

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
HEART OF WEST MICHIGAN UNITED WAY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
118 COMMERCE AVENUE SW SUITE 100

City or town, state or province, country, and ZIP or foreign postal code  
GRAND RAPIDS, MI 495034106

**D** Employer identification number  
38-1360923

**E** Telephone number  
(616) 459-6281

**F** Name and address of principal officer:  
MICHELLE VAN DYKE  
118 COMMERCE AVENUE SW SUITE 100  
GRAND RAPIDS, MI 495034106

**G** Gross receipts \$ 31,445,994

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.HWMUW.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1917 **M** State of legal domicile: MI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
TO IMPACT LIVES IN WEST MICHIGAN BY ENERGIZING AND INSPIRING PEOPLE AND ORGANIZATIONS TO MAKE A DIFFERENCE THROUGH DONATIONS AND VOLUNTEERISM. THE MOST SIGNIFICANT ACTIVITY IS RAISING FUNDS SO AGENCY PROVIDERS AND INTERNAL PROGRAMS CAN IMPROVE PEOPLE'S LIVES WITH A FOCUS ON FAMILY STABILITY, YOUTH EDUCATION AND FINANCIAL SECURITY. WE ALSO PROVIDE LEADERSHIP IN CRAFTING HUMAN CARE AGENDAS OR AS A MEMBER OF COLLABORATIVES FOCUSED ON SYSTEMIC CHANGE THAT ERADICATES INEQUITIES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	20
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	84
<b>6</b> Total number of volunteers (estimate if necessary)	6	8,953
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	41,538
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	-38,925

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	12,764,369	12,841,059
<b>9</b> Program service revenue (Part VIII, line 2g)	326,937	316,724
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	597,264	869,562
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	408,676	448,629
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,097,246	14,475,974
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,842,310	9,800,760
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,549,645	3,792,192
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,080,993		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,715,629	1,945,218
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,107,584	15,538,170
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	989,662	-1,062,196

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	28,810,446	27,392,116
<b>21</b> Total liabilities (Part X, line 26)	2,824,472	2,851,573
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	25,985,974	24,540,543

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2020-11-02  
MICHELLE VAN DYKE PRESIDENT/CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2020-11-02 Check  if self-employed PTIN P00904574

Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951

Firm's address ▶ 634 FRONT AVE NW STE 400 Phone no. (616) 774-8221  
GRAND RAPIDS, MI 49504

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

WE UNITE COMMUNITY RESOURCES TO INVEST IN SOLUTIONS THAT REDUCE POVERTY IN WEST MICHIGAN.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 10,816,967 including grants of \$ 9,800,760 ) (Revenue \$ 167,420 )

See Additional Data

**4b** (Code: ) (Expenses \$ 1,324,969 including grants of \$ ) (Revenue \$ 402,187 )

See Additional Data

**4c** (Code: ) (Expenses \$ 810,460 including grants of \$ ) (Revenue \$ )

See Additional Data

(Code: ) (Expenses \$ 487,630 including grants of \$ ) (Revenue \$ )

THE GREAT START COLLABORATIVE (GSC) OF KENT COUNTY SERVES AS THE LOCAL INFRASTRUCTURE FOR GOVERNANCE, PLANNING, INVESTMENT, ADVOCACY, AND INNOVATION FOR MICHIGAN'S GREAT START SYSTEM. OUR COLLABORATIVE IS PART OF A NETWORK OF 55 GREAT START COLLABORATIVES WORKING IN EVERY COUNTY IN MICHIGAN THROUGH THE MICHIGAN OFFICE OF GREAT START (OGS). CHARGED WITH ENSURING THAT ALL CHILDREN BIRTH TO AGE EIGHT, ESPECIALLY THOSE IN HIGHEST NEED, HAVE ACCESS TO HIGH-QUALITY EARLY LEARNING AND DEVELOPMENT PROGRAMS AND ENTER KINDERGARTEN PREPARED FOR SUCCESS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 487,630 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 13,440,026

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 4a, 5a, 6a, 7a-c, 7e-f, 7g-h, 8, 9a-b, 10a-b, 11a-b, 12a-b, 13a-c, 14a-b, 15, and 16. Each question has a corresponding box for the answer.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GAIL MONTGOMERY 118 COMMERCE AVE SW SUITE 100 GRAND RAPIDS, MI 49503 (616) 752-8645

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT KAMINSKI BOARD CHAIR	4.00	X		X			0	0	0	
(2) MARY COMMAND SECRETARY / TREASURER	4.00	X		X			0	0	0	
(3) BILL PINK PHD VICE BOARD CHAIR	4.00	X		X			0	0	0	
(4) JAMYKAL BADGER BOARD MEMBER	1.00	X					0	0	0	
(5) MICHAEL BOHNSAK BOARD MEMBER	1.00	X					0	0	0	
(6) RENWICK BRUTUS BOARD MEMBER	1.00	X					0	0	0	
(7) KHUMBO CROFT BOARD MEMBER	1.00	X					0	0	0	
(8) GREG HAHN BOARD MEMBER	1.00	X					0	0	0	
(9) MARY HANNON BOARD MEMBER	1.00	X					0	0	0	
(10) TERESA HENDRICKS BOARD MEMBER	1.00	X					0	0	0	
(11) KRIS KURTZ BOARD MEMBER	1.00	X					0	0	0	
(12) JAMIE MILLS BOARD MEMBER	1.00	X					0	0	0	
(13) JUAN SALAZAR BOARD MEMBER	1.00	X					0	0	0	
(14) GWEN SANDEFUR BOARD MEMBER	1.00	X					0	0	0	
(15) YVONNE TRUPIANO BOARD MEMBER	1.00	X					0	0	0	
(16) TIM WILLIAMS BOARD MEMBER	1.00	X					0	0	0	
(17) JANET VELDHOUSE BOARD MEMBER	1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) TOM WELCH ..... BOARD MEMBER	1.00	X						0	0	0	
(19) SHAUNA BAGIN ..... BOARD MEMBER	1.00	X						0	0	0	
(20) DOUG YOUNG ..... BOARD MEMBER	1.00	X						0	0	0	
(21) MICHELLE VANDYKE ..... PRESIDENT/CEO	50.00			X				247,195	0	21,332	
(22) GAIL MONTGOMERY ..... VP OF FINANCE/CFO	50.00			X				112,377	0	16,310	
(23) SHANNON BLACKMON-GARDNER ..... VP-COMMUNITY IMPACT	50.00					X		104,047	0	26,197	
(24) ELLEN CARPENTER ..... VP-MARKETING & COMMUNICATION	50.00					X		103,635	0	12,039	
<b>1b Sub-Total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .								567,254	0		75,878

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	683,802		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,157,257		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	50,494		
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,841,059		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> DESIGNATION ADMIN FEE		561000	167,420	167,420		
<b>b</b> 2-1-1 CONTRACT SERVICES		900099	149,304	149,304		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			316,724			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		458,099			458,099	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	4,800			
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>	2,222			
		<b>c</b> Rental income or (loss)	<b>6c</b>	2,578			
	<b>d</b> Net rental income or (loss) . . . . .			2,578			2,578
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	17,379,261			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	16,967,798			
		<b>c</b> Gain or (loss)	<b>7c</b>	411,463			
	<b>d</b> Net gain or (loss) . . . . .			411,463			411,463
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> CONTRIBUTION SUPPORT	900099	55,646	55,646				
<b>b</b> FACILITIES MANAGEMENT FEES	541610	41,538		41,538			
<b>c</b> SPONSORSHIPS	900099	7,676	7,676				
<b>d</b> All other revenue . . . . .		341,191	189,561			151,630	
<b>e Total.</b> Add lines 11a-11d . . . . .		446,051					
<b>12 Total revenue.</b> See instructions . . . . .		14,475,974	569,607	41,538		1,023,770	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	9,798,024	9,798,024		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,736	2,736		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	441,051	102,071	280,654	58,326
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,524,552	1,607,741	306,809	610,002
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	154,032	100,071	16,228	37,733
<b>9</b> Other employee benefits . . . . .	465,792	301,026	59,509	105,257
<b>10</b> Payroll taxes . . . . .	206,765	124,673	34,486	47,606
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	6,896		6,896	
<b>c</b> Accounting . . . . .	68,032	159	48,545	19,328
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	38,461		38,461	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	666,209	539,863	100,373	25,973
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	144,778	71,471	18,735	54,572
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	397,453	354,450	23,612	19,391
<b>17</b> Travel . . . . .	38,949	32,921	5,259	769
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	58,304	44,743		13,561
<b>20</b> Interest . . . . .	2,512		2,512	
<b>21</b> Payments to affiliates . . . . .	169,448	109,463	22,198	37,787
<b>22</b> Depreciation, depletion, and amortization . . . . .	151,877	87,481	33,413	30,983
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL EVENTS	44,670	33,292		11,378
<b>b</b> EQUIPMENT	14,292	12,050	1,188	1,054
<b>c</b> MEMBERSHIP DUES	9,862	5,658	3,659	545
<b>d</b>				
<b>e</b> All other expenses	133,475	112,133	14,614	6,728
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,538,170	13,440,026	1,017,151	1,080,993
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	250	<b>1</b>	250
	<b>2</b> Savings and temporary cash investments . . . . .	6,644,886	<b>2</b>	6,962,222
	<b>3</b> Pledges and grants receivable, net . . . . .	5,279,209	<b>3</b>	3,593,855
	<b>4</b> Accounts receivable, net . . . . .	57,218	<b>4</b>	71,952
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	52,761	<b>9</b>	43,117
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,830,402		
	<b>b</b> Less: accumulated depreciation	3,332,899		
	<b>11</b> Investments—publicly traded securities . . . . .	12,460,561	<b>11</b>	12,587,239
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,695,211	<b>15</b>	1,635,978
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	28,810,446	<b>16</b>	27,392,116	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	392,136	<b>17</b>	600,334
	<b>18</b> Grants payable . . . . .	973,593	<b>18</b>	477,026
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	672,575
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,458,743	<b>25</b>	1,101,638
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,824,472	<b>26</b>	2,851,573
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	7,493,123	<b>27</b>	7,553,810
	<b>28</b> Net assets with donor restrictions . . . . .	18,492,851	<b>28</b>	16,986,733
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	25,985,974	<b>32</b>	24,540,543	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	28,810,446	<b>33</b>	27,392,116	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,475,974
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,538,170
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,062,196
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,985,974
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-394,881
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	11,646
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,540,543

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-1360923

**Name:** HEART OF WEST MICHIGAN UNITED WAY

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

IN ADDITION TO ITS NORMAL OPERATIONS, AND DUE TO THE CORONAVIRUS PANDEMIC, ADDITIONAL FUNDRAISING AND GRANTMAKING WAS COMPLETED DURING 2020. ALL PROCEEDS RAISED FOR CORONAVIRUS RELIEF EFFORTS WERE GRANTED TO NON-PROFIT AGENCIES TO ASSIST THE MOST VULNERABLE DURING THE TIME OF CRISIS. THIS RESULTED IN \$3,141,290 OF ADDITIONAL DOLLARS BEING GRANTED. COMMUNITY INVESTMENT FUNDS OF \$4,170,000 WENT TO NONPROFIT PROVIDERS THAT PROVIDE DIRECT SERVICE TO PEOPLE IN KENT COUNTY. DIRECT SERVICES WERE PROVIDED TO APPROXIMATELY 83,500 INDIVIDUALS AND 16,000 FAMILIES. DONORS MAY DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC CHARITABLE ORGANIZATIONS. DONOR DIRECTED DESIGNATIONS OF \$2,207,860 WERE MADE TO OTHER UNITED WAYS AND/OR OTHER CHARITABLE ORGANIZATIONS. AGENCY IMPACT UTILIZES A VOLUNTEER DRIVEN PROCESS TO REVIEW PROPOSALS FOR UNITED WAY FUNDING FROM LOCAL NON-PROFITS. THEY MAKE RECOMMENDATIONS TO UNITED WAY AND ITS BOARD OF DIRECTORS TO INVEST IN PROGRAMS THAT WILL ACHIEVE MEASURABLE IMPACT WITHIN THE COMMUNITY DRIVEN BY UNITED WAY'S FOCUS ON REDUCING POVERTY THROUGH INVESTMENTS IN FAMILY STABILITY, YOUTH EDUCATION AND FINANCIAL SECURITY. COMMUNITY IMPACT DECISIONS ARE BASED ON BEST-PRACTICE RESEARCH AND REPORTED ANNUALLY.

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**Form 990, Part III, Line 4b:**

INTERNAL COMMUNITY SERVICE PROGRAMS INCLUDE 2-1-1, KENT COUNTY TAX CREDIT COALITION (KCTCC), VOLUNTEER CENTER, LABOR PARTICIPATION PROGRAM, WOMEN UNITED AND YOUNG LEADERS. UNITED WAY 2-1-1 IS A FREE HEALTH AND HUMAN SERVICES "HOTLINE" THAT CONNECTS CALLERS TO MORE THAN 8,000 DISTINCT SERVICES IN 14 WESTERN AND NORTHERN MICHIGAN COUNTIES 24 HOURS A DAY, 7 DAYS A WEEK. IT IS STAFFED AND MANAGED BY EXTENSIVELY TRAINED AND CERTIFIED UNITED WAY STAFF MEMBERS. UNITED WAY KCTCC ENGAGES OVER 200 VOLUNTEERS TO HELP WORKING INDIVIDUALS AND FAMILIES GAIN ECONOMIC STABILITY WITH FREE INCOME TAX RETURN PREPARATION, ENSURING THAT THE EARNED INCOME TAX CREDIT IS RECEIVED BY THOSE WHO ARE ELIGIBLE.

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**Form 990, Part III, Line 4c:**

THE KENT COUNTY ESSENTIAL NEEDS TASK FORCE FOCUSES ON SYSTEM CHANGE WITH AN EMPHASIS ON COLLECTIVE IMPACT AND THE INTERCONNECTEDNESS OF ALL SYSTEMS. THE COMMITTEES ARE A REFLECTION OF THOSE BASIC NEEDS THE COMMUNITY HAS DEEMED ESSENTIAL TO THE SUCCESS OF ITS CITIZENS. THE COMMITTEES ARE GRAND RAPIDS AREA COALITION TO END HOMELESSNESS, ENERGY EFFICIENCY FOOD AND NUTRITION COALITION, ECONOMIC AND WORKFORCE DEVELOPMENT AND TRANSPORTATION.

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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
HEART OF WEST MICHIGAN UNITED WAY

**Employer identification number**  
38-1360923

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,937,968	13,034,740	13,620,821	12,764,369	12,841,059	64,198,957
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	11,937,968	13,034,740	13,620,821	12,764,369	12,841,059	64,198,957
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						1,093,574
<b>6 Public support.</b> Subtract line 5 from line 4.						63,105,383

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	11,937,968	13,034,740	13,620,821	12,764,369	12,841,059	64,198,957
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	504,690	427,140	480,603	480,312	462,899	2,355,644
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	365,396	397,663	367,962	404,485	446,051	1,981,557
<b>11 Total support.</b> Add lines 7 through 10						68,536,158

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 1,423,242

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.080 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	92.160 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME - 2015 AMOUNT: \$ 365,396. 2016 AMOUNT: \$ 397,663. 2017 AMOUNT: \$ 367,962. 2018 AMOUNT: \$ 404,485. 2019 AMOUNT: \$ 446,051.

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

13,429,609	
13,429,609	
821,480	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

205,370	
0	
0	

Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	726,365	714,284	695,682	821,480	2,957,811
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,436,717
<b>c</b> Total lobbying expenditures	0	0	0	0	
<b>d</b> Grassroots nontaxable amount	181,591	178,571	173,921	205,370	739,453
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,109,180
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	9,191,815	9,066,667	8,818,571	8,354,628	8,859,977
<b>b</b> Contributions . . . . .	12,093	79,219	174,651	724	423
<b>c</b> Net investment earnings, gains, and losses	152,977	464,824	610,108	979,312	-71,315
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	418,144	418,895	536,663	516,093	434,457
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	8,938,741	9,191,815	9,066,667	8,818,571	8,354,628

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 21.230 %
- b** Permanent endowment ▶ 78.770 %
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	Yes	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		453,326		453,326
<b>b</b> Buildings . . . . .		3,879,184	2,046,063	1,833,121
<b>c</b> Leasehold improvements		122,710	10,521	112,189
<b>d</b> Equipment . . . . .		1,362,682	1,276,315	86,367
<b>e</b> Other . . . . .		12,500		12,500
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,497,503

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS/TRUSTS	1,635,978
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,635,978

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,101,638

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	11,949,375
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-394,881
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	100,735
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-2,196,214
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,490,360
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,439,735
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	38,461
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-2,222
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	36,239
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	14,475,974

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,394,806
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	100,735
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	2,222
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	102,957
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,291,849
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	38,461
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	2,207,860
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,246,321
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	15,538,170

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-1360923

**Name:** HEART OF WEST MICHIGAN UNITED WAY

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INTENDED TO BE HELD IN PERPETUITY. AMOUNT IS WITHDRAWN ANNUALLY BASED ON BOARD APPROVED SPENDING POLICY NOT TO EXCEED UPMIFA.



## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DESIGNATED DONATIONS TO CHARITABLE ORGANIZATIONS SPECIFIED BY THE DONOR -2,207,860. CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS AND TRUSTS 11,646.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -2,222.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 2,222.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DESIGNATED DONATIONS TO CHARITABLE ORGANIZATIONS SPECIFIED BY THE DONOR 2,207,860.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HEART OF WEST MICHIGAN UNITED WAY SUPPORTED FAMILIES BY PAYING UTILITY BILLS, PRESCRIPTIONS AND CERTAIN EMPLOYMENT RELATED EXPENSES.	141	2,736			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	FOR GRANTS TO AGENCY PROGRAMS, INVESTMENT COUNCILS ARE USED TO REVIEW AND SELECT 501(C)(3) AGENCIES TO RECEIVE ALLOCATIONS (GRANTS) WITH ASSISTANCE FROM STAFF. AGENCIES ARE REQUIRED TO SUBMIT A PROPOSAL DESCRIBING HOW THE FUNDS WILL BE USED AND THE OUTCOMES TO BE ACHIEVED. THEIR AUDITS ARE REVIEWED TO GAIN ASSURANCE THAT THEY FOLLOW SOUND FISCAL POLICIES. AGENCIES ALSO VERIFY THEIR COMPLIANCE WITH THE PATRIOT ACT AND THAT THEY ARE AN IRS CODE SECTION 501(C)(3) ORGANIZATION. STAFF MONITOR THEIR PERFORMANCE WITH THE ASSISTANCE OF THE INVESTMENT COUNCILS. AGENCIES ARE REQUIRED TO SUBMIT OUTCOME REPORTS. INVESTMENT COUNCILS AND STAFF INVESTIGATE REPORTS THAT ARE NOT MEETING STATED GOALS. AGENCIES ARE REQUIRED TO NOTIFY STAFF IF A FUNDED PROGRAM IS ENDING. THE INVESTMENT COUNCILS AND STAFF DECIDE WHERE THOSE FUNDS ARE REDIRECTED TO. FOR DONOR DESIGNATIONS, AGENCIES VERIFY THEIR COMPLIANCE WITH THE PATRIOT ACT AND THAT THEY ARE AN IRS CODE SECTION 501(C)(3) ORGANIZATION.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-1360923  
**Name:** HEART OF WEST MICHIGAN UNITED WAY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESS OF WEST MICHIGAN 1700 28TH STREET SE GRAND RAPIDS, MI 49508	38-3195190	501(C)3	355,017				DESIGNATION / ALLOCATION
ALLEGAN COUNTY UNITED WAY 650 GRAND STREET ALLEGAN, MI 49010	38-6063214	501(C)3	26,202				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARBOR CIRCLE CORPORATION 1115 BALL AVENUE NE GRAND RAPIDS, MI 49505	38-3263853	501(C)3	95,594				DESIGNATION / ALLOCATION
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 456 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-1387122	501(C)3	5,953				DONOR DESIGNATION/PASS-THROUGH



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ATRIO HOME CARE 2100 RAYBROOK ST SE GRAND RAPIDS, MI 49546	38-2660300	501(C)3	10,000				DESIGNATION / ALLOCATION
ATTIC AFTER SCHOOL 2141-B PORTER ST WYOMING, MI 49519	81-5355669	501(C)3	15,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AYA YOUTH COLLECTIVE 722 EASTERN AVE SE GRAND RAPIDS, MI 49503	46-2391112	501(C)3	22,537				DESIGNATION / ALLOCATION
BARRY COUNTY UNITED WAY 231 SOUTH BROADWAY HASTINGS, MI 49058	38-6062803	501(C)3	36,200				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BASE CAMP URBAN OUTREACH 1675 BALDWIN ST JENISON, MI 49428	37-1480317	501(C)3	15,000				DESIGNATION / ALLOCATION
BAXTER COMMUNITY CENTER 935 BAXTER SE GRAND RAPIDS, MI 49506	23-7076806	501(C)3	45,370				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES - GR PO BOX 294 GRAND RAPIDS, MI 49501	38-1405282	501(C)3	245,446				DESIGNATION / ALLOCATION
BOY SCOUTS OF AMERICA - PRESIDENT FORDFIELD SERVICE 3213 WALKER AVENUE NW GRAND RAPIDS, MI 49544	45-4003240	501(C)3	6,293				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GRAND RAPIDS 235 STRAIGHT AVE NW GRAND RAPIDS, MI 49504	38-0593958	501(C)3	27,091				DESIGNATION / ALLOCATION
CAMP BLODGETT 528 BRIDGE STREET NW SUITE 6 GRAND RAPIDS, MI 49504	38-6004379	501(C)3	105,982				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPITAL AREA UNITED WAY (MI) 330 MARSHALL STREET SUITE 203 LANSING, MI 48912	38-1363572	501(C)3	18,275				DONOR DESIGNATION/PASS-THROUGH
CASA OF KENT COUNTY 180 OTTAWA NW SUITE 5200 GRAND RAPIDS, MI 49503	20-2112557	501(C)3	35,623				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES WEST MICHIGAN GRAND RAPIDS 360 DIVISION AVENUE SOUTH SUITE 3-A GRAND RAPIDS, MI 49503	38-3012473	501(C)3	115,109				DESIGNATION / ALLOCATION
CHANGING A LIFE A DAY OUTREACH 1975 JEFFERSON SE GRAND RAPIDS, MI 49507	84-1736674	501(C)3	17,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHERRY HEALTH 100 CHERRY ST SE GRAND RAPIDS, MI 49503	38-2853534	501(C)3	418,546				DESIGNATION / ALLOCATION
CHILDREN'S ADVOCACY CENTER 2855 MICHIGAN ST NE GRAND RAPIDS, MI 49506	38-3042396	501(C)3	49,359				DESIGNATION / ALLOCATION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CITY OF GRAND RAPIDS 300 MONROE AVE NW STE 220 GRAND RAPIDS, MI 49503	38-6004689	501(C)3	95,000				DESIGNATION / ALLOCATION
COIT COMMUNITY CHRISTIAN REFORMED CHURCH 606 LAFAYETTE NE GRAND RAPIDS, MI 49503	38-2353401	501(C)3	10,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY REBUILDERS 1019 WEALTHY SE GRAND RAPIDS, MI 49506	38-3094108	501(C)3	75,082				DESIGNATION / ALLOCATION
COMPASSIONATE AWARENESS AUTISM CENTER 2935 BYRON CENTER AVE UNIT F WYOMING, MI 49519	86-4626806	501(C)3	40,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMUNIDAD COSECHA 19 MERIDIAN ST BOSTON, MA 02128	81-2119468	501(C)3	25,000				DESIGNATION / ALLOCATION
CRESTON NEIGHBORHOOD ASSOCIATION 205 CARRIER STREET NE GRAND RAPIDS, MI 49505	38-2247669	501(C)3	5,075				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DA BLODGETT - ST JOHN'S 805 LEONARD STREET NE GRAND RAPIDS, MI 49503	38-1358163	501(C)3	308,830				DESIGNATION / ALLOCATION
DEGAGE MINISTRIES 144 S DIVISION AVE GRAND RAPIDS, MI 49503	38-1912094	501(C)3	92,577				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DWELLING PLACE OF GRAND RAPIDS 101 SHELDON SE SUITE 2 GRAND RAPIDS, MI 49503	38-2313832	501(C)3	127,582				DESIGNATION / ALLOCATION
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-3357709	501(C)3	441,220				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FEEDING AMERICA WEST MICHIGAN FOOD BANK 864 WEST RIVER CENTER DRIVE COMSTOCK PARK, MI 49321	38-2439659	501(C)3	12,772				DONOR DESIGNATION/PASS- THROUGH
FIRST TEE OF WEST MICHIGAN 3450 36TH STREET SE GRAND RAPIDS, MI 49512	20-3856394	501(C)3	5,453				DONOR DESIGNATION/PASS- THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GENESIS NON-PROFIT HOUSING 851 LEONARD NW GRAND RAPIDS, MI 49504	38-3323628	501(C)3	55,000				DESIGNATION / ALLOCATION
GILDA'S CLUB GRAND RAPIDS 1806 BRIDGE NW GRAND RAPIDS, MI 49504	38-3367525	501(C)3	10,001				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GIRLS GROWING II WOMEN INC PO BOX 6782 GRAND RAPIDS, MI 49516	47-1188855	501(C)3	15,000				DESIGNATION / ALLOCATION
GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS 3035 PRAIRIE SW GRANDVILLE, MI 49418	38-6113049	501(C)3	471,242				DESIGNATION / ALLOCATION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRACE CHRISTIAN UNIVERSITY 1011 ALDON ST WYOMING, MI 49509	38-1673400	501(C)3	15,000				DESIGNATION / ALLOCATION
GRAND CITY SPORTS INC 198 CHICORY STREET NE COMSTOCK PARK, MI 49321	80-0189709	501(C)3	15,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES STREET SW GRAND RAPIDS, MI 49503	38-2877959	501(C)3	15,468				DONOR DESIGNATION/PASS-THROUGH
GRAND RAPIDS HQ 722 EASTERN AVE SE GRAND RAPIDS, MI 49503	46-5549116	501(C)3	12,904				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GRAND RAPIDS UNIVERSITY PREP ACADEMY PO BOX 3127 GRAND RAPIDS, MI 49501	26-2071691	501(C)3	10,283				DONOR DESIGNATION/PASS-THROUGH
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND, MI 49422	38-3522782	501(C)3	131,127				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GUIDING LIGHT MISSION 255 SOUTH DIVISION GRAND RAPIDS, MI 49503	38-2638465	501(C)3	6,361				DONOR DESIGNATION/PASS-THROUGH
HABITAT FOR HUMANITY OF KENT COUNTY 425 PLEASANT STREET SW GRAND RAPIDS, MI 49503	38-2527968	501(C)3	169,133				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEALTH NET OF WEST MICHIGAN 620 CENTURY AVE SW SUITE 210 GRAND RAPIDS, MI 49503	38-3609504	501(C)3	8,200				DESIGNATION / ALLOCATION
HELP 4 US INC 1352 BALDWIN ST JENISON, MI 49428	46-1731500	501(C)3	11,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HISPANIC CENTER OF WESTERN MICHIGAN 730 GRANDVILLE AVE SW GRAND RAPIDS, MI 49503	38-2265825	501(C)3	13,497				DESIGNATION / ALLOCATION
HOLLAND HOME 2100 RAYBROOK SE SUITE 300 GRAND RAPIDS, MI 49546	38-1366927	501(C)3	8,438				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOME REPAIR SERVICES OF KENT COUNTY 1100 SOUTH DIVISION GRAND RAPIDS, MI 49507	38-2263817	501(C)3	67,211				DESIGNATION / ALLOCATION
HOPE GARDENS 10656 WILSON AVE BYRON CENTER, MI 49315	47-3303989	501(C)3	15,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE NETWORK INC PO BOX 890 GRAND RAPIDS, MI 49518	38-6108186	501(C)3	263,273				DESIGNATION / ALLOCATION
HOSPICE OF MICHIGAN - GRAND RAPIDS 989 SPAULDING AVENUE SE ADA, MI 49301	38-2255529	501(C)3	12,134				DONOR DESIGNATION/PASS-THROUGH



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INNER CITY CHRISTIAN FEDERATION 920 CHERRY STREET SE GRAND RAPIDS, MI 49506	38-1903026	501(C)3	163,409				DESIGNATION / ALLOCATION
JUNIOR ACHIEVEMENT - MICHIGAN GREAT LAKES 741 KENMOOR AVENUE SE SUITE C GRAND RAPIDS, MI 49546	38-1557861	501(C)3	6,617				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	04-3760991	501(C)3	28,593				DONOR DESIGNATION/PASS-THROUGH
KILLGOAR FOUNDATION - IHM SCHOOL 1935 PLYMOUTH AVENUE SE GRAND RAPIDS, MI 49506	38-3324244	501(C)3	7,754				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEGAL AID OF WESTERN MICHIGAN 25 SOUTH DIVISION AVENUE SUITE 300 GRAND RAPIDS, MI 49503	38-2156874	501(C)3	150,372				DESIGNATION / ALLOCATION
LEGAL ASSISTANCE CENTER JUSTICE FUND 180 OTTAWA AVENUE NW SUITE 5100 GRAND RAPIDS, MI 49503	37-1492605	501(C)3	7,047				DONOR DESIGNATION/PASS-THROUGH

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LIFEQUEST URBAN OUTREACH CENTER 1050 FISK GRAND RAPIDS, MI 49507	27-3390609	501(C)3	17,500				DESIGNATION / ALLOCATION
LITERACY CENTER OF WEST MICHIGAN 1120 MONROE AVENUE NW SUITE 240 GRAND RAPIDS, MI 49503	38-2725232	501(C)3	7,359				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LIVING IN FULFILLMENT EVERDAY INC 1441 LEONARD NE GRAND RAPIDS, MI 49505	26-1383197	501(C)3	20,000				DESIGNATION / ALLOCATION
MEALS ON WHEELS WESTERN MICHIGAN 2900 WILSON AVENUE SW SUITE 500 GRANDVILLE, MI 49418	38-2535537	501(C)3	117,343				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MEANING IN COLORS 1253 EUCLID AVE SE GRAND RAPIDS, MI 49507	81-4091625	501(C)3	38,000				DESIGNATION / ALLOCATION
MECOSTA - OSCEOLA UNITED WAY 315 IVES AVENUE BIG RAPIDS, MI 49307	38-2489813	501(C)3	19,296				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)3	15,809				DONOR DESIGNATION/PASS-THROUGH
METRO HEALTH HOSPITAL FOUNDATION 5900 BYRON CENTER AVE SW WYOMING, MI 49519	38-3033329	501(C)3	10,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MICHIGAN MIGRANT LEGAL ASSOCIATION 1104 FULLER AVENUE NE GRAND RAPIDS, MI 49503	38-2010346	501(C)3	154,616				DESIGNATION / ALLOCATION
NORTH KENT CONNECT 10075 NORTHLAND DRIVE NE ROCKFORD, MI 49341	38-2066893	501(C)3	38,606				DESIGNATION / ALLOCATION



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OUR HOUSE OF BLESSINGS 1137 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507	46-3045309	501(C)3	15,000				DESIGNATION / ALLOCATION
OUR KITCHEN TABLE 334 BURTON SE GAND RAPIDS, MI 49507	38-2779457	501(C)3	75,000				DESIGNATION / ALLOCATION

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PAWS WITH A CAUSE 4646 SOUTH DIVISION WAYLAND, MI 49348	38-2370342	501(C)3	25,911				DONOR DESIGNATION/PASS-THROUGH
PINE REST CHRISTIAN MENTAL HEALTH PO BOX 165 GRAND RAPIDS, MI 49501	38-1368360	501(C)3	77,737				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PLAINSONG FARM AND MINISTRY 6677 12 MILE ROAD NE ROCKFORD, MI 49341	83-3277047	501(C)3	10,000				DESIGNATION / ALLOCATION
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)3	18,237				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PREGNANCY RESOURCE CENTER 415 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2591608	501(C)3	8,942				DONOR DESIGNATION/PASS-THROUGH
R2H SECURE LIVING CDC 1940 EASTERN AVE SE GRAND RAPIDS, MI 49507	83-2903867	501(C)3	30,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SACRED BEGINNINGS TRANSITIONAL HOMES PO BOX 9472 WYOMING, MI 49509	26-0278846	501(C)3	7,280				DESIGNATION / ALLOCATION
SAFE HARBOR CHRISTIAN COMMUNITIES 862 FOREST PARK RD MUSKEGON, MI 49441	38-3495889	501(C)3	7,961				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SAFE HAVEN MINISTRIES 2627 BIRCHCREST DRIVE SE GRAND RAPIDS, MI 49506	38-2947328	501(C)3	11,476				DONOR DESIGNATION/PASS-THROUGH
SALVATION ARMY SOCIAL SERVICES OF KENT COUNTY PO BOX 2603 GRAND RAPIDS, MI 49501	38-1359297	501(C)3	237,614				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCHOOL-TO-CAREER PROGRESSIONS 1422 MADISON AVE SE GRAND RAPIDS, MI 49507	38-3580906	501(C)3	25,176				DESIGNATION / ALLOCATION
SECOM RESOURCE CENTER 1545 BUCHANAN SW GRAND RAPIDS, MI 49507	38-3038706	501(C)3	18,015				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR NEIGHBORS 678 FRONT AVENUE NW SUITE 205 GRAND RAPIDS, MI 49504	23-7195491	501(C)3	49,392				DESIGNATION / ALLOCATION
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC 004 GRAND RAPIDS, MI 49503	38-2752328	501(C)3	35,376				DONOR DESIGNATION/PASS-THROUGH



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEEPLETOWN NEIGHBORHOOD SERVICES INC 671 DAVIS NW GRAND RAPIDS, MI 49504	38-3246215	501(C)3	94,826				DESIGNATION / ALLOCATION
THE MICAH CENTER 2010 KALAMAZOO AVE SE GRAND RAPIDS, MI 49507	45-3930791	501(C)3	25,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY FOR SOUTHEASTERN MICHIGAN 3011 WEST GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	20-3099071	501(C)3	12,408				DONOR DESIGNATION/PASS-THROUGH
UNITED WAY MONTCALM - IONIA COUNTIES PO BOX 87 FENWICK, MI 48834	23-7136978	501(C)3	60,885				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LOGAN COUNTY - OH 122 NORTH MAIN STREET BELLEFONTAINE, OH 43311	34-0905716	501(C)3	7,419				DONOR DESIGNATION/PASS-THROUGH
UNITED WAY OF MASON COUNTY - MI 920 EAST TINKHAM AVENUE LUDINGTON, MI 49431	38-2943115	501(C)3	8,146				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF NORTHWEST MICHIGAN 202 EAST GRANDVIEW PKWY TRAVERSE CITY, MI 49684	38-1679060	501(C)3	13,483				DONOR DESIGNATION/PASS-THROUGH
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVENUE SAINT JOSEPH, MI 49085	38-1358411	501(C)3	6,922				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE BATTLE CREEK & KALAMAZOO REGION 709 SOUTH WESTNEDGE AVENUE KALAMAZOO, MI 49007	38-1359193	501(C)3	24,354				DONOR DESIGNATION/PASS-THROUGH
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SUITE 1000 SAN FRANCISCO, CA 94108	94-1312348	501(C)3	6,576				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE INLAND VALLEYS 6215 RIVER CREST DRIVE SUITE B RIVERSIDE, CA 92507	95-1742174	501(C)3	13,003				DONOR DESIGNATION/PASS-THROUGH
UNITED WAY OF THE LAKESHORE PO BOX 207 MUSKEGON, MI 49443	38-1426895	501(C)3	53,007				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF WHITEWATER VALLEY 129 SOUTH NINTH STREET RICHMOND, IN 47374	35-1020935	501(C)3	93,314				DONOR DESIGNATION/PASS-THROUGH
UNLIMITED ALTERNATIVES 321 FULLER AVE NE GRAND RAPIDS, MI 49503	38-2674344	501(C)3	20,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN LEAGUE OF WEST MICHIGAN 745 EASTERN AVENUE SE GRAND RAPIDS, MI 49503	38-1359259	501(C)3	134,781				DESIGNATION / ALLOCATION
WEDGWOOD CHRISTIAN SERVICES 3300 36TH STREET KENTWOOD, MI 49512	38-1918221	501(C)3	9,181				DONOR DESIGNATION/PASS-THROUGH



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELL HOUSE 600 CASS SE GRAND RAPIDS, MI 49503	61-1625859	501(C)3	84,159				DESIGNATION / ALLOCATION
WEST MICHIGAN ASIAN AMERICAN ASSOCIATION PO BOX 230432 GRAND RAPIDS, MI 49523	86-1091018	501(C)3	80,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST MICHIGAN CENTER FOR ARTS & TECHNOLOGY 614 FIRST STREET NW SUITE 300 GRAND RAPIDS, MI 49504	74-3120354	501(C)3	123,578				DESIGNATION / ALLOCATION
WEST MICHIGAN REFUGEE EDUCATION & CULTURAL CENTER 2130 ENTERPRISE ST SE KENTWOOD, MI 49508	06-1770896	501(C)3	72,972				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S RESOURCE CENTER 678 FRONT STREET NW SUITE 180 GRAND RAPIDS, MI 49504	38-2008886	501(C)3	44,098				DESIGNATION / ALLOCATION
WOODFIELD COMMUNITY CENTER 2568 BELFAST AVE SE GRAND RAPIDS, MI 49507	84-3150434	501(C)3	8,000				DESIGNATION / ALLOCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	38-1358058	501(C)3	23,619				DONOR DESIGNATION/PASS-THROUGH
YOUNG LIFE PO BOX 52 COLORADO SPRINGS, CO 80903	84-0385934	501(C)3	14,006				DONOR DESIGNATION/PASS-THROUGH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA WEST CENTRAL MICHIGAN 25 SHELDON BOULEVARD SE GRAND RAPIDS, MI 49503	38-1359578	501(C)3	392,078				DESIGNATION / ALLOCATION

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MICHELLE VANDYKE PRESIDENT/CEO	(i)	224,910	22,285	0	0	21,332	268,527	0
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HEART OF WEST MICHIGAN UNITED WAY

Employer identification number  
38-1360923

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	50,494	FMV ON DATE RECEIVED
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER LISTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	FUNDRAISING FOR COVID RELIEF EFFORTS FOR VULNERABLE POPULATIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE AND AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL. IT IS THEN REVIEWED BY THE BOARD. IT IS THEN FILED WITH THE IRS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, KEY EMPLOYEES AND ALL OTHER EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN A CODE OF ETHICS AND CONFLICT OF INTEREST STATEMENT. THIS IS DONE ON AN ANNUAL BASIS AND UPON HIRE OF NEW EMPLOYEES. THE BOARD CHAIR AND THE PRESIDENT REVIEW ALL OFFICERS, BOARD OF DIRECTORS, AND KEY EMPLOYEE FORMS THAT SHOW A POTENTIAL CONFLICT OF INTEREST. THE PRESIDENT AND DIRECTOR OF HUMAN RESOURCES REVIEW ALL EMPLOYEE FORMS THAT SHOW A POTENTIAL CONFLICT OF INTEREST. IF DISCUSSIONS/VOTES ARE HELD, THE PERSON WITH THE CONFLICT WILL MENTION IT. IF THEY DON'T, THE BOARD CHAIR OR PRESIDENT WILL. THE PERSON WILL ABSTAIN FROM VOTING ON THE DECISION AS APPROPRIATE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO. NONE OF THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE EMPLOYEES OF HEART OF WEST MICHIGAN UNITED WAY. COMPARABLE DATA FROM OTHER SIMILARLY SIZED UNITED WAYS AND LOCAL NON-PROFITS ARE GATHERED AND ANALYZED. THIS INFORMATION, ALONG WITH THE RESULTS OF THE ANNUAL PERFORMANCE EVALUATION, IS USED TO DETERMINE THE PRESIDENT/CEO'S COMPENSATION. THE DELIBERATIONS AND DECISION ARE DOCUMENTED IN THE MINUTES FROM THE EXECUTIVE COMMITTEE'S EXECUTIVE SESSION OF THE MEETING AT WHICH THIS WAS DISCUSSED. THE VICE PRESIDENT OF FINANCE HAS HER COMPENSATION DETERMINED BY THE PRESIDENT/CEO. COMPARABLE DATA FROM OTHER SIMILARLY SIZED UNITED WAYS AND LOCAL NON-PROFITS ARE GATHERED AND ANALYZED. THIS INFORMATION, ALONG WITH THE RESULTS OF THE ANNUAL PERFORMANCE EVALUATION, IS USED TO DETERMINE THE VP OF FINANCE'S COMPENSATION. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES IN OUR ORGANIZATION. THIS PROCESS WAS LAST PERFORMED DURING FISCAL YEAR 2019.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OUR GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), CONFLICT OF INTEREST POLICY, DETERMINATION LETTER, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS AND TRUSTS 11,646.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE AUDIT OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.