EXTENDED TO MAY 15, 2019

Content of the Cont	Form 990-T	Exempt Organization Business Income Tax Return OMB No 1545-0687							
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Do not cater SSN numbers on this form as it may be made publicit your organization is \$910(s)		For ca		<u>8</u>	201/				
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Signature Continue	B Exempt under section	Print	UNITED WAY OF ROCK RIV		· .				
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Bescribe the organization's primary unrelated business activity. SEE STATEMENT 1					<u> </u>				
Bescribe the organization's primary unrelated business activity. SEE STATEMENT 1 During the tax year, was the ecoporation a subodary in an affiliated group or a parent-subsidiary controlled group? Ves	at end of year		<u> </u>	>					
Durning the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	6,065,2		· _ 				trust	Other trust	
IT Yes, enter the name and identifying number of the gerent corporation									
The books are in care of THERESA MERATIMAN Telephone number 8.15 - 96.8 - 54.00				nt-subsi	diary controlled group?	▶ {	Y	es X No	
Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances c Balance 1c C C C C 2 Cost of goods sold (Schedule A, Ine 7) 2 C C C C C 3 Cross proint Subtract line 2 from line 1c C C C C C C 4 Copital gain net income (altach Schedule D) 4 C C C C C C C 4 C C C C C C C C C					Talant		1 =	060 5400	
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		taxable	medine Subtract line 33 it of thine 32 it illie 33 is	greater	man me 32, emer me si	nanei Oi ZeiO Oi	34	0.	

Form 990 T (2	017) UNITED WAY OF ROCK RIVER VALLEY	36-21	67843		Page 2
Part III	Tax Computation				
35 C	rganizations Taxable as Curporations See instructions for tax computation				
	ontrolled group members (sections 1561 and 1563) check here See instructions and	1	1 1		
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		1 1		
	1) \[\begin{array}{c c c c c c c c c c c c c c c c c c c	1	1 1		
•	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)		i		
	2) Additional 3% tax (not more than \$100,000)]]		
	ncome tax on the amount on line 34		35c		0.
	rusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	n line 24 from:	330		
36 7	Tax rate schedule or Schedule D (Form 1041)	11 III 34 II OIII.	26		
27 0			36		
	roxy tax. See instructions		37		
	Iternative minimum tax		38		
	ax on Non-Compliant Facility Income See instructions		39		0.
40 T	otal Add lines 37, 38 and 39 to line 35c or 36, whichever applies Tax and Payments		40		<u> </u>
					
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	-		
	other credits (see instructions)	41b	-		
_	ieneral business credit. Attach Form 3800	41c	-		
	redit for prior year minimum tax (attach Form 8801 or 8827)	41d			
	otal credits Add lines 41a through 41d		41e		
	ubtract line 41e from line 40		42		0.
	ther taxes. Check if from Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach schedule)	43		
	otal tax Add lines 42 and 43		44		0.
	ayments A 2016 overpayment credited to 2017	45a	4		
	017 estimated tax payments	_			
сТ	ax deposited with Form 8868	-			
d F	oreign organizations. Tax paid or withheld at source (see instructions)	4			
	ackup withholding (see instructions)	45e	-		
1 0	redit for small employer health insurance premiums (Attach Form 8941)	45f	_		
g C	ther credits and payments Form 2439				
Ĺ	Form 4136 Other Total ▶	45g			
46 T	otal payments. Add lines 45a through 45g		46		
47 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		47		
48 T	ax due If line 46 is less than the total of lines 44 and 47, enter amount owed	>	48		0.
49 C	verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0.	
	nter the amount of line 49 you want. Credited to 2018 estimated tax.	Refunded >	50		
Part V	Statements Regarding Certain Activities and Other Information	1 (see instructions)			
51 A	t any time during the 2017 calendar year, did the organization have an interest in or a signature c	or other authority		Yes	No
o	ver a financial account (bank, securities, or other) in a foreign country? If YES, the organization r	nay have to file			[]
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	oraign country			
h	ere >				X
52 C	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a foreign trust?		_ [X
	YES, see instructions for other forms the organization may have to file	•			
53 E	nter the amount of tax-exempt interest received or accrued during the tax year >\$			1 1	1 1
	Under penalties of perjury 1 declare that have examined this return including accompanying schedules and state	ements and to the best of my know	ledge and belief it is	s true	
Sign	covect and complete Deciatation of disparer (other than taxpayer) is based on all information of which preparer	· · · · · · · · ·			
Here	Supplifying Order Supplifying Order CEO Title		May the IRS discuss the preparer shown		vith
	Signature of officer Date Title		instructions)? X		No
	Print/Type preparer's name Preparer's signature Date		if PTIN		اسيب
Doid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	self- employed			
Paid	DAVID R SCHROEPFER DAVID R SCHROEPFER 02	1		71692	
Prepare	ETTOTI T TID	Firm's EIN		75844	
Use Or	4949 HARRISON AVENUE, SUITE 300				
	Firm's address ► ROCKFORD, IL 61125-0407		815.399	.7700	

Form 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation > N/A					
1 Inventory at beginning of year 1				6 Inventory at end of year			6		
Purchases 2				7 Cost of goods sold Subtract line 6					
3 Cost of labor 3				from line 5. Enter here	and in I	Part I,	L	}	
4 a Additional section 263A costs	4 a Additional section 263A costs						7		
(attach schedule)	Additional section 263A costs line 2 (attach schedule) 4a 8 Do the rules of section 263A (with respect to							Yes	No
Other costs (attach schedule)	4b		4	property produced or a	cquired	I for resale) apply to		<u> </u>	
5 Total Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)	
(see instructions)			<u>·</u> —						
1 Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				0/4) 5-4-4-4-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	e 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			,		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
				C		3 Deductions directly con to debt-finance			
1 Description of debt-fit	nanced property		'	2 Gross income from or allocable to debt-	(a)	(a) Straight line depreciation		(b) Other deductions	
, Description of debt-in	nanced property			financed property		(attach schedule)	(attach schedule)		
(1)	 		 -				+		
(1)			+				-		
(2)							+		
(4)			 -				 		
4 Amount of average acquisition	5 Average	adjusted basis		Column 4 divided		7 Gross income	+-	8 Allocable deduct	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))	
(1)	<u> </u>		†	%			+		
(2)				%					
(3)				%]		
(4)				%					
	_		· _			nter here and on page 1 Part I line 7, column (A)		Enter here and on pag Part I line 7 column	
Totals				▶Ì		0			0.
Total dividends-received deductions in	ncluded in colume	18		P 1			. -		0.

0

0

Totals (carry to Part II, line (5))

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	17. 7. 7.	-	-	0.
		Enter here and on page 1 Part I, line 11 col (A)	Enter here and on page 1, Part I line 11, col (B)			granisa da da da esta esta esta esta esta esta esta est	Enter here and on page 1, Part 11, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THE ORGANIZATION DOES NOT HAVE ANY UNRELATED BUSINESS INCOME

TO FORM 990-T, PAGE 1