Form 990-T		Exempt Organi	zation Bus				ax Retur	n	OMB No 1545-0687
	Force	alendar year 2018 or other tax year be			_		N 30. 20	19	2018
Department of the Treasury Internal Revenue Service			.gov/Form990T for in	structio	ns and the late	st informa	ation.		Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address change		Name of organization (D Emplo (Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	on Print	HEART OF WEST	MICHIGAN	UN]	TED WAY	7		3	8-1360923
X 501(c0 3)	or	Number, street, and room or	suite no. If a P.O. box	k, see in	structions.				ated business activity code
408(e) 220	(e) Type	118 COMMERCE	AVENUE SW	SUI	TE 100				
408A 530 529(a))(a)	City or town, state or province GRAND RAPIDS,	-					541	610
C Book value of all assets at end of year	•	F Group exemption number	(See instructions.)	>					
28,810	,446.	G Check organization type	➤ X 501(c) corp	oration	501(c) trust	401	a) trust	Other trust
	-	ation's unrelated trades or busi		1			the only (or first)		
		CILITIES MANAG					complete Parts I-		
		ace at the end of the previous s	sentence, complete Pa	rts I an	d II, complete a	Schedule	M for each addition	onal trade	or
business, then comp				 					TT
•		poration a subsidiary in an affil		ıt-subsı	diary controlled	group?	•	Ye	s X No
		ntifying number of the parent co				Tolonho	one number 🕨	616-	752-8645
		de or Business Incom			(A) Incor		(B) Expens		(C) Net
1a Gross receipts or					(/// ///		(5) 2.50.00	-	(6)
b Less returns and			Balance	16					
2 Cost of goods so			Dalamoo	2					1
3 Gross profit. Sub	•	•		3					
4 a Capital gain net ii				4a					
, -		Part II, line 17) (attach Form 47	'97)	4b			·		
c Capital loss dedu				4c		KEU	FIVED	1	
5 Income (loss) fro	m a partner	ship or an S corporation (attac	h statement)	5	[8]		~	, , ,	
6 Rent income (Sch	nedule C)			6	18	NOV	2010	ابكر	
7 Unrelated debt-fii	nanced inco	me (Schedule E)		7			2019	(C)	
•		and rents from a controlled orga		8		000		ڎٚ؊	
		on 501(c)(7), (9), or (17) organ	nization (Schedule G)	9	<u> </u>	<u>GU</u>	N. HT		
10 Exploited exempt	-	,		10					
11 Advertising incom	•	·	TEMENT 1	11	17	988.			47,988.
12 Other income (Se		,	IDMDNI I	13		988.			47,988.
		ot Taken Elsewhere	(See instructions fo						41,3000
(Except	for contrib	utions, deductions must be	directly connected	with t	he unrelated b	usiness	income)		
14 Compensation of	f officers, d	rectors, and trustees (Schedul	e K)					14	
15 Salaries and wa	-	, ,	,					15	56,898.
16 Repairs and mai	ntenance							16	
17 Bad debts								17	
18 Interest (attach	schedule) (s	see instructions)						18	
19 Taxes and licens	ses							19	
	•	e instructions for limitation rul	es)					20	,
21 Depreciation (at						21			
	n claimed o	on Schedule A and elsewhere or	n return		2	2a		22b	
23 Depletion	4.6							23	2,812.
_		ompensation plans						24	18,473.
25 Employee benef 26 Excess exempt								25 26	
26 Excess exempt of Excess readersh								27	
28 Other deduction					SEE	STAT	EMENT 2	28	7,122.
29 Total deduction							-	29	85,305.
		income before net operating lo	ss deduction, Subtrac	t line 29	from line 13			30	-37,317.
\ <u></u>		loss arising in tax years begin				ions)		31	
		income. Subtract line 31 from I			·			32	-37,317.
		rwork Reduction Act Notice, s							Form 990-T (2018)

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Form 990-	(2018) HEART OF WEST MICHIGAN UNITED WAY 38-136	0923	Page 2
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-37,317.
34	Amounts paid for disallowed fringes	34	45,635.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	8,318.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	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	38	0.
Part I	V Tax Computation		
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 \	/ Tax and Payments		
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 45c]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
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.
50 a	Payments A 2017 overpayment credited to 2018]]	
b	2018 estimated tax payments 50b		
С	Tax deposited with Form 8868]	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d]	
е	Backup withholding (see instructions) 50e]	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g]	
51	Total payments. Add lines 50a through 50g	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	55	
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
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 foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer (other μερική taxpayer) is based on all information of which preparer has any knowledge	dge and beli	ef, it is true,
Sign		lay the IRS d	scuss this return with
Here			hown below (see
			X Yes No
	The state of the s	If PTIN	
Paid	TINA M. PETERS, self-employed		0004554
Prepa	erer TINA M. PETERS, CPA CPA 10/30/19		0904574
Use 0	Only Firm's name ► PLANTE & MORAN, PLLC	<u> </u>	-1357951
	634 FRONT AVE. NW, STE. 400	(1 (1	774 0001
			774-8221
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Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold S	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			line 2		Ĺ	7		
(attach schedule)	nedule) 4a 8 Do the rules of s						Yes	No
 Other costs (attach schedule) 	4b		property produced or	r acquired for resale) apply to				
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	_ease	d With Real Prope	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)					•			
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	a than	of rent for p	nd personal property (if the percents ersonal property exceeds 50% or if it is based on profit or income)	ige	3(a) Deductions directly columns 2(a) and	connected with the in d 2(b) (attach schedul		
(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 Det	ot-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly conn to debt-finance		łe	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch	eductions hedule)	3
(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 allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 × tol 3(a) an	al of colu	
(1)			%					
(2)			%_					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o		
Totals			>		0.	.]		0.
Total dividends-received deductions	ncluded in columi	n 8			>			0.
						Form	990-T	/2018)

			Exempt	Controlled O	rganizatio	ns					
Name of controlled organization		2. Employ identification number		related income a instructions)	elated income instructions) 4. Total of specified payments made				olling	6. Deductions directly connected with income in column 5	
)											
2)											
3)										-	
1)											
onexempt Controlled Organi								-			
	1		\			40.0.4.					
7. Taxable Income		elated income (lo i instructions)	oss) g. Total	of specified paying made	nents	10. Part of colum in the controllin gross	nn 9 that is ng organiza income	included ation's		ductions directly connect income in column 10	
)											
2)											
3)	1										
4)	†					· · · · · ·					
	1		<u>, , , , , , , , , , , , , , , , , , , </u>			Add colum Enter here and line 8, c			Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
.tala								٥.		(
_{otals} chedule G - Investme	nt Incom	o of a Sc	otion 501/o)/	7) (0) ~~ /-	17) 0	anization		<u> </u>			
	ructions)	e or a Sec	ction sur(c)(/	7), (9), or (i /) Orga	anization					
1. Desc	cription of income)		2. Amount of	ıncome	3 Deduction directly connect (attach schedu	cted	4 Set-a		5 Total deduction and set-asides (col 3 plus col 4	
)											
?)											
3)					-						
		_									
4)				F-4 b						Cata have and an are	
				Enter here and o Part I, line 9, co						Enter here and on pag Part I, line 9, column (
otals			•		0.						
chedule I - Exploited	Exempt A	ctivity In	come, Other	Than Adv		Income					
(see instru	uctions)			T						- 	
1 Description of exploited activity	2. Grounted but income fit trade or bus	isiness rom	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or fumn 2 n 3) If a a cols 5	5. Gross incor from activity the is not unrelate business incor	nat ed	6. Exp attributa colun	able to	7. Excess exempl expenses (column 6 minus column 5, but not more than column 4)	
1)	† " ·									1	
2)	<u> </u>										
	 										
3)	1				+						
4)	Enter here a page 1, P line 10, co	art I,	Enter here and on page 1, Part I, line 10, col (B)						-	Enter here and on page 1, Part II, line 26	
tals	<u> </u>	0.	0.	<u> </u>							
ichedule J - Advertisi											
Part I Income From	Periodical	ls Report	ed on a Con	solidated	Basis						
Name of periodical		2. Gross	3 Direct advertising costs	4. Advert or (loss) (co	ol 2 minus	5. Circulati	ion	6 Reade		7. Excess readership costs (column 6 minus column 5, but not mor	
·		income		cols 5 th						than column 4)	
1)			<u> </u>	_							
2)							- 1				
]]		L					
2) 3) 4)											
3)				_							

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Form 990-T (2018) HEART OF WEST MICHIGAN UNITED WAY

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	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 (cotumn 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	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)

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FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
FACILITIES MANAGEMENT FEE	S		47,988.
TOTAL TO FORM 990-T, PAGE	1, LINE 12		47,988.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
OFFICE EXPENSE AUTOMOBILE EXPENSE MILEAGE AND FUEL MISCELLANEOUS EXPENSE			30. 2,705. 4,372. 15.
TOTAL TO FORM 990-T, PAGE	1, LINE 28		7,122.

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	7,357.	0.	7,357.	7,357.
06/30/06	9,540.	0.	9,540.	9,540.
06/30/07	390.	0.	390.	390.
06/30/08	13,152.	0.	13,152.	13,152.
06/30/09	3,469.	0.	3,469.	3,469.
06/30/10	1,912.	0.	1,912.	1,912.
06/30/11	7,484.	0.	7,484.	7,484.
06/30/12	1,687.	0.	1,687.	1,687.
06/30/13	3,665.	0.	3,665.	3,665.
06/30/14	23,075.	0.	23,075.	23,075.
06/30/15	54,357.	0.	54,357.	54,357.
06/30/16	29,884.	0.	29,884.	29,884.
06/30/17	17,532.	0.	17,532.	17,532.
06/30/18	2,394.	0.	2,394.	2,394.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	175,898.	175,898.