR DESIGNATIONS
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W. VAN BUREN ST BATTLE CREEK, MI 49017	38-1817220	501C3	76,032.	0.			SEEDING HEALTH - ARPA; SEEDING LEADERS
SPROUT URBAN FARMS P.O. BOX 888 BATTLE CREEK, MI 49016	45-3707870	501C3	20,000.	0.			SEEDING HEALTH ARPA
ST JOSEPH COUNTY UW 132 W MAIN ST CENTERVILLE, MI 49032	38-6095409	501C3	6,580.	0.			DONOR DESIGNATIONS
ST LUKES EPISCOPAL CH 247 WEST LOVELL STREET KALAMAZOO, MI 49007	38-1369613	501C3	17,415.	0.			ST LUKES DIAPER BANK
ST. VINCENT CC 2800 W WILLOW ST LANSING, MI 48917	38-1360530	501C3	15,040.	0.			DONOR DESIGNATIONS
STARR COMMONWEALTH 13725 STARR COMMONWEALTH ROAD ALBION, MI 49224	38-1359593	501C3	7,596.	0.			DONOR DESIGNATIONS

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STLUKES EPISC CH PIH 247 W. LOVELL KALAMAZOO, MI 49007	38-1369613	501C3	14,329.	0.			PARTNERSHIP IN HOUSING
STUDENT ADVOCACY 124 PEARL STREET, SUITE 504 YPSILANTI, MI 48197	38-2058667	501C3	21,161.	0.			EDUCATION/STUDENT ADVISORY
SUBSTANCE ABUSE COUNCIL 34 W JACKSON ST , STE 2A BATTLE CREEK, MI 49017	38-2699513	501C3	8,000.	0.			ARPA - COK SEEDING HEALTH - ARPA
THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	38-1613581	501C3	18,750.	0.			INDIVIDUAL, FAMIY AND COMMUNITY ADVOCACY
THE ARC OF CALHOUN CO 44 WEST MICHIGAN AVE BATTLE CREEK, MI 49017	38-1734960	501C3	11,545.	0.			DONOR DESIGNATIONS
TRI COUNTY LABOR AGENCY FOR HUMAN 5906 MORGAN RD BATTLE CREEK, MI 49037	38-2181989	501C3	47,642.	0.			DONOR DESIGNATIONS
UNITED WAY OF EASTERN KENTUCKY PO BOX 1446 PRESTONBURG, KY 41653	61-1109256	501C3	16,199.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER KANSAS CITY 4801 MAIN ST. SUITE 500 KANSAS, MO 64112	44-0545812	501C3	40,958.	0.			DONOR DESIGNATIONS
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR LANCASTER, PA 17601	23-1352093	501C3	31,619.	0.			DONOR DESIGNATIONS

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UNITED WAY OF MUSKINGUM PERRY AND MORGAN COUNTIES - PO BOX 697 - ZANESVILLE, OH 43702	31-4379456	501C3	59,723.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE BAY AREA 550 KEARNEY ST, STE 1000 SAN FRANCISCO, CA 94108	94-1312348	501C3	9,820.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	56-1949103	501C3	87,735.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE MIDLANDS, NE 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501C3	100,516.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	56-1010742	501C3	75,795.	0.			DONOR DESIGNATIONS
UNITED WAY OF WEST TENNESSEE 470 NORTH PKWY JACKSON, TN 38302	62-0590257	501C3	139,592.	0.			DONOR DESIGNATIONS
UNITED WAY OF WYANDOTTE COUNTY, INC. - 4801 MAIN STREET - KANSAS CITY, MO 64112	44-0545812	501C3	28,877.	0.			DONOR DESIGNATIONS
UNITED WAY WORLDWIDE P.O. BOX 358086 PITTSBURGH, PA 15251	13-1635294	501C3	150,579.	0.			DONOR DESIGNATIONS
URBAN ALLIANCE INC. 1009 E STOCKBRIDGE AVE. KALAMAZOO, MI 49008	20-4969751	501C3	259,829.	0.			DONOR DESIGNATIONS

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UW FOR SE MICHIGAN 660 WOODWARD AVE., STE. #300 DETROIT, MI 48226	20-3099071	501C3	10,005.	0.			DONOR DESIGNATIONS
UW NAT CAP AREA VA 8614 WESTWOOD CENTER DR, STE300 VIENNA, VA 22182	53-0234290	501C3	8,331.	0.			DONOR DESIGNATIONS
UW OF CENTRAL NM PO BOX 25147 ALBUQUERQUE, NM 87125	85-0277138	501C3	12,667.	0.			DONOR DESIGNATIONS
UW OF GRE ATLANTA 40 COURTLAND ST NE, STE300 ATLANTA, GA 30303	58-0566194	501C3	9,180.	0.			DONOR DESIGNATIONS
UW OF GRE CHARLOTTE 601 EAST 5TH ST , STE 350 CHARLOTTE, NC 28202	56-0529948	501C3	12,000.	0.			DONOR DESIGNATIONS
UW OF GRE CINCINNATI 2400 READING RD CINCINNATI, MI 45202	31-0537502	501C3	18,673.	0.			DONOR DESIGNATIONS
UW OF METRO CHICAGO 333 S WABASH AVE, FLR 30 CHICAGO, IL 60604	30-0200478	501C3	185,565.	0.			DONOR DESIGNATIONS
UW OF METRO DALLAS 1800 N. LAMAR STREET DALLAS, TX 75202	75-6005352	501C3	5,921.	0.			DONOR DESIGNATIONS
UW OF NORTHERN NJ P.O BOX 1948 MORRISTOWN, NJ 07962	22-1487247	501C3	36,588.	0.			MARKETING/INSTRUCTIONS/FEE S FOR ALICE

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
UW OF NW ARKANSAS 100 PARKWOOD STREET LOWELL, AR 72745	71-0305700	501C3	30,631.	0.			DONOR DESIGNATIONS
UW OF ROME AND FLOYD 3 CENTRAL PLAZA, #370 ROME, GA 30161	58-0665393	501C3	127,048.	0.			DONOR DESIGNATIONS
UW OF SW MICHIGAN P.O. BOX 288. SAINT JOSEPH, MI 49085	38-1358411	501C3	20,880.	0.			DONOR DESIGNATIONS
UW OF WASHTENAW CO 2305 PLATT ROAD ANN ARBOR, MI 48104	38-1951024	501C3	8,643.	0.			DONOR DESIGNATIONS
UW PHILADELPHIA & SOUTHERN NJ 1800 JFK BOULEVARD, STE 1200 PHILADELPHIA, PA 19103	23-1556045	501C3	9,587.	0.			DONOR DESIGNATIONS
VICTORY LIFE CHURCH 6892 D DR N BATTLE CREEK, MI 49014	23-7279369	501C3	7,977.	0.			DONOR DESIGNATIONS
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501C3	109,201.	0.			DONOR DESIGNATIONS
W. E. UPJOHN INSTITUTE 300 S. WESTNEDGE AVENUE KALAMAZOO, MI 49007	38-1360419	501C3	22,500.	0.			SW MI EMPLOYER RESOURCE NETWORK
WASHINGTON HEIGHTS UMC COMMUNITY MINISTRIES - 153 NORTHWOOD ST - BATTLE CREEK, MI 49017	38-2035353	501C3	13,333.	0.			ARPA KALAMAZOO COUNTY

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
WASHINGTON HEIGHTS UNITED METHODIST CHURCH - 153 WOOD ST N - BATTLE CREEK, MI 49037	85-2939244	501C3	48,750.	0.			RECOVER OUR NEIGHBORHOOD, APRA KALAMAZOO COUNTY
WAVERLY FLATZ 1412 BANBURY RD KALAMAZOO, MI 49001	92-2027534	501C3	27,005.	0.			BANK RENT PAYMENTS- PART OF RENTABLE PROGRAM
WKAR- GRANT 404 WILSON RD EAST LANSING, MI 48824	38-6005984	501C3	18,361.	0.			ENGAGING FAMILIES IN EARLY LITERACY
WMU FOUNDATION 1903 W MICHIGAN AVE KALAMAZOO, MI 49008	38-2138856	501C3	10,000.	0.			ALICE RESPONSIVE MINI GRANT
WMU HOMER STRYKER M.D. SCHOOL OF MEDICINE - 300 PORTAGE STREET - KALAMAZOO, MI 49007	45-4135256	115	20,223.	0.			CRADLE DATA BACKBONE; FIMR
WOMENS NETWORK 2055 E COLUMBIA AVE BATTLE CREEK, MI 49014	26-2699012	501C3	8,688.	0.			BRIDGES OVER POVERTY; LIFE ENRICHMENT CLASSES
WOODLAND CHURCH 14425 SOUTH HELMER RD BATTLE CREEK, MI 49015	93-0805254	501C3	6,198.	0.			DONOR DESIGNATIONS
YMCA OF GRE KZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501C3	5,344.	0.			FALL/WINTER PROGRAM
YOUNG KINGS AND QUEENS, INC. 1021 NORTH ROSE ST. KALAMAZOO, MI 49007	36-4804237	501C3	91,250.	0.			B.R.I.D.G.E.S FINANCIAL LITERACY TO PERMANENT HOUSING

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

COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS ELIGIBLE TO RECEIVE CHARITABLE CONTRIBUTIONS. USE OF THESE FUNDS ARE NOT MONITORED AS THEY ARE CONSIDERED PASS THROUGH DOLLARS TO THE RESPECTIVE AGENCIES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EL CONCILIO/HISPANIC AMERICAN COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: ACADEMIA AZTECA

EL CONCILLIO-BRIDGING COMMUNITY;

ESCUELITA NUEVO HORIZONTE;

POR UN MEJOR FUTRO

NAME OF ORGANIZATION OR GOVERNMENT: KYDNET

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING BRIDGES TO THRIVING YOUTH

ALICE RESPONSIVE MINI GRANT

SEL INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: ROOTEAD ENRCHMENT CTR

(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATIVE SOCIAL EMOTIONAL

LEARNING FOR HIGH SCHOOL;

CONTINUUM FAMILY ENRICHMENT;

ROOTEAD PLACEHOLDER PROGRAM,WORKSHOPS - STAFF

**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

2023

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 checked="" 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		

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

Schedule J (Form 990) 2023

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)	180,483.	0.	0.	18,344.	14,493.	213,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMOTHY BERGSMA CFO THRU 11/30/2023	(i)	146,901.	0.	0.	14,354.	20,294.	181,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

2023

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	106,887.	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.		

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

Schedule M (Form 990) 2023

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

2023

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:

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 \$67,000 OR LESS.

UWSCMI'S VITA PROGRAM EXPANDED TO SERVE KALAMAZOO AND PARTNERED WITH
AGENCIES LEADING VITA PROGRAMS IN CALHOUN AND JACKSON COUNTIES.

HOUSEHOLDS SERVED: 5,207. \$7,244,475 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 2023, 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.

JOBSTAR -- A RESOURCE FOR EMPLOYERS TO HELP THEIR EMPLOYEES OVERCOME
OBSTACLES THAT MAY IMPEDE THEIR ABILITY TO WORK. 2023 HIGHLIGHT: UWSCMI
ONBOARDED A NEW COMPANY INTO JOBSTAR, THE RESULT OF A FOCUS ON
RECRUITMENT. REFERRALS PROVIDED: 803 REFERRALS ACROSS MORE THAN 12
BUSINESSES.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

2023 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 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.

Name of the organization UNITED WAY OF SOUTH CENTRAL MICHIGAN	Employer identification number 38-1359193
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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 \$ 9,703,476. INCLUDING GRANTS OF \$ 9,703,476. 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 BEFORE 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 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

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

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 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.