Form 990-T		Exempt Organization Busi	ine	ss Income	∍ T	Tax Return		OMB No 1545-0687			
		and proxy tax unde	r se	ection 6033(e))		1906		0040			
	For ca	alendar year 2018 or other tax year beginning $\c JUL \ 1$,	20	18 , and ending	<u>JU</u>	N 30, 2019	<u>9</u>	2018			
Department of the Treas	1107	► Go to www irs gov/Form990T for ins	tructi	ons and the latest in	forn	nation	[−]	Occasión Distribution	- /		
Internal Revenue Service	• •	Do not enter SSN numbers on this form as it may l	be ma	ide public if your org	aniz			Open to Public Inspectio 501(c)(3) Organizations C	nly		
A Check box address ch		Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.)									
B Exempt under se	ction Print	UNITED WAY OF ROCK RIVE	R '	VALLEY			3	6-2167843			
X 501(c)(30)	7 , or	I NUMBEL SUCCE, and room of suite no man to box.	see II	nstructions.				ated business activity con nstructions)	đe		
	220(e) Type	612 N MAIN STREET SUITE	3	00			(000)	non donono y			
408A	530(a)	City or town, state or province, country, and ZIP or	foreig	n postal code							
529(a)		ROCKFORD, IL 61103		•							
C Book value of all asset		· circle circulation (economical)	<u> </u>					,			
	1,986.					401(a)		Other trus	st		
	_	ration's unrelated trades or businesses				the only (or first) unr					
		SEE STATEMENT 1				, complete Parts I-V. I					
	•	pace at the end of the previous sentence, complete Part	ts I an	id II, complete a Sch	edule	e M for each additiona	ıl trade	or			
business, then co					0	····		es X No			
		rporation a subsidiary in an affiliated group or a parent ntifying number of the parent corporation. >	-subs	idiary controlled gro	при	▶ ∟	Ye	S A NO			
		THERESA MERRIMAN		Т,	lenh	none number > 8	15_	968-5400			
		de or Business Income		(A) Income	лері	(B) Expenses	13	(C) Net /	$\overline{}$		
1a Gross receipts				(1)		MARKS STEEL		TWEET AND THE	/ 獅		
b Less returns a		c Balance	1c				000				
2 Cost of goods			2								
3 Gross profit. S	=		3			N. TEUR PER STR		<i>'</i>			
4 a Capital gain ne	t income (attac	ich Schedule D)	4a			E.M. SEALS					
	-	Part II, line 17) (attach Form 4797)	4b			泛琴/图》	/激				
c Capital loss de	duction for trus	usts	4c				- 100m				
5 Income (loss)	from a partners	rship or an S corporation (attach statement)	5			RECEIVE	じき	763			
6 Rent income (Schedule C)		6		ام			S			
7 Unrelated debt	-financed incor	ome (Schedule E)	7.		9	MAY 29 20	20	IXI			
8 Interest, annuit	ies, royalties, a	and rents from a controlled organization (Schedule F)	8		8			القا			
9 Investment inc	ome of a section	ion 501(c)(7), (9), or (17) organization (Schedule G)	9		Ľ	OGDEN	UT	· ·			
•	-	ome (Schedule I)	10		<u> </u>	0002101					
11 Advertising inc			11			MIS 4 (SECTION WINDS) APPLICA	15 Exe				
		ons, attach schedule)	12				. 4- 6 mg				
Partill Ded	e lines 3 throu	ugh 12 ot Taken Elsewhere (See instructions for	12		<u>0.</u>				_		
Part II Ded	ot for contribu	outions, deductions must be directly connected to	with t	the unrelated busing	ness	income)					
14 Compensation		Irrectors, and trustees (Schedule K)					14				
. 15 Salaries and v		moders, and modes (solitobale N					15				
16 Repairs and n	_						16				
17 Bad debts						Ţ	17				
	h schedule) (se	see instructions)				Ī	18				
₹ 19 Taxes and lice						Ī	19				
18 Interest (attact 19 Taxes and lice 20 Charitable cor	ntributions (See	ee instructions for limitation rules)					20	=			
💲 21 Depreciation (attach Form 45			21			Ţ,				
22 Less deprecia	tion claimed or	on Schedule A and elsewhere on return		22a			22b				
23 Depletion							23				
24 Contributions	o deferred compensation plans 24										
25 Employee ben	efit programs						25				
26 Excess exemp	it expenses (Sc	chedule I)				1	26				
/	ship costs (Sch						27				
/	ons (attach sch					ļ.	28				
/		s 14 through 28				ļ.	29		<u>) .</u>		
/		income before net operating loss deduction. Subtract I				Ļ	30	4 40) .		
. /	_	loss arising in tax years beginning on or after January	1, 20	118 (see instructions)	1	Ļ	31		<u>``</u>		
432 Unrelated bus		rwork Reduction Act Notice and Instructions					32	Form 990-T (20	<u>).</u>		

Form 990-		36-2167843	Page
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	\sim \sim \sim	
	lines 33 and 34	28 36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	90 37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		0.
Part I		38	<u> </u>
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	` ▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47		sch schedule) 47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments. A 2017 overpayment credited to 2018		
	2018 estimated tax payments	——————————————————————————————————————	
_	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 50c	 	
	<u> </u>	 	
g	Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total 50g		
E 4	Total payments. Add lines 50a through 50g Total payments. Add lines 50a through 50g	81	
51 52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refun		
Part \			
 56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	X

If "Yes," see instructions for other forms the organization may have to file

30LIII	or the amount of tax exempt intere	Streetived or accruca during the tax year	Ψ					
Sign		have examined this return including accompanying so parer (other than taxpayer) is based on all information of			dge and belief it is true			
lere	Den W. Tox	1. 05-11-2020 DC	CEO le		ay the IRS discuss this return version below (see	with		
	Signature of officer	Date T _{it}	le	ins	structions)? X Yes	No		
	Print/Type preparer's name	Preparer's signature	Date	Check ı	f PTIN			
Paid				self- employed				
Prepare	DAVID R SCHROE	PFER DAVID R SCHROE	PFER 05/04/20		P00171692			
Use Onl		LLP	_	Firm's EIN	39-075844	9		
000 0	4949	HARRISON AVENUE, SU	ITE 300					
	Firm's address ► ROCK	Firm's address ► ROCKFORD, IL 61125-0407 Phone no						

823711 01-09-19

Phone no 815.399.7700 Form **990-T** (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	lluation > N/A	·				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold Si	ubtract li	ine 6			
3 Cost of labor	3			from line 5. Enter here	Part I,				
4 a Additional section 263A costs			line 2						
(attach schedule)	4a		8	Do the rules of section	vith respect to		Yes	No	
b Other costs (attach schedule)	4b			property produced or a	for resale) apply to				
5 Total Add lines 1 through 4b	· · · · · · · · · · · · · · · · · · ·								
Schedule C - Rent Income (I (see instructions)	From Real	Property and	l Pers	onal Property L	.easec	d With Real Prop	erty)	· · · · · · · · · · · · · · · · · · ·	
Description of property									
(1)									
(2)		· ·							
(3)									
(4)									
		ed or accrued				3/a\ Deductions directly	connec	ted with the income	10
rent for personal property is more than of rent for p				nal property (if the percenta property exceeds 50% or if d on profit or income)	age 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 2 here and on page 1, Part I, line 6, column	(A)	>	_		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	tions)				•	
				Gross income from		Deductions directly control to debt-finance		erty	
1 Description of debt-fina	anced property		,	or allocable to debt- financed property (a)		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			İ	,			1		
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need property i schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%				_	
		-	-			nter here and on page 1, art I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				_		0			0.
Total dividends-received deductions inc	duded in column	. 8							0.
airiachas reseitea acadensis inc									

			Exe	empt C	Controlled O	ganızatı	ons					
1 Name of controlled organizat	tion	2 Emplo identificat numbe	tion (Ic		elated income instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	g connected with income	
(1)												
(2)												
(3)							-					
(4)												
Nonexempt Controlled Organi	izations						-			<u> </u>		
7 Taxable Income	1	related income ((loss) 0	Total o	of specified payr	nente	10 Part of colu	mn 9 that	us included	11 Dec	luctions directly connected	
, raxade income		e instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, rotare	made		in the controll	ing organ s income	ization's		income in column 10	
(1)												
(2)			_									
(3)												
(4)					<u> </u>							
	•		1				Add colur Enter here and line 8, 0		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ane 8, column (B)	
Totals						▶			0.		0	
Schedule G - Investme (see inst	ent Incom ructions)	e of a Se	ection 501	(c)(7)), (9), or (17) Org	janization					
1 Desc	cription of incom	e :	-		2 Amount of	income	3 Deductiondirectly connect(attach sched)	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
Fotals	· · · · · ·				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9 column (B)	
Schedule I - Exploited	-	Activity Ir	ncome, O	ther	Than Adv		g Income	2.000 1014 101 103	1212 GET ON 1 200 4 2010 T 000000	***************************************		
1 Description of exploited activity	2 Grunrelated buncome trade or bu	usiness from	3 Expenses directly connect with production of unrelated business incor	ted on I	4 Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
											<u> </u>	
(4)	Enter here page 1, 1 line 10, c	Parti,	Enter here and page 1, Part tine 10, col (E	I,							Enter here and on page 1, Part II, line 26	
otals	<u> </u>	0.	<u>. </u>	0.		数上数			The state of the s		0	
Schedule J - Advertisii Rårt∰ Income From I				Cons	olidated	Basis						
- 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1			1		1.			- -			7	
1 Name of periodical		2 Gross advertising income	3 Dir advertising		4 Adverti or (loss) (co col 3) If a ga cols 5 th	d 2 minus in compute rough 7	:		6. Reade costs		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)					MARKE TO	1642 C 1847	3			* 11		
(2)										5		
(3)				-			¥.			Ž	4.17.17.17.17.17.17.17.17.17.17.17.17.17.	
(4)							3					
Fotals (carry to Part II, line (5))		0 .		0.			,				0	
viers (corry to rait il, lille (J))		<u> </u>	1		<u> </u>						Form 990-T (201	

Form 990-T (2018) UNITED WAY OF ROCK RIVER VALLEY

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)

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.				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)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

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.

Form 990-T (2018)

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