

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning APR 1, 2024, and ending MAR 31, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF SOUTH CENTRAL MICHIGAN

EIN or SSN

38-1359193

Name and title of officer or person subject to tax **CHRISTIPHER SARGENT
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,255,845.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize REHMANN ROBSON LLC to enter my PIN 47099
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

40427748605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature REHMANN ROBSON LLC

Date 02/11/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

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)
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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable: C Name of organization UNITED WAY OF SOUTH CENTRAL MICHIGAN
D Employer identification number 38-1359193
E Telephone number 269-343-2524
G Gross receipts \$ 23,255,845.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.UNITEDFORSCMI.ORG
K Form of organization:
L Year of formation: 1926
M State of legal domicile: MI

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer CHRISTIPHER SARGENT, PRESIDENT & CEO
Date
Paid: Preparer's name JEFFREY E. HERT, CPA; Preparer's signature JEFFREY E. HERT, CPA; Date 02/11/26; PTIN P00066715
Preparer Use Only: Firm's name REHMANN ROBSON LLC; Firm's EIN 38-3567911; Firm's address SAGINAW, MI 48605-2025; Phone no. 989-799-9580

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 \$ 3,304,223. including grants of \$ 3,304,223.) (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 -- \$2,780,430 INVESTED IN 60 PROGRAMS THROUGH 59 AGENCY PARTNERS. CAPITAL AREA -- \$245,000 INVESTED IN 18 PROGRAMS THROUGH 18 AGENCY PARTNERS AND 3 COLLABORATIVES. JACKSON COUNTY -- \$300,000 INVESTED IN 19 PROGRAMS AT 17 AGENCIES.

4b (Code:) (Expenses \$ 5,312,579. 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. 5,491 HOUSEHOLDS RECEIVED ENERGY SECURITY/SELF-SUFFICIENCY PROGRAMMING OR

4c (Code:) (Expenses \$ 2,206,793. including grants of \$ 2,206,793.) (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 \$ 8,423,262. including grants of \$ 8,423,262.) (Revenue \$)

4e Total program service expenses 19,246,857.

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 H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 23; 1b Enter the number of voting members included on line 1a... 23; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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: 8a The governing body... X; 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 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; 16b 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.
[X] Own website [] Another's website [X] 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			188,361.	0.	39,566.	
(2) JENNIFER HSU-BISHOP CHIEF EQUITY OFFICER	40.00				X		129,131.	0.	34,285.	
(3) TERESA KMETZ CHIEF RESOURCE DEV & MKTG OFFICER	40.00				X		127,077.	0.	15,221.	
(4) STEPHANIE SLINGERLAND BOARD CHAIR	5.00	X		X			0.	0.	0.	
(5) JAMES JOHNSON JR. IMMEDIATE PAST CHAIR	5.00	X		X			0.	0.	0.	
(6) CARLA THOMPSON PAYTON 1ST VICE CHAIR	5.00	X		X			0.	0.	0.	
(7) MAUREEN KEENE 2ND VICE CHAIR	5.00	X		X			0.	0.	0.	
(8) JAMIE RABE TREASURER	5.00	X		X			0.	0.	0.	
(9) UNAA HOLINESS SECRETARY	5.00	X		X			0.	0.	0.	
(10) BECKY BALDWIN MEMBER	1.00	X					0.	0.	0.	
(11) DEREK DOBIES MEMBER	1.00	X					0.	0.	0.	
(12) JIM BONGIORNO MEMBER	1.00	X					0.	0.	0.	
(13) RENEE BROWN MEMBER	1.00	X					0.	0.	0.	
(14) KIMBERLY CARTER MEMBER	1.00	X					0.	0.	0.	
(15) BEN FRANTZ MEMBER	1.00	X					0.	0.	0.	
(16) LISA GARCIA MEMBER	1.00	X					0.	0.	0.	
(17) MARCUS GLASS 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) ASH GOEL MD MEMBER	1.00	X						0.	0.	0.
(19) MIKE HUERTA MEMBER	1.00	X						0.	0.	0.
(20) TODD MCDONALD MEMBER	1.00	X						0.	0.	0.
(21) ANDY RICHARDS MEMBER	1.00	X						0.	0.	0.
(22) CARRIE SCHNEIDER MEMBER	1.00	X						0.	0.	0.
(23) CHRIS TYLER MEMBER	1.00	X						0.	0.	0.
(24) SATYA VEERAPANENI MEMBER	1.00	X						0.	0.	0.
(25) ASHLEE WILLIS MEMBER	1.00	X						0.	0.	0.
(26) TED YKIMOFF MEMBER	1.00	X						0.	0.	0.
1b Subtotal								444,569.	0.	89,072.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								444,569.	0.	89,072.

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 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UPIC 1180 S 8TH ST, KALAMAZOO, MI 49009	SOFTWARE AND PLEDGE PROCESSING SUPPORT	152,141.
ANDREWS HOOPER PAVLIK PLC 5300 GRATIOT ROAD, SAGINAW, MI 48638	ACCOUNTING AND CFO SERVICES	129,597.

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 2

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	12,402,921.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,888,360.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 182,651.				
	h Total. Add lines 1a-1f		22,291,281.				
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)		473,727.			473,727.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	106,125.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	106,125.				
	d Net rental income or (loss)		106,125.			106,125.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	900099	347,860.			347,860.	
	b PROFESSIONAL SERVICES REVENUE	900099	36,852.			36,852.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		384,712.				
12 Total revenue. See instructions		23,255,845.	0.	0.	964,564.		

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 ...	13,934,278.	13,934,278.		
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	230,372.	127,371.	57,244.	45,757.
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	2,975,502.	1,615,750.	745,712.	614,040.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	323,848.	196,238.	76,758.	50,852.
9 Other employee benefits	413,514.	250,572.	98,010.	64,932.
10 Payroll taxes	231,429.	139,631.	43,175.	48,623.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,702.	6,164.	21,538.	
c Accounting	58,280.	16,380.	41,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,353.		58,353.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,012,017.	1,626,653.	373,189.	12,175.
12 Advertising and promotion	170,872.	54,020.	23,614.	93,238.
13 Office expenses	78,227.	34,289.	40,524.	3,414.
14 Information technology	458,447.	258,931.	191,971.	7,545.
15 Royalties				
16 Occupancy	90,818.	90,029.	789.	
17 Travel	63,771.	35,538.	10,640.	17,593.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	57,859.	38,679.	15,020.	4,160.
20 Interest				
21 Payments to affiliates	170,660.	170,660.		
22 Depreciation, depletion, and amortization	160,825.	160,825.		
23 Insurance	66,377.	56,309.	10,068.	
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 MISCELLANEOUS	218,886.	206,688.	3,343.	8,855.
b RENTAL AND MAINTENANCE	167,864.	79,615.	88,249.	
c SPECIAL EVENTS	90,678.	65,477.	356.	24,845.
d SUPPLIES	69,365.	35,798.	28,325.	5,242.
e All other expenses	84,662.	46,962.	3,373.	34,327.
25 Total functional expenses. Add lines 1 through 24e	22,214,606.	19,246,857.	1,932,151.	1,035,598.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,422,778.	1	765,460.
	2 Savings and temporary cash investments	5,230,792.	2	7,482,662.
	3 Pledges and grants receivable, net	6,443,636.	3	5,088,378.
	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	235,213.	7	298,823.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,384.	9	57,512.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,001,018.		
	b Less: accumulated depreciation	10b 4,405,283.	10c	2,595,735.
	11 Investments - publicly traded securities	11,781,121.	11	12,209,560.
	12 Investments - other securities. See Part IV, line 11	4,397,435.	12	4,306,186.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	279,940.	15	154,456.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,866,881.	16	32,958,772.	
Liabilities	17 Accounts payable and accrued expenses	1,519,272.	17	1,514,481.
	18 Grants payable	2,197,702.	18	1,989,261.
	19 Deferred revenue	610,331.	19	539,406.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	312,324.	25	175,372.
	26 Total liabilities. Add lines 17 through 25	4,639,629.	26	4,218,520.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,467,341.	27	15,398,609.
	28 Net assets with donor restrictions	12,759,911.	28	13,341,643.
	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	27,227,252.	32	28,740,252.
33 Total liabilities and net assets/fund balances	31,866,881.	33	32,958,772.	

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	23,255,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,214,606.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,041,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,227,252.
5	Net unrealized gains (losses) on investments	5	471,761.
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	28,740,252.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20408244.	9792929.	19308640.	23300509.	22291281.	95101603.
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	20408244.	9792929.	19308640.	23300509.	22291281.	95101603.
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)						13588479.
6 Public support. Subtract line 5 from line 4.						81513124.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	20408244.	9792929.	19308640.	23300509.	22291281.	95101603.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	296,053.	332,423.	488,577.	466,518.	473,727.	2057298.
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.)	754,858.	483,327.	67,388.	299,694.	384,712.	1989979.
11 Total support. Add lines 7 through 10						99148880.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	82.21	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	78.80	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 (<i>explain in detail in Part VI</i>):		
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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

2020 AMOUNT: \$ 450,120.
2021 AMOUNT: \$ 230,840.
2022 AMOUNT: \$ 12,455.
2023 AMOUNT: \$ 262,928.
2024 AMOUNT: \$ 347,860.

PROFESSIONAL SERVICES REVENUE

2020 AMOUNT: \$ 304,738.
2021 AMOUNT: \$ 252,487.
2022 AMOUNT: \$ 54,933.
2023 AMOUNT: \$ 36,766.
2024 AMOUNT: \$ 36,852.

**Schedule B
(Form 990)**

(Rev. December 2024)
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

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) (Rev. 12-2024)

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	STATE OF MICHIGAN 111 S. CAPITAL AVE, STE 413 LANSING, MI 48933	\$ 5,520,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CONSUMERS ENERGY 1 ENERGY PLAZA DR JACKSON, MI 49201	\$ 1,555,000.	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	\$ 1,666,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF KALAMAZOO 201 W KALAMAZOO AVE KALAMAZOO, MI 49007	\$ 1,429,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KELLANOVA ONE KELLOGG SQUARE BATTLE CREEK, MI 49017	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KALAMAZOO COUNTY 227 W MICHIGAN AVE KALAMAZOO, MI 49007	\$ 572,173.	Person <input checked="" 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
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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
7	ARPA-CITY OF LANSING 124 W MICHIGAN AVE LANSING, MI 48933	\$ 569,518.	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.)
_____	_____ _____ _____	\$ _____	Person <input 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.)
_____	_____ _____ _____	\$ _____	Person <input 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.)
_____	_____ _____ _____	\$ _____	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
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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)

(Rev. December 2024)

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

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 values for 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.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 | 229,292. |
| d Additions during the year | 657,411. |
| e Distributions during the year | 773,735. |
| f Ending balance | 112,968. |
- 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	1,131,802.	966,555.	1,028,593.	998,892.	250,000.
b Contributions					753,331.
c Net investment earnings, gains, and losses	51,593.	165,247.	-62,038.	29,701.	-4,439.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,538.				
g End of year balance	1,177,857.	1,131,802.	966,555.	1,028,593.	998,892.

- 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"/> |
- 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		3,988,452.	2,821,722.	1,166,730.
c Leasehold improvements		665,202.	469,959.	195,243.
d Equipment		1,706,500.	1,087,352.	619,148.
e Other		31,500.	26,250.	5,250.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,595,735.

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	4,306,186.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,306,186.	

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	175,372.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	175,372.

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	21,462,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	221,373.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	250,388.	
e	Add lines 2a through 2d	2e		471,761.
3	Subtract line 2e from line 1	3		20,990,699.
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	2,265,146.	
c	Add lines 4a and 4b	4c		2,265,146.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,255,845.

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

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

1	Total expenses and losses per audited financial statements		1	19,949,460.
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		19,949,460.
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	2,265,146.	
c	Add lines 4a and 4b	4c		2,265,146.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		22,214,606.

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 MERGED ORGANIZATIONS FOR FISCAL YEARS 2022 THROUGH 2025, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF MARCH 31, 2025. 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, 2025 AND 2024, 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 250,388.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
AACORN FARM INC. 6409 S 34TH STREET KALAMAZOO, MI 49048	45-2576096	501(C)(3)	6,579.	0.			DESIGNATION PAYOUT
ACTION FOR HEALTH KIDS 600 N VANBUREN ST, SUITE 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	12,626.	0.			DESIGNATION PAYOUT
ADVENT HOUSE MINISTRIES 743 N MARTIN LUTHER KING JR BLVD LANSING, MI 48915	38-2746052	501(C)(3)	29,901.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
ALTERNATIVES OF KZOO 4200 MICHIGAN AVE, SUITE 100 KALAMAZOO, MI 49006	91-1635554	501(C)(3)	5,428.	0.			DESIGNATION PAYOUT
AMERICAN RED CROSS - KALAMAZOO CHAPTER - 5640 VENTURE COURT - KALAMAZOO, MI 49009	53-0196605	501(C)(3)	41,000.	0.			DISASTER RELIEF GRANT
ANIMAL RESCUE PROJECT 219 PEEKSTOCK KALAMAZOO, MI 49001	29-2868265	501(C)(3)	5,150.	0.			DESIGNATION PAYOUT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 149.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
AWARE INC 706 W. MICHIGAN AVE, JACKSON, MI 49201	23-7118921	501(C)(3)	20,313.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
BC AREA CATHOLIC SCH 63 NORTH 24TH ST BATTLE CREEK, MI 49015	38-2477841	501(C)(3)	8,330.	0.			DESIGNATION PAYOUT
BIG BROTHER BIG SISTERS OF SOUTHWEST MI - 3501 COVINGTON ROAD - KALAMAZOO, MI 49001	38-1720832	501(C)(3)	17,533.	0.			DESIGNATION PAYOUT
BLACK WALL STREET KALAMAZOO 225 W WALNUT ST KALAMAZOO, MI 49007	83-4127178	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
BOYS & GIRLS CLUB OF GREATER KALAMAZOO - 4000 PORTAGE ST, STE 201 - KALAMAZOO, MI 49001	38-1627080	501(C)(3)	54,046.	0.			DESIGNATION PAYOUT, DIRECT GRANT
BOYS & GIRLS CLUB OF LANSING 4315 PLEASANT GROVE RD LANSING, MI 48910	38-1788281	501(C)(3)	34,528.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
BOYS & GIRLS CLUB OF NORTHWEST GEORGIA - PO BOX 2939 - ROME, GA 30164	58-0632795	501(C)(3)	7,653.	0.			DESIGNATION PAYOUT
BUILDING BLOCKS OF KALAMAZOO 802 S WESTNEDGE AVE SUITE BB KALAMAZOO, MI 49008	61-7056042	501(C)(3)	25,000.	0.			DIRECT GRANT
BURMESE AMERICAN INITIATIVE (BURMA CENTER) - 765 UPTON AVE - SPRINGFIELD, MI 49037	45-3441524	501(C)(3)	70,416.	0.			DIRECT GRANT, DIRECT GRANTS-ALLOCATION-HW

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
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 48906	38-1601542	501(C)(3)	29,278.	0.			DESIGNATION PAYOUT
CARE COLLECTIVE 1718 FULFORD STREET, SUITE 2 KALAMAZOO, MI 49001	92-1186076	501(C)(3)	13,653.	0.			DIRECT GRANTS-ALLOCATION-HW
CARE FREE MEDICAL 1100 W SAGINAW ST, STE 5 LANSING, MI 48915	14-1909938	501(C)(3)	10,348.	0.			DIRECT GRANT, DESIGNATION PAYOUT
CASA FOR KIDS, INC. 3303 WEST SAGINAW STREET LANSING, MI 48917	38-3408893	501(C)(3)	10,000.	0.			DIRECT GRANTS-ALLOCATION-HW
CATCHING THE DREAM LEARNING CENTER 765 UPTON AVE SPRINGFIELD, MI 49037	84-4855671	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
CC DIOCESE OF KZOO 1819 GULL ROAD KALAMAZOO, MI 49048	38-2072348	501(C)(3)	79,578.	0.			DIRECT GRANTS-ALLOCATION-HW
CENTRICA CARE NAVIGATORS 7100 STADIUM DRIVE KALAMAZOO, MI 49009	38-2293985	501(C)(3)	6,944.	0.			DESIGNATION PAYOUT
CHARITABLE UNION 85 CALHOUN STREET BATTLE CREEK, MI 49017	38-1405611	501(C)(3)	96,014.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
CHARLIES PLACE PO BOX 145 KALAMAZOO, MI 49009	46-4081928	501(C)(3)	34,807.	0.			DIRECT GRANTS-ALLOCATION-HW

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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 CHARITIES 4287 FIVE OAKS DRIVE LANSING, MI 48911	38-2118108	501(C)(3)	32,505.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
CHILD CARE NETWORK 3941 RESEARCH PARK DR, SUITE C ANN ARBOR, MI 48108	38-2160250	501(C)(3)	16,696.	0.			DIRECT GRANTS-ALLOCATION-HW
CMTY'S IN SCH OF KZOO 180 E WATER ST KALAMAZOO, MI 49007	38-2873188	501(C)(3)	48,817.	0.			DIRECT GRANT, DESIGNATION PAYOUT
COMM AIDS RES&EDU SVC 629 PIONEER STREET, STE 200 KALAMAZOO, MI 49008	38-2784545	501(C)(3)	53,279.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
COMMUNITY ACTION AGENCY OF SOUTH CENTRAL MICHIGAN - 175 MAIN STREET - BATTLE CREEK, MI 49014	38-1794361	501(C)(3)	128,381.	0.			DIRECT GRANTS-ALLOCATION-HW
COMMUNITY HEALING CENTERS 2615 STADIUM DR. KALAMAZOO, MI 49008	38-1961500	501(C)(3)	59,188.	0.			DESIGNATION PAYOUT, DIRECT GRANTS-ALLOCATION-HW
COMMUNITY HOMEWORKS 810 BRYANT ST KALAMAZOO, MI 49001	27-1037159	501(C)(3)	58,568.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
COOL PEOPLE COMMUNITY SAVERS 127 BEACHFIELD BATTLE CREEK, MI 49015	56-2298725	501(C)(3)	60,828.	0.			DIRECT GRANTS-ALLOCATION-HW
CREATING HEALTHIER COMMUNITIES 1199 N FAIRFAX ST, STE 600 ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	6,632.	0.			DESIGNATION PAYOUT

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CREATING SPARKS 1608 S MARTIN LUTHER KING JR DR JACKSON, MI 49203	88-3345209	501(C)(3)	18,679.	0.			DIRECT GRANTS-ALLOCATION-HW
CRISTO REY COMMUNITY CENTER 1717 N HIGH STREET LANSING, MI 48906	38-1779460	501(C)(3)	5,499.	0.			DESIGNATION PAYOUT
DAVIES PROJECT MID-MI CHILDREN 230 BINGHAM STREET, SUITE 100 LANSING, MI 48912	46-1209200	501(C)(3)	14,432.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
DIGNITY IN MOTION 924 SHERIDAN DR KALAMAZOO, MI 49001	92-0353316	501(C)(3)	125,162.	0.			MINI-GRANT, NOT SURE-HOUSING UNHOUSED
DISABILITY NETWORK SOUTHWEST MI 517 E CROSSTOWN PARKWAY KALAMAZOO, MI 49001	38-2351028	501(C)(3)	23,818.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
DOUGLAS COMMUNITY ASSOCIATION 1000 W PATTERSON ST KALAMAZOO, MI 49007	38-1359200	501(C)(3)	81,304.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
DUPAGE P.A.D.S. INC 601 WEST LIBERTY WHEATON, IL 60187	36-3675494	501(C)(3)	5,600.	0.			DESIGNATION PAYOUT
EDISON INITIATIVES PO BOX 33 OSHTEMO, MI 49077	87-1529823	501(C)(3)	40,552.	0.			DIRECT GRANTS-ALLOCATION-HW
EL CONCILIO/HISPANIC AMERICAN COUNCIL - 930 LAKE STREET - KALAMAZOO, MI 49001	38-2437758	501(C)(3)	79,578.	0.			DIRECT GRANTS-ALLOCATION-HW

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ELE'S PLACE 1145 W OAKLAND AVE LANSING, MI 48915	38-2976751	501(C)(3)	10,900.	0.			DESIGNATION PAYOUT
EVE INC PO BOX 14149 LANSING, MI 48901	38-2211520	501(C)(3)	5,482.	0.			DESIGNATION PAYOUT
FAMILY SERVICE & CHILDREN'S AID 306 W MICHIGAN AVE JACKSON, MI 49201	38-6028838	501(C)(3)	112,436.	0.			DIRECT GRANTS-ALLOCATION-HW
FAMILY&CHILDREN SERVICES 1608 LAKE STREET KALAMAZOO, MI 49001	38-2118101	501(C)(3)	20,986.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
FEEDING AMERICA 161 N CLARK ST, STE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	25,019.	0.			DESIGNATION PAYOUT
FLEDGE FOUNDATION 1300 EUREKA STREET LANSING, MI 48912	83-1612275	501(C)(3)	10,000.	0.			DIRECT GRANTS-ALLOCATION-HW
FOOD RESEARCH AND ACTION CENTER-END CHILDHOOD HUNGER - 11 DUPONT CIRCLE NW STE 500 - WASHINGTON, DC 20036	23-7200739	501(C)(3)	26,820.	0.			DESIGNATION PAYOUT
FREE TUTORING AND GED SERVICES 419 EAST HIGH STREET JACKSON, MI 49203	83-2052823	501(C)(3)	9,585.	0.			DIRECT GRANTS-ALLOCATION-HW
FUTURE FARMERS OF AMERICA-MICHIGAN 6060 FFA DR INDIANAPOLIS, IN 46278	54-6044662	501(C)(3)	16,272.	0.			DESIGNATION PAYOUT

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GOODWILL INDUS SWMI 420 E ALCOTT STREET KALAMAZOO, MI 49001	38-1558550	501(C)(3)	57,095.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
GOODWILL INDUSTRIES OF CENTRAL MICHIGAN'S HEARTLAND - 4820 WAYNE RD - BATTLE CREEK, MI 49037	38-1426892	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
GOTTAGETIT 7568 SUNDEW DR SE CALEDONIA, MI 49316	84-5077114	501(C)(3)	50,000.	0.			DIRECT GRANT PAYMENT- KALAMAZOO COUNTY CVI
GRACIOUS HOMES TRANSITIONAL HOUSING - PO BOX 977 - BATTLE CREEK, MI 49016	05-0605425	501(C)(3)	16,833.	0.			ARPA SEEDING HEALTH GRANT-8
GREATER KINGDOM INTERNATIONAL (KINGDOM BUILDERS) - 50 SPENCER ST - BATTLE CREEK, MI 49014	56-2298725	501(C)(3)	52,718.	0.			DIRECT GRANTS-ALLOCATION-HW
GROW JACKSON 740 W MICHIGAN AVE JACKSON, MI 49201	38-3883213	501(C)(3)	6,823.	0.			DIRECT GRANTS-ALLOCATION-HW
GRYPHON PLACE 3245 S 8TH ST KALAMAZOO, MI 49009	38-2808685	501(C)(3)	330,226.	0.			HANDS ON BATTLE CREEK
HABITAT FOR HUMANITY CAP REGION- LANSING - 1941 BENJAMIN DR - LANSING, MI 48906	38-2716658	501(C)(3)	13,886.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
HAVEN HOUSE 121 WHITEHILLS DR EAST LANSING, MI 48823	38-2433890	501(C)(3)	22,341.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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HAVEN OF REST MINISTRIES 11 GREEN ST BATTLE CREEK, MI 49014	38-6122756	501(C)(3)	75,045.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
HEART OF WEST MI UW 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	90,438.	0.			DESIGNATION PAYOUT
HOPE THRU NAVIGATION 806 S WESTNEDGE KALAMAZOO, MI 49008	86-3268910	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
HOUSING RESOURCES INC 420 E ALCOTT STREET, SUITE 200 KALAMAZOO, MI 49007	38-2474879	501(C)(3)	132,345.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
HOUSING SERVICES MID MICHIGAN 319 S COCHRAN AVE CHARLOTTE, MI 48813	38-3245099	501(C)(3)	25,520.	0.			DIRECT GRANTS-ALLOCATION-HW
HUMANE SOC OF SC MI 2500 WATKINS BATTLE CREEK, MI 49015	38-1437902	501(C)(3)	7,751.	0.			DESIGNATION PAYOUT
IMAGINE PLANET 632 E MICHIGAN JACKSON, MI 49203	47-3332294	501(C)(3)	7,000.	0.			DIRECT GRANTS-ALLOCATION-HW
IMPRESSION 5 SCIENCE CENTER 200 MUSEUM DR LANSING, MI 48933	23-7200548	501(C)(3)	20,237.	0.			DIRECT GRANTS-ALLOCATION-HW
INGHAM ISD C/O BUSINESS OFFICE, 2630 WEST HOWE MASON, MI 48854	38-1737701	501(C)(3)	47,536.	0.			DIRECT GRANTS-ALLOCATION-HW

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KALAMAZOO DROP-IN CHILD CARE CENTER - 345 W MICHIGAN AVENUE - KALAMAZOO, MI 49007	38-1359203	501(C)(3)	30,920.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
KALAMAZOO GOSPEL MISSION 448 N BURDICK ST KALAMAZOO, MI 49007	38-1877515	501(C)(3)	18,498.	0.			COC MINIGRANT AWARD, DESIGNATION PAYOUT
KALAMAZOO NATURE CENTER 7000 N WESTNEDGE AVE KALAMAZOO, MI 49009	38-1674780	501(C)(3)	6,525.	0.			DESIGNATION PAYOUT
KALAMAZOO NEIGHBORHOOD HOUSING SERVICES, INC. - 1219 SOUTH PARK STREET - KALAMAZOO, MI 49001	38-2391442	501(C)(3)	63,663.	0.			DIRECT GRANTS-ALLOCATION-HW
KALAMAZOO YOUTH DEVELOPMENT NETWORK - 912 N BURDICK STREET - KALAMAZOO, MI 49007	82-4427471	501(C)(3)	58,358.	0.			DIRECT GRANTS-ALLOCATION-HW
KZOO CHRISTIAN SCH 2121 STADIUM DR KALAMAZOO, MI 49008	38-1871520	501(C)(3)	6,251.	0.			DESIGNATION PAYOUT
KZOO COMMUNITY FDN 402 EAST MICHIGAN AVE KALAMAZOO, MI 49007	38-3333202	501(C)(3)	12,263.	0.			DESIGNATION PAYOUT
KZOO COUNTY READY 4S 161 EAST MICHIGAN AVE, SUITE 600 KALAMAZOO, MI 49007	27-3342489	501(C)(3)	61,619.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
KZOO LITERACY COUNCIL 420 E ALCOTT ST. KALAMAZOO, MI 49001	38-3252735	501(C)(3)	29,748.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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KZOO LOAVES & FISHES 901 PORTAGE ST KALAMAZOO, MI 49001	38-2420575	501(C)(3)	6,332.	0.			DESIGNATION PAYOUT
LEGAL AID OF WESTERN MICHIGAN-KZ 201 W KALAMAZOO, SUITE 427 KALAMAZOO, MI 49007	38-2156874	501(C)(3)	79,578.	0.			DIRECT GRANTS-ALLOCATION-HW
LEGAL SERVICES SCMI 123 W. TERRITORIAL RD BATTLE CREEK, MI 49015	38-1845444	501(C)(3)	143,946.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
LILY MISSIONS CENTER PO BOX 421 JACKSON, MI 49204	38-3469813	501(C)(3)	38,326.	0.			DIRECT GRANTS-ALLOCATION-HW
LYCOMING COUNTY UW 1 W. 34D ST STE 208 WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	53,224.	0.			DESIGNATION PAYOUT
MILESTONE SENIOR SVCS FORMERLY SENIOR SRVCS - 918 JASPER ST - KALAMAZOO, MI 49001	38-1747660	501(C)(3)	97,936.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
MILK LIKE MINE MICHIGAN BREASTFEEDING NETWORK - 503 MALL CT #296 - LANSING, MI 48912	26-4308289	501(C)(3)	63,663.	0.			DIRECT GRANTS-ALLOCATION-HW
MINISTRY WITH COMMUNITY 500 N EDWARDS STREET KALAMAZOO, MI 49007	38-2596981	501(C)(3)	175,587.	0.			DESIGNATION PAYOUT, DIRECT GRANTS-ALLOCATION-HW
MRC INDUSTRIES INC 2538 S. 26TH ST KALAMAZOO, MI 49048	38-1911437	501(C)(3)	67,253.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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MY PLACE INC 406 S BLACKSTONE JACKSON, MI 49203	38-3079910	501(C)(3)	13,856.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
NATION OUTSIDE 1420 WASHINGTON BLVD, SUITE 301 DETROIT, MI 48228	38-3520445	501(C)(3)	12,750.	0.			DIRECT GRANTS-ALLOCATION-HW
NEIGHBORHOODS INC 47 N WASHINGTON BATTLE CREEK, MI 49017	38-2375773	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
NEW GENESIS, INC. 1225 PATERSON STREET KALAMAZOO, MI 49007	38-2338855	501(C)(3)	37,512.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
NEW LEVEL SPORTS MINISTRIES 400 W MICHIGAN AVE BATTLE CREEK, MI 49037	01-0582339	501(C)(3)	63,613.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
NO KID HUNGRY BY SOS 1030 15TH ST NW STE 1100 W WASHINGTON, DC 20005	52-1367538	501(C)(3)	71,930.	0.			DESIGNATION PAYOUT
NONPROFIT NETWORK 209 EAST WASHINGTON AVE, SUITE 430- JACKSON, MI 49201	38-3444092	501(C)(3)	18,750.	0.			DIRECT GRANTS-ALLOCATION-HW
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134	36-3203648	501(C)(3)	6,409.	0.			DESIGNATION PAYOUT
OUT FRONT KALAMAZOO 340 S. ROSE ST. KALAMAZOO, MI 49007	38-2800996	501(C)(3)	29,783.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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PARTIAL TO GIRLS 711 S MECHANIC ST JACKSON, MI 49203	47-5664864	501(C)(3)	18,679.	0.			DIRECT GRANTS-ALLOCATION-HW
PENNIE FOSTER-FISHMAN 1046 CRESENWOOD EAST LANSING, MI 48823	47-5664864	501(C)(3)	30,000.	0.			POWER OF WE EVALUATION AND FACILITATION
PORTAGE COMMUNITY CENTER 325 E CENTRE STREET PORTAGE, MI 49002	38-2178011	501(C)(3)	47,779.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
PREVENTION WORKS OF SOUTHWEST MI 309 N BURDICK ST KALAMAZOO, MI 49007	38-3264831	501(C)(3)	99,797.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
REFUGEE DEVLPMNT CNTR 600 W MAPLE ST., STE A LANSING, MI 48906	26-3936253	501(C)(3)	18,741.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
REGION 3B AREA ON AGING ATTN: JOHN GELLETICH , 200 WEST MICHIGAN AVE - BATTLE CREEK, MI 49017	38-3013931	501(C)(3)	29,006.	0.			DIRECT GRANTS-ALLOCATION-HW
RISE 165 N. WASHINGTON BATTLE CREEK, MI 49037	82-3730738	501(C)(3)	52,718.	0.			DIRECT GRANTS-ALLOCATION-HW
ROOTEAD ENRICHMENT CENTER 505 E KALAMAZOO AVE STE 3 KALAMAZOO, MI 49007	47-1161414	501(C)(3)	38,217.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
S.A.F.E. PLACE PO BOX 199 BATTLE CREEK, MI 49016	38-2436401	501(C)(3)	75,851.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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SAVE OUR YOUTH 211 W GANSON ST STE 220 JACKSON, MI 49201	47-5664864	501(C)(3)	15,333.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
SHARE CENTER 120 GROVE STREET BATTLE CREEK, MI 49015	38-3022871	501(C)(3)	69,260.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
SHARED PREGNANCY WOMEN'S CENTER 503 N WALNUT ST LANSING, MI 48933	38-2479382	501(C)(3)	5,129.	0.			DESIGNATION PAYOUT
SMALL TALK CHILDREN'S ADVOCACY CENTER - 3400 PINE TREE ROAD, SUITE 106 - LANSING, MI 48911	32-0441060	501(C)(3)	10,000.	0.			DIRECT GRANTS-ALLOCATION-HW
SOUTH COUNTY COMMUNITY SVCS 606 SPRUCE STREET VICKSBURG, MI 49097	38-1961745	501(C)(3)	45,123.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
SOUTH MICHIGAN FOOD BANK 5451 WAYNE RD BATTLE CREEK, MI 49037	38-2445948	501(C)(3)	135,616.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W. VAN BUREN ST BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	53,052.	0.			DIRECT GRANTS-ALLOCATION-HW
ST LUKES EPISCOPAL CHURCH 247 WEST LOVELL STREET KALAMAZOO, MI 49007	38-1369613	501(C)(3)	35,188.	0.			DESIGNATION PAYOUT, DIRECT GRANTS-ALLOCATION-HW
ST. VINCENT CATHOLIC CHARITIES 2800 W WILLOW ST LANSING, MI 48917	38-1360530	501(C)(3)	9,198.	0.			DESIGNATION PAYOUT

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STR8 MOTIVATION 247 W. LOVELL KALAMAZOO, MI 49007	38-1369613	501(C)(3)	45,000.	0.			DIRECT GRANTS
STUDENT ADVOCACY 124 PEARL STREET, SUITE 504 YPSILANTI, MI 48197	38-2058667	501(C)(3)	22,768.	0.			DIRECT GRANTS-ALLOCATION-HW
SUBSTANCE ABUSE COUNCIL 34 W JACKSON ST , STE 2A BATTLE CREEK, MI 49017	38-2699513	501(C)(3)	11,500.	0.			ARPA SEEDING HEALTH GRANT -3
THE ARC COMMUNITY ADVOCATES 814 S WESTNEDGE AVE KALAMAZOO, MI 49008	38-1613581	501(C)(3)	29,006.	0.			DIRECT GRANTS-ALLOCATION-HW
THE TIDES CENTER 44 WEST MICHIGAN AVE KALAMAZOO, MI 49017	38-1734960	501(C)(3)	90,000.	0.			DIRECT GRANT PAYMENT-KALAMAZOO COUNTY CVI
TRI COUNTY LABOR AGENCY FOR HUMAN 5906 MORGAN RD BATTLE CREEK, MI 49037	38-2181989	501(C)(3)	47,846.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
UNITED WAY OF EASTERN KENTUCKY 637 N ARNOLD AVE PRESTONSBURG, KY 41653	61-1109256	501(C)(3)	8,668.	0.			DESIGNATION PAYOUT
UNITED WAY OF MUSKINGUM PERRY AND MORGAN COUNTIES - 158 N 5TH ST - ZANESVILLE, OH 43701	31-4379456	501(C)(3)	51,715.	0.			DESIGNATION PAYOUT
UNITED WAY OF OAK PARK, RIVER FOREST & FOREST PARK - 1048 PLEASANT ST - OAK PARK, IL 60302	30-0200478	501(C)(3)	6,952.	0.			DESIGNATION PAYOUT

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UNITED WAY OF THE BAY AREA 1400 PARKMOORE AVE, STE 250 SAN JOSE, CA 95126	94-1312348	501(C)(3)	16,079.	0.			DESIGNATION PAYOUT
UNITED WAY OF THE GREATER TRIANGLE 800 PARK OFFICES DR, STE 204 DURHAM, NC 27709	56-1949103	501(C)(3)	123,450.	0.			DESIGNATION PAYOUT
UNITED WAY OF THE MIDLANDS, NE 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	23,678.	0.			DESIGNATION PAYOUT
UNITED WAY OF WEST TENNESSEE 470 N PARKWAY STE B JACKSON, TN 38305	62-0590257	501(C)(3)	116,358.	0.			DESIGNATION PAYOUT
URBAN ALLIANCE INC. 1009 E STOCKBRIDGE AVE. KALAMAZOO, MI 49008	20-4969751	501(C)(3)	19,399.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
UW FOR SE MICHIGAN 660 WOODWARD AVE., STE. #300 DETROIT, MI 48226	20-3099071	501(C)(3)	8,248.	0.			DESIGNATION PAYOUT
UW MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	56-1010742	501(C)(3)	6,155.	0.			DESIGNATION PAYOUT
UW NAT CAP AREA VA 8614 WESTWOOD CENTER DR, STE300 VIENNA, VA 22182	53-0234290	501(C)(3)	13,743.	0.			DESIGNATION PAYOUT
UW OF GRE CHARLOTTE 601 EAST 5TH ST, STE 350 CHARLOTTE, NC 28202	56-0529948	501(C)(3)	6,072.	0.			DESIGNATION PAYOUT

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
UNITED WAY OF GREATER KANSAS CITY 4801 MAIN ST STE 425 KANSAS CITY, MO 64112	44-0545812	501(C)(3)	76,054.	0.			DESIGNATION PAYOUT, DESIGNATION PAYOUT
UW OF METRO CHICAGO 333 S WABASH AVE, FLR 30 CHICAGO, IL 60604	30-0200478	501(C)(3)	332,133.	0.			DESIGNATION PAYOUT
UW OF METRO DALLAS 1800 N. LAMAR ST DALLAS, TX 75202	75-6005352	501(C)(3)	6,684.	0.			DESIGNATION PAYOUT
UW OF ROME AND FLOYD 1304 NORTH BROAD ST ROME, GA 30161	58-0665393	501(C)(3)	91,439.	0.			DESIGNATION PAYOUT
UW OF SW MICHIGAN P.O. BOX 288. SAINT JOSEPH, MI 49085	38-1358411	501(C)(3)	11,771.	0.			DESIGNATION PAYOUT
UW OF WASHTENAW CO 2305 PLATT ROAD ANN ARBOR, MI 48104	20-3099071	501(C)(3)	7,176.	0.			DESIGNATION PAYOUT
UW PHILADELPHIA SOTHERN NJ 1800 JFK BLVD, STE 1200 PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	7,554.	0.			DESIGNATION PAYOUT
VICTORY LIFE CHURCH 6892 D DR N BATTLE CREEK, MI 49014	23-7279369	501(C)(3)	23,451.	0.			DESIGNATION PAYOUT
VOCES 520 W MICHIGAN AVE BATTLE CREEK, MI 49037	27-3586666	501(C)(3)	107,649.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT

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
W. E. UPJOHN INSTITUTE 300 S. WESTNEDGE AVENUE KALAMAZOO, MI 49007	38-1360419	501(C)(3)	34,807.	0.			DIRECT GRANTS-ALLOCATION-HW
WASHINGTON HEIGHTS UNITED METHODIST CHURCH - 153 WOOD ST N - BATTLE CREEK, MI 49037	85-2939244	501(C)(3)	68,968.	0.			DIRECT GRANTS-ALLOCATION-HW
WOMENS NETWORK 2055 E COLUMBIA AVE BATTLE CREEK, MI 49014	26-2699012	501(C)(3)	11,896.	0.			DIRECT GRANTS-ALLOCATION-HW, DESIGNATION PAYOUT
WOODLAND CHURCH 14425 SOUTH HELMER RD BATTLE CREEK, MI 49015	93-0805254	501(C)(3)	9,746.	0.			DESIGNATION PAYOUT
YMCA OF GRE KZOO 1001 W MAPLE ST KALAMAZOO, MI 49008	38-1360592	501(C)(3)	10,019.	0.			DESIGNATION PAYOUT
YOUNG KINGS AND QUEENS, INC. 1021 NORTH ROSE ST. KALAMAZOO, MI 49007	36-4804237	501(C)(3)	58,358.	0.			DIRECT GRANTS-ALLOCATION-HW
YOUNG PEOPLE OF PURPOSE PO BOX 1206 JACKSON, MI 49204	81-4766218	501(C)(3)	18,679.	0.			DIRECT GRANTS-ALLOCATION-HW
YWCA OF KALAMAZOO 353 E MICHIGAN AVENUE KALAMAZOO, MI 49007	38-1360598	501(C)(3)	185,438.	0.			DESIGNATION PAYOUT, DIRECT GRANTS-ALLOCATION-HW

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 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

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) (Rev. 12-2024)

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)	188,361.	0.	0.	19,144.	20,422.	227,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER HSU-BISHOP CHIEF EQUITY OFFICER	(i)	129,131.	0.	0.	13,920.	20,365.	163,416.	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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	10	182,651.	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 on 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) 2024

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, PART I, 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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. 3,990 HOUSEHOLDS WERE SERVED USING STATE FUNDING AND FUNDING
FROM CONSUMERS ENERGY.**

**VOLUNTEER INCOME TAX ASSISTANCE (VITA) -- VOLUNTARY INCOME TAX
ASSISTANCE (VITA) IS ONE OF UWSCMI'S CORE PROGRAMS, PROVIDING FREE TAX
PREPARATION SERVICES FOR HOUSEHOLDS EARNING BELOW \$69,000. THE VITA
PROGRAM OPERATES IN FIVE COUNTIES IN MICHIGAN: CLINTON, EATON, INGHAM,
KALAMAZOO, AND SHIAWASSEE. IN THE 2025 TAX SEASON, UWSCMI'S VITA
PROGRAM SERVED 5,400 HOUSEHOLDS, WHO COLLECTIVELY RECEIVED MORE THAN
\$7.4 MILLION IN FEDERAL, STATE, AND HOME HEATING CREDIT REFUNDS
INCLUDING OVER \$1.5 MILLION IN EARNED INCOME TAX CREDITS (EITC).
ADDITIONALLY, THROUGH THE FREE SERVICE PARTICIPANTS COLLECTIVELY SAVED
MORE THAN \$1.6 MILLION IN COSTLY TAX PREPARATION FEES.**

**KALAMAZOO COUNTY CONTINUUM OF CARE -- INCREASED COORDINATION AND FIND
SOLUTIONS TO THE GAPS, INEQUITIES, AND CHALLENGES TO REDUCING
HOMELESSNESS. IN 2025, THE COC ADMINISTERED FEDERAL FUNDING AND STATE
FUNDING TO PREVENT AND ADDRESS HOMELESSNESS; PROVIDED 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. 2025 HIGHLIGHT:
REFERRALS PROVIDED: 1,652 REFERRALS PROVIDING 877 EMPLOYEES ACROSS
MORE THAN 20 BUSINESS. TWO HIGHLIGHTS INCLUDED IMPLEMENTING THE FIRST
YEAR OF JOBSTAR'S MULTI-YEAR WORKPLAN AND WRAPPING UP THE FEDERAL
EARMARK THAT ALLOWED 10 NONPROFITS TO PARTICIPATE IN A YEAR OF
PROGRAMMING.**

**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.
2025 HIGHLIGHT: CAPCAN STAFF LAUNCHED THE COLLEGE AMBASSADOR PROGRAM IN
WHICH THEY TRAINED 20 RISING SENIORS TO ENGAGE WITH THEIR PEERS AT
SCHOOL REGARDING THE COLLEGE PROCESS AND HELP BUILD A COLLEGE GOING
CULTURE. STUDENTS SERVED: 1,900.**

**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**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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.

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 \$ 8,423,262. INCLUDING GRANTS OF \$ 8,423,262. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

UWSCMI HAS CONTRACTED WITH ANDREWS HOOPER PAVLIK PLC TO PROVIDE ACCOUNTING AND CHIEF FINANCIAL OFFICER SERVICES. JAMIE RABE (TREASURER) IS A PARTNER AT ANDREWS HOOPER PAVLIK PLC. DURING THE FISCAL YEAR ENDING 3/31/25, \$129,597 WAS PAID TO ANDREWS HOOPER PAVLIK PLC FOR THESE SERVICES.

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

THE 990 IS REVIEWED BY MANAGEMENT, PROVIDED TO THE FINANCE COMMITTEE FOR ACCEPTANCE, AND THEN PROVIDED TO THE BOARD FOR FINAL APPROVAL.

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 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 EQUITY, CULTURE, AND HUMAN RESOURCES COMMITTEE TO DETERMINE COMPENSATION FOR THE CEO. THE PEOPLE & CULTURE TEAM IN PARTNERSHIP WITH THE BOARD CHAIR AND EXECUTIVE COMMITTEE CONDUCT AN ANNUAL EVALUATION. EVALUATION DATA IS REVIEWED BY EXECUTIVE COMMITTEE MEMBERS ALONG WITH THE COMPENSATION DATA FROM OUR COMPENSATION ANALYSIS THAT IS CONDUCTED EVERY THREE YEARS. THE LAST COMPENSATION ANALYSIS WAS CONDUCTED IN 2023 AND INCLUDED REVIEW OF DATA OF SIMILAR-SIZED UNITED WAYS AND OTHER NON-PROFIT ORGANIZATIONS.

SIMILARLY, COMPENSATION FOR OTHER EMPLOYEES IS BASED ON OUR COMPENSATION ANALYSIS TO ENSURE PARITY WITHIN PAY LEVELS AND THAT WAGES ARE CONSISTENT WITH OTHER PEER ORGANIZATIONS. ANNUAL EMPLOYEE EVALUATIONS ARE CONDUCTED ANNUALLY ALONG WITH A REVIEW OF MARKET TRENDS. THE LAST COMPENSATION ANALYSIS WAS CONDUCTED IN 2023.

