•		TENDED TO MA						00000	
Form 990-T	Exempt Organization Business Income Tax Return OMB No 1545-0047								
È -n	(and proxy tax under section 6033(e))								
	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 2019								
Department of the Treasury	► Go to www irs gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Open to Public Inspection for 501(c)(3) Open to Public Inspection for 501(c)(3)								
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization (
A Check box if address changed	Name of organization () Check box if name changed and see instructions) (Employees' trust, see instructions)								
8 Exempt under section	Print UNITED WAY OF ROCK RIVER VALLEY 36-2167843								
X 501(c)(3 ()2	Or Number, street, and room or suite no. If a P.O. box, see instructions E Unrelated business activity code								
408(e)220(e)	ype 612 N MAIN STREET SUITE 300								
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code								
529(a)	ROCKFORD, IL 61103								
C Book value of all assets at end of year	F Group exemption num		<u> </u>						
	75. G Check organization typ		_		501(c) trust		a) trust	Other trust	
	organization's unrelated trades or	· · · · · · · · · · · · · · · · · · ·	1			the only (or first) u			
	SEE STATEMENT					complete Parts I-V		•	
business, then complete	ank space at the end of the previo	ius semence, compiete Pa	iris i and	ı II, COII	npiete a Schedule	IN TOF EACH ACCINO	mai traot	e or	
	the corporation a subsidiary in an	affiliated orono or a parer	nt-suhsu	diary co	introlled aroun?		Пу	es X No	
	nd identifying number of the parer		11 30001	olary oo	and once group			03 (22) 110	
	► THERESA MERR				Teleph	one number	815-	968-5400	
Part I Unrelated	Trade or Business Inc	ome		(,	A) Income	(B) Expense	es	(C) Net	
1a Gross receipts or sale	s								
b Less returns and allow	vances	c Balance	1c						
2 Cost of goods sold (S	·		2						
3 Gross profit. Subtract			3						
, •	4a Capital gain net income (attach Schedule D) 4a								
	4797, Part II, line 17) (attach Forn	n 4797)	4b		/				
c Capital loss deduction5 Income (loss) from a	normusis partnership or an S corporation (a	ittach statement)	4c 5				•		
6 Rent income (Schedul		ittach statement)	6	/_				-	
•	ed income (Schedule E)		7		RECEI	VED			
	alties, and rents from a controlled	organization (Schedule F)	8			၂၇			
9 Investment income of	a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9	181	MAR 29	2021			
10 Exploited exempt activ	rity income (Schedule I)		10	0	WIAN 23				
11 Advertising income (S			11	<u> </u>	OCDER				
Other income (See instructions, attach schedule) 12 Other income (See instructions, attach schedule)									
13 Total. Combine lines Part II Deduction	3 through 12 ns Not Taken Elsewher	O (Soo motor estado fo	13		0.				
	must be directly connected w				n deductions)				
	cers, directors, and trustees (Sche	/					14		
15 Salaries and wages	2000, 00000000, 00000000000000000000000						15		
16 Repairs and maintena	ance						16		
17 Bad debts							17		
18 Interest (attach sched	dule) (see instructions)						18		
19 Taxes and licenses							19		
20 Depreciation (attach)					20		╀	ļ	
	imed on Schedule A and elsewher	e on return			21a	<u> </u>	21b		
22 Depletion							22		
	rred compensation plans						23		
26 Excess readership costs (Schedule J)									
27 Other deductions (attach schedule)									
28 Total deductions Add lines 14 through 27								0.	
29 Unrelated business ta	ixable income before net operating	loss deduction Subtract	line 28	from lir	ne 13		29	0.	
,	erating loss arising in tax years be	ginning on or after Januar	y 1, 20	18					
(see instructions)							30	0.	
	ixable income. Subtract line 30 fro					<u>-</u>	31	0.	
923701 01-27-20 LHA Fo	r Paperwork Reduction Act Notice	e, see instructions						Form 990-T (2019)	

Form 990-T (201		36-2167	84
Part 1H	Total Unrelated Business Taxable Income	1 1	
•	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
	unts paid for disallowed fringes	33	_
34 Chari	table contributions (see instructions for limitation rules)	34	
35 Total	unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36 Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37 Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 (from line 35) (fig. deduction (Generally \$1,000, but see line 38 instructions for exceptions)	37	
38 Speci	ific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,(
39 Unrel	lated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	the smaller of zero or line 37	39	
Part IV	Tax Computation	 	
-	nizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	
	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from	 	
	Tax rate schedule or Schedule D (Form 1041)	41	
-	y tax See instructions	42	
	native minimum tax (trusts only)	43	
	n Noncompliant Facility Income See instructions	44	
	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Part V	Tax and Payments		
	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-	
	credits (see instructions)	-	
	ral business credit. Attach Form 3800	4 1	
d Credit	t for prior year minimum tax (attach Form 8801 or 8827)		
e Total	credits Add lines 46a through 46d	_46e	
47 Subtr	ract line 46e from line 45	47	
48 Other	taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49 Total	tax Add lines 47 and 48 (see instructions)	49	
	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	ents A 2018 overpayment credited to 2019	- .	
b 2019	estimated tax payments 51b		
	eposited with Form 8868	↓ .	
d Foreig	gn organizations Tax paid or withheld at source (see instructions) 51d	4	
	up withholding (see instructions) 51e	4	
	t for small employer health insurance premiums (attach Form 8941) 51f	1 1	
g Other	credits, adjustments, and payments Form 2439	1 1	
	Form 4136 Other Total ▶ 51g		
52 Total	payments Add lines 51a through 51g	52	
	ated tax penalty (see instructions) Check if Form 2220 is attached 🕨 📖	53	
	ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55 Overp	payment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
	the amount of line 55 you want. Credited to 2020 estimated tax.	56	
Part VI	Statements Regarding Certain Activities and Other Information (see instructions)		
	y time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes
	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		<u> </u>
here	<u> </u>		
58 During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		
	s," see instructions for other forms the organization may have to file.		1
	the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury I declare that I trave examined this return including accompanying schedules and statements, and to the best of my knowle correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief it is true	e,
Oigii		lay the IRS discuss this	s return
Here	CEO III	ne preparer shown belo	w (see
		structions)? X Y	es
	[1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	If PTIN	
	self- employed		
Paid			
	DAVID R SCHROEPFER DAVID R SCHROEPFER 02/20/21	P00171	
Preparer	DAVID R SCHROEPFER DAVID R SCHROEPFER 02/20/21 Firm's name > WIPFLI LLP Firm's EIN >		
	DAVID R SCHROEPFER DAVID R SCHROEPFER 02/20/21 Firm's name WIPFLI LLP 4949 HARRISON AVENUE, SUITE 300	P00171	844

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	aluation > N/A					
Inventory at beginning of year 1 6 Inventory				Inventory at end of year	of year 6				
2 Purchases	2	7 Cost of goods sold Subtract line 6							
3 Cost of labor	3	from line 5. Enter here and in Part I,							
4 a Additional section 263A costs		line 2					7		
(attach schedule)	4a	8 Do the rules of section 263A (with respect to						Yes	No
b Other costs (attach schedule)	4b		1	property produced or a					$\uparrow \neg$
5 Total Add lines 1 through 4b 5 the organization?									
Schedule C - Rent Income (From Real I	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty)	•	-
(see instructions)									
1 Description of property							_		
(1)		-							
(2)						•			
(3)							_		
(4)									
	2 Rent receive	ed or accrued							
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta- property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ed with the income ttach schedule)	in
(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	ı (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	nstru	ctions)					
			,	. Gross income from		 Deductions directly conn to debt-finance 			
1 Description of debt-fin	anced property		or allocable to debt-		(a) Straight line depreciation		T	(b) Other deduction	ns
Possing for dept in	anded property			financed property		(attach schedule)		(attach schedule)
(1)									
(2)									
(3)									
(4)						-			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deduction 6 x total of control 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%		<u> </u>			
, ,			•		Fr	nter here and on page 1,	F	nter here and on pag	ne 1.
					1	art I line 7, column (A)		art I line 7, column	
Totals				▶		0.			0.
Total dividends-received deductions in	cluded in column	8							0.

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 (carry to Part II, line (5))	•	0.	0.				0.

Form 990-T (2019)

ąļ.

Part II Income From F				ate Basis (For eac	ch periodical liste	ed in Part II, fill in	
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.				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 26
Tatala Dart II (linno 1.5)		0	^	1	•		۱ .

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 (2019)

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