Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									
		For ca		year beginning JUL 1				N 30,_	202	0/4	~2019
Depa Intern	rtment of the Treasury al Revenue Service		► Go to ww	ww.irs gov/Form990T for i bers on this form as it ma	instructi	ons and the lat	est inform	nation.		_	pen to Public Inspection 01(c)(3) Organizations On
A [Check box if address changed		Name of organization (ver identification number yees' trust, see tions)
BE	xempt under section	Print	HEART OF W	EST MICHIGAN	UN	ITED WA	Y			38	3-1360923
X	501(c)(3)	_ or	Number, street, and roo	om or suite no. If a P.O. bo	ox, see ı	nstructions					ed business activity code
	408(e)220(e)	Туре	118 COMMER	CE AVENUE SW	SU	ITE 100	_			(000)	, a dottorio ,
	408A 530(a)		City or town, state or p	rovince, country, and ZIP	or foreig	ın postal code					
	529(a)		GRAND RAPII	DS, MI 4950	3-4	106				5416	10
C Bo	ook value of all assets end of year		F Group exemption nui	mber (See instructions.)	>						
	27,392,1	<u> 16.</u>	G Check organization to	ype 🕨 🗶 501(c) co	rporatio	n 501	(c) trust		401(a)	trust	Other trust
		-	tion's unrelated trades o	· · · · · · · · · · · · · · · · · · ·	1		Describe	the only (or t	fırst) un	related	
tra	ide or business here 🕨	► <u>FAC</u>	CILITIES MAI	NAGEMENT SER	VIC	ES II	f only one	, complete Pa	rts I-V.	If more t	han one,
de	scribe the first in the bl	lank spa	ce at the end of the prev	ious sentence, complete P	arts I ar	nd II, complete a	Schedule	e M for each a	ddition	al trade o	r
<u>bu</u>	siness, then complete f	Parts III	-V								
l Di	uring the tax year, was	the corp	oration a subsidiary in a	n affiliated group or a pare	ent-subs	idiary controlled	d group?		▶ L	Yes	X No
			tifying number of the par								
			FAIL MONTGO			,		ĭ	-	T	52-8645
			de or Business In	come		(A) Inco	me	(B) Ex	репѕеѕ		(C) Net
	Gross receipts or sale			-							
b	Less returns and allow			c Balance	10						
2	Cost of goods sold (So				2		1 19				-
3	Gross profit. Subtract				3_			ovenue S			
	Capital gain net incom	•	•		4a	Ke	ceivea	JS Bank	- USE	3	
			art II, line 17) (attach Foi	rm 4797)	4b		·	313		\longrightarrow	
	Capital loss deduction				4c		N∩\	2320	29		
5			ship or an S corporation ((attach statement)	5		1101	2320.	_ ' '		
6	Rent income (Schedul	•			6			-			
7	Unrelated debt-finance		, ,		7		-00	den, UT	•	\rightarrow	
8	=			d organization (Schedule F)						-	
9				organization (Schedule G)							
10	Exploited exempt activ	•	, ,		10	-		 			
11	Advertising income (S			mamemenim 1	11	// 1	538.	 			/1 E20
12	Other income (See ins		-,	STATEMENT 2	12			 		-+	41,538
	Total. Combine lines			YO (Can implicate of	13		538.				41,538
га				ere (See instructions for with the unrelated busing)			JCtions)				
	· · · · · · · · · · · · · · · · · · ·		_		1000 111					44	
14		cers, air	ectors, and trustees (Sci	nedule K)						14	52,053
15 16	Salaries and wages									15	32,033
16 17	Repairs and maintena Bad debts	aile C								16 17	
17 18	Interest (attach scher	tule) (co	e instructions)							18	
16 19	Taxes and licenses	11115) (7P	• #150:0000115)							19	
19 20	Depreciation (attach f	Form 45	162)			1	20			13	
20 21			i Schedule A and elsewhe	ere on return			20 21a			21b	
22	Depletion	011	Contable A dile ciscwill	are on return		2				22	
23	Contributions to defe	rred con	noensation plans							23	2,887
24	Employee benefit pro-		ponounon piuno							24	18,786
25	Excess exempt expen	-	hedule I)							25	
26	Excess readership co									26	
27	Other deductions (att	•	•			SEE	STAT	EMENT	3	27	6,737
28	Total deductions. Ad					~			-	28	80,463
29				ng loss deduction. Subtrac	t line 28	3 from line 13			İ	29	-38,925
-				eginning on or after Janua							,-
30		9			, ,, =0		STAT	EMENT	4	30	0
30	(see instructions)						· -		ŀ		
30 31	(see instructions) Unrelated business ta	ixable in	come. Subtract line 30 fi	rom line 29						31	-38,925

Form 99	QO-T (2019) HEART OF WEST MICHIGAN UNITED WAY	38-1360	<u>923</u>	Page 2
Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -3	38,92	25.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		0.
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 -3	38,92	25.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	36		0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		38,92	25.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	, ,	
03	enter the smaller of zero or line 37	39 -3	88,92	25.
Par	t IV Tax Computation	1 00 1	, , , , , ,	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:			
71	Tax rate schedule or Schedule D (Form 1041)	41		
40	 , , ,	42		
42	Proxy tax. See instructions Alternative manning tay (trusts only)			
43	Alternative minimum tax (trusts only)	43		 -
44	Tax on Noncompliant Facility Income. See instructions	44		_
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Par		 		
46 a		-		
b	Other credits (see instructions)	4		
C	General business credit. Attach Form 3800	4		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	.		
е	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		0.
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		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a				
b		1		
	Tax deposited with Form 8868 51c	1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1		
	Backup withholding (see instructions) 51e	-		
f	0.114	1		
		1		
g				
FO		ا ی ا		
52	Total payments Add lines 51a through 51g	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56		
Pan	t VI Statements Regarding Certain Activities and Other Information (see instructions)		т т	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	<u>No</u>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1	
	here		\sqcup	X
58	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.		1 1	
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	edge and belief, it is tru	Θ,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			. 1
Here	! 	May the IRS discuss thi he preparer shown belo		th
		nstructions)? X Y] No
		if PTIN		
	TINA W DEMEDO			
Paid	1 MININ M DEMEROG ODA MON	P00904	574	
_	DE ANTENIO C. MODANI. DELO			
Use	Only Firm's name ► PLANTE & MORAN, PLLC Firm's EIN ►	38-135	1331	
	634 FRONT AVE. NW, STE. 400	(616) 554	000	1
		(616) 774		
923711	01-27-20	Form 9	90-T (2	2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year				6		
2 Purchases	2		7	Cost of goods sold Si	ubtract	line 6			
3 Cost of labor	3		1	from line 5. Enter here					
4a Additional section 263A costs			1	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	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?					
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)		
(see instructions)		0.15.15							
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%)	e 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 of columns 2(a) and	connected d 2(b) (att	d with the income is ach schedule)	1
(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)	<u> </u>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			١,	. Gross income from		 Deductions directly connected to debt-finance 			
1. Description of debt-fit	nancad property		*	or allocable to debt-	(a)	Straight line depreciation	T .	b) Other deduction	ns
T. Desarption of dest-in	nancou property			financed property		(attach schedule)		(attach schedule)	
(1)			 		ļ. .		 		
(2)							1		
(3)							İ		
(4)							İ		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(co	Allocable deduct lumn 6 x total of co 3(a) and 3(b))	ions Iumns
(1)			İ	%			1		
(2)				%			1		
(3)				%	-				
(4)				%					-
	•			~	E	nter here and on page 1,	Ent	er here and on pag	e 1.
						Part I, line 7, column (A)		rt I, line 7, column (
Totals				▶		0.			0.
Total dividends-received deductions in	ncluded in column	18							0.

Form 990-T (2019)

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Enter here and on

page 1, Part I, line 10, col (B)

0

Enter here and on

page 1, Part I, line 10, col (A)

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)		-	Ĺ			
Totals (carry to Part II, line (5))	0.	0.				0
Totals (carry to 1 art II, line (3))	Ų.		l		l	QQ0_T (0010)

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Enter here and

0.

Form 990-T (2019) HEART OF WEST MICHIGAN UNITED WAY Part III 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.	i !	<u>.</u>		0.
		Enter here and on page 1, Pert 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
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	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		OTHER	INCOME		STATEMENT 2
DESCRIPTIO	N				AMOUNT
FACILITIES	41,538				
TOTAL TO F	41,538				
FORM 990-T		OTHER	DEDUCTI	ONS	STATEMENT 3
DESCRIPTION	N				AMOUNT
AUTOMOBILE MILEAGE ANI MISCELLANE	3,091 3,351 295				
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27			6,737.
FORM 990-T	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPL	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	37,317.		0.	37,317.	37,317.
NOL CARRYO	VER AVAILABLE THIS	YEAR		37,317.	37,317.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
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	22,330.	0.	22,330.	22,330.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	195,834.	195,834.

:)

FOOTNOTES

STATEMENT 1

DUE TO THE REPEAL OF SECTION 512(A)(7), THE TAX YEAR 2017 AND 2018 NET OPERATING LOSS CARRYFORWARDS CHANGED AS FOLLOWS. FOR TAX YEAR 2017 THE NOL CARRYFORWARD CHANGED FROM FROM \$175,898 TO \$195,834. FOR TAX YEAR 2018, THE NOL CARRYFORWARD CHANGED FROM \$167,580 TO \$233,151 THE CHANGE OCCURRED DUE TO THE ADDITION OF THE \$19,936 AND \$45,635 REPORTED AS TRANSPORTATION FRINGE BENEFITS ON THE 2017 AND 2018 990T, RESPECTIVELY.