

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEART OF WEST MICHIGAN UNITED WAY		D Employer identification number 38-1360923
	Doing business as		E Telephone number (616) 459-6281
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 29,247,163.
	118 COMMERCE AVENUE SW SUITE 100		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49503-4106		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MICHELLE VAN DYKE SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HWMUW.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1917	M State of legal domicile: MI

Part I Summary

Activities & Governance	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
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 70
	6 Total number of volunteers (estimate if necessary) 6 2846
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 53,420.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 54,457,681. 17,871,532.
	9 Program service revenue (Part VIII, line 2g) 1,037,291. 1,727,787.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,243,663. 725,263.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 117,673. 387,895.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 56,856,308. 20,712,477.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,934,533. 4,419,343.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 1,324,284.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,667,153. 3,256,874.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,484,183. 18,962,532.	
19 Revenue less expenses. Subtract line 18 from line 12 372,125. 1,749,945.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 33,929,267. 30,271,756.
	21 Total liabilities (Part X, line 26) 8,114,218. 2,068,690.
	22 Net assets or fund balances. Subtract line 21 from line 20 25,815,049. 28,203,066.

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		
	MICHELLE VAN DYKE, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TINA M. PETERS, CPA	TINA M. PETERS, CPA	10/25/23	<input type="checkbox"/>	P00904574
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	PLANTE & MORAN, PLLC	38-1357951		(616) 774-8221	
Firm's address					
634 FRONT AVE. NW, STE. 300					
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 [X]

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? [X] Yes [] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,134,133. including grants of \$ 4,215,350.) (Revenue \$ 456,056.) COMMUNITY INVESTMENT FUNDS OF \$2,583,000 WENT TO NONPROFIT PROVIDERS THAT PROVIDE DIRECT SERVICE TO PEOPLE IN KENT COUNTY. DIRECT SERVICES WERE PROVIDED TO APPROXIMATELY 63,000 INDIVIDUALS AND 16,000 FAMILIES. DONORS MAY DESIGNATE GIFTS TO OTHER UNITED WAYS OR SPECIFIC CHARITABLE ORGANIZATIONS. ADDITIONALLY, IN SUPPORT OF EQUITY WORK, \$290,000 WAS GRANTED TO BIPOC LED ORGANIZATIONS. DONOR DIRECTED DESIGNATIONS OF \$1,623,000 WERE MADE TO OTHER UNITED WAYS, UNITED WAY PROGRAMS 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

4b (Code:) (Expenses \$ 2,277,806. including grants of \$ 650.) (Revenue \$ 1,604,951.) 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'S 211 SERVICE SUPPORTED MICHIGAN RESIDENTS BY TAKING OVER 84,000 CALLS DURING THE YEAR. UNITED WAY KCTCC ENGAGES OVER 150 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.

4c (Code:) (Expenses \$ 6,829,433. including grants of \$ 6,259,890.) (Revenue \$) CORONAVIRUS EMERGENCY RENTAL ASSISTANCE PROGRAM. UNITED WAY IS THE RECIPIENT OF FEDERALLY GRANTED FUNDING TO ASSIST RENTERS WITH RENTAL AND UTILITY ASSISTANCE. DURING THE YEAR OVER 9,400 KENT COUNTY RESIDENTS WERE SERVED BY THE PROGRAM.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,467,521. including grants of \$ 810,425.) (Revenue \$)

4e Total program service expenses 16,708,893.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 46	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - 616-752-8645
118 COMMERCE AVE SW, SUITE 100, GRAND RAPIDS, MI 49503

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHELLE VANDYKE PRESIDENT/CEO	50.00 0.00	X		X				261,456.	0.	28,521.
(2) GAIL MONTGOMERY VICE PRESIDENT-FINANCE	50.00 0.00			X				128,733.	0.	26,316.
(3) REBECCA POSTMA CHIEF ADMINISTRATIVE OFFICER	50.00 0.00					X		123,180.	0.	23,618.
(4) SHANNON BLACKMON-GARDNER VICE PRESIDENT-COMMUNITY IMPACT	50.00 0.00					X		114,270.	0.	21,324.
(5) KEVIN MYERS VICE PRESIDENT-DONOR STRATEGY	50.00 0.00					X		104,041.	0.	20,986.
(6) GWEN SANDEFUR BOARD CHAIR	4.00 0.00	X		X				0.	0.	0.
(7) KRIS KURTZ SECRETARY/TREASURER	4.00 0.00	X		X				0.	0.	0.
(8) RYAN MCLEAN VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(9) BRENDAN HOFFMAN MEMBER	1.00 0.00	X						0.	0.	0.
(10) SALVADOR LOPEZ MEMBER	1.00 0.00	X						0.	0.	0.
(11) CHERYL WOLFE MEMBER	1.00 0.00	X						0.	0.	0.
(12) GREG HAHN MEMBER	1.00 0.00	X						0.	0.	0.
(13) TIM DUFLO MEMBER	1.00 0.00	X						0.	0.	0.
(14) SHAUNA BAGIN MEMBER	1.00 0.00	X						0.	0.	0.
(15) LEADRIANE ROBY MEMBER	1.00 0.00	X						0.	0.	0.
(16) TIM WILLIAMS MEMBER	1.00 0.00	X						0.	0.	0.
(17) MICHAEL BOHNSAK MEMBER	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JAMYKAL BADGER MEMBER	1.00 0.00	X						0.	0.	0.
(19) TRACEY FOUNTAIN MEMBER	1.00 0.00	X						0.	0.	0.
(20) TERESA HENDRICKS MEMBER	1.00 0.00	X						0.	0.	0.
(21) JUAN SALAZAR MEMBER	1.00 0.00	X						0.	0.	0.
(22) JENNIFER JORDAN MEMBER	1.00 0.00	X						0.	0.	0.
(23) TERRY LENHARDT MEMBER	1.00 0.00	X						0.	0.	0.
(24) DOUGLAS YOUNG MEMBER	1.00 0.00	X						0.	0.	0.
(25) MIKE HOLLANDER MEMBER	1.00 0.00	X						0.	0.	0.
(26) BILL PINK FORMER BOARD CHAIR	1.00 0.00	X						0.	0.	0.
1b Subtotal								731,680.	0.	120,765.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								731,680.	0.	120,765.

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 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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>	X	
5 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>		X

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
CLIFTON LARSEN ALLEN PO BOX 776376, CHICAGO, IL 60677	QUALITY REVIEW FOR FEDERAL GRANT	1,063,770.
PLANTE MORAN 750 TRADE CENTER WAY, PORTAGE, MI 49002	FINANCIAL AUDIT, SINGLE AUDIT	117,100.

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 2

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	27,134.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	8,723,964.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,120,434.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 135,707.				
	h	Total. Add lines 1a-1f		17,871,532.				
	Program Service Revenue	2 a	2-1-1 CONTRACT SERVICES	Business Code	900099	1,514,659.	1,514,659.	
b		SHARED SERVICE REVENUE		900099	129,530.	129,530.		
c		DESIGNATION ADMIN FEE		561000	83,598.	83,598.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,727,787.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			454,187.		454,187.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					8,777,411.	19,000.		
	b	Less: cost or other basis and sales expenses	7b	8,523,969.	1,366.			
	c	Gain or (loss)	7c	253,442.	17,634.			
	d	Net gain or (loss)			271,076.		271,076.	
8 a	Gross income from fundraising events (not including \$ 27,134. of contributions reported on line 1c). See Part IV, line 18	8a		10,606.				
				9,351.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			1,255.		1,255.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	CONTRIBUTION SUPPORT	Business Code	900099	90,292.	90,292.		
	b	FACILITIES MANAGEMENT FEES		541610	10,512.	10,512.		
	c							
	d	All other revenue		900099	285,836.	242,928.	42,908.	
	e	Total. Add lines 11a-11d			386,640.			
12	Total revenue. See instructions			20,712,477.	2,061,007.	53,420.	726,518.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,247,133.	6,247,133.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,039,182.	5,039,182.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	467,505.	87,228.	317,971.	62,306.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,037,602.	2,025,269.	271,605.	740,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,027.	93,534.	9,568.	33,925.
9 Other employee benefits	518,146.	343,415.	73,126.	101,605.
10 Payroll taxes	259,063.	161,824.	36,418.	60,821.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,841.	3,113.	1,728.	
c Accounting	113,600.	62,100.	51,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,318.		36,318.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,969,818.	1,783,752.	30,923.	155,143.
12 Advertising and promotion	193,313.	116,908.	10,181.	66,224.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	206,851.	140,918.	35,529.	30,404.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,567.	79,655.	17,921.	8,991.
20 Interest				
21 Payments to affiliates	164,532.	115,491.	18,872.	30,169.
22 Depreciation, depletion, and amortization	133,604.	93,791.	14,963.	24,850.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	166,493.	159,303.	587.	6,603.
b EQUIPMENT	45,675.	42,856.	887.	1,932.
c MISCELLANEOUS	8,194.	7,530.	211.	453.
d MEMBERSHIP DUES	2,499.	1,322.	1,047.	130.
e All other expenses	104,569.	104,569.		
25 Total functional expenses. Add lines 1 through 24e	18,962,532.	16,708,893.	929,355.	1,324,284.
26 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,846,835.	2	2,213,343.
	3 Pledges and grants receivable, net	3,461,023.	3	4,013,029.
	4 Accounts receivable, net	4,983,270.	4	437,458.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	133,124.	9	142,460.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,529,678.		
	b Less: accumulated depreciation	10b 2,341,810.	2,264,052.	10c 2,187,868.
	11 Investments - publicly traded securities	18,493,693.	11	19,518,868.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,747,270.	15	1,758,730.
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,929,267.	16	30,271,756.	
Liabilities	17 Accounts payable and accrued expenses	529,045.	17	543,009.
	18 Grants payable	1,441,040.	18	484,721.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	6,144,133.	25	1,040,960.
	26 Total liabilities. Add lines 17 through 25	8,114,218.	26	2,068,690.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,236,323.	27	8,557,112.
	28 Net assets with donor restrictions	17,578,726.	28	19,645,954.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,815,049.	32	28,203,066.
33 Total liabilities and net assets/fund balances	33,929,267.	33	30,271,756.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,712,477.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,962,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,749,945.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,815,049.
5	Net unrealized gains (losses) on investments	5	554,018.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	84,054.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,203,066.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12764369.	12841059.	19592471.	54457681.	17871532.	117527112
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12764369.	12841059.	19592471.	54457681.	17871532.	117527112
5 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)						362,231.
6 Public support. Subtract line 5 from line 4.						117164881

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12764369.	12841059.	19592471.	54457681.	17871532.	117527112
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	480,312.	462,899.	437,559.	493,455.	454,187.	2328412.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	404,485.	446,051.	925,127.	117,673.	389,610.	2282946.
11 Total support. Add lines 7 through 10						122138470
12 Gross receipts from related activities, etc. (see instructions)					12	5,985,176.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.93	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.07	%
16a 33 1/3% support test - 2022. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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 Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a 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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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>			
b Did the activities described on line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 404,485.

2019 AMOUNT: \$ 446,051.

2020 AMOUNT: \$ 925,127.

2021 AMOUNT: \$ 117,673.

2022 AMOUNT: \$ 379,004.

FUNDRAISING INCOME

2022 AMOUNT: \$ 10,606.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>458,879.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>4,219,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>370,559.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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 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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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 (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	19,002,027.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	19,002,027.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	821,480.	1,000,000.	1,000,000.	1,000,000.	3,821,480.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,732,220.
c Total lobbying expenditures					
d Grassroots nontaxable amount	205,370.	250,000.	250,000.	250,000.	955,370.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,433,055.
f 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)).

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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 expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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
1a Beginning of year balance	9,437,218.	11,175,637.	8,938,741.	9,191,815.	9,066,667.
b Contributions	13,925.	13,410.	219,060.	12,093.	79,219.
c Net investment earnings, gains, and losses	858,543.	-1,291,946.	2,448,160.	152,977.	464,824.
d Grants or scholarships					
e Other expenditures for facilities and programs	462,728.	439,066.	430,324.	418,144.	418,895.
f Administrative expenses	18,843.	20,817.			
g End of year balance	9,828,115.	9,437,218.	11,175,637.	8,938,741.	9,191,815.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 24.6700 %
 - b Permanent endowment 75.3300 %
 - c Term 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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
1a Land		453,326.		453,326.
b Buildings		3,747,508.	2,212,178.	1,535,330.
c Leasehold improvements		175,856.	32,294.	143,562.
d Equipment		127,988.	74,421.	53,567.
e Other		25,000.	22,917.	2,083.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,187,868.

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)		
Total. (Col. (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)		
Total. (Col. (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	1,758,730.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,758,730.

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) DESIGNATED DONATIONS DUE TO	
(3) CHARITABLE ORGANIZATIONS	843,523.
(4) REFUNDABLE ADVANCE	197,437.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,040,960.

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	19,738,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 554,018.		
b	Donated services and use of facilities	2b 37,780.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -1,538,955.		
e	Add lines 2a through 2d		2e	-947,157.
3	Subtract line 2e from line 1		3	20,685,511.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 36,318.		
b	Other (Describe in Part XIII.)	4b -9,351.		
c	Add lines 4a and 4b		4c	26,967.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	20,712,478.

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.

1	Total expenses and losses per audited financial statements		1	17,350,336.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 37,780.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 9,351.		
e	Add lines 2a through 2d		2e	47,131.
3	Subtract line 2e from line 1		3	17,303,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 36,318.		
b	Other (Describe in Part XIII.)	4b 1,623,009.		
c	Add lines 4a and 4b		4c	1,659,327.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	18,962,532.

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.

PART V, LINE 4:

INTENDED TO BE HELD IN PERPETUITY. AMOUNT IS WITHDRAWN ANNUALLY BASED ON BOARD APPROVED SPENDING POLICY NOT TO EXCEED UPMIFA.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATED DONATIONS TO CHARITABLE ORGANIZATIONS SPECIFIED

BY THE DONOR -1,623,009.

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS

AND TRUSTS 84,054.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,538,955.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES -9,351.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 9,351.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED DONATIONS TO CHARITABLE ORGANIZATIONS SPECIFIED

BY THE DONOR 1,623,009.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2022

**Open to Public
Inspection**

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A GLIMPSE OF AFRICA 3800 YORKLAND DR NW COMSTOCK PARK, MI 49321	83-4904373	501(C)3	10,000.	0.			ALLOCATION
A MOTHER'S TOUCH PO BOX 7873 GRAND RAPIDS, MI 49510	82-3401941	501(C)3	10,000.	0.			ALLOCATION
AQUME FOUNDATION PO BOX 9193 WYOMING, MI 49509	87-2397576	501(C)3	27,500.	0.			ALLOCATION
ASIAN COMMUNITY OUTREACH 44 44TH STREET SE GRAND RAPIDS, MI 49548	47-3411611	501(C)3	22,500.	0.			ALLOCATION
AYA YOUTH COLLECTIVE 722 EASTERN AVE SE GRAND RAPIDS, MI 49503	46-2391112	501(C)3	81,000.	0.			ALLOCATION
BARRY COUNTY UNITED WAY 231 SOUTH BROADWAY HASTINGS, MI 49058	38-6062803	501(C)3	16,023.	0.			DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **80.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAXTER COMMUNITY CENTER 935 BAXTER SE GRAND RAPIDS, MI 49506	23-7076806	501(C)3	17,955.	0.			DESIGNATION
BENJAMIN'S HOPE 15468 RILEY ST. HOLLAND, MI 49424	74-3153382	501(C)3	6,726.	0.			DESIGNATION
BETHANY CHRISTIAN SERVICES PO BOX 294 GRAND RAPIDS, MI 49501	38-1405282	501(C)3	90,000.	0.			ALLOCATION
BETTER WISER STRONGER, INC 1907 CORNELIUS AVE SE GRAND RAPIDS, MI 49507	46-2963603	501(C)3	85,000.	0.			ALLOCATION
CAMP BLODGETT 528 BRIDGE ST NW GRAND RAPIDS, MI 49504	38-6004379	501(C)3	91,000.	0.			ALLOCATION
CAPITAL AREA UNITED WAY (MI) 330 MARSHALL ST., STE. 203 LANSING, MI 48912	38-1363572	501(C)3	5,100.	0.			DESIGNATION
CASA OF KENT COUNTY 180 OTTAWA NW GRAND RAPIDS, MI 49503	20-2112557	501(C)3	31,000.	0.			ALLOCATION
CATHOLIC CHARITIES WEST MICHIGAN GRAND RAPIDS - 360 DIVISION AVE. S, STE. 3A - GRAND RAPIDS, MI 49503	38-3012473	501(C)3	35,729.	0.			DESIGNATION
CHERRY HEALTH 100 CHERRY ST SE GRAND RAPIDS, MI 49503	38-2853534	501(C)3	100,000.	0.			ALLOCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GRAND RAPIDS - OUR COMMUNITY'S CHILDREN - 300 MONROE AVE NW, STE 220 - GRAND RAPIDS, MI 49503	38-6004689	501(C)3	190,000.	0.			ALLOCATION
COMMUNITY FOOD CLUBS 1100 SOUTH DIVISION GRAND RAPIDS, MI 49507	82-2265189	501(C)3	42,500.	0.			ALLOCATION
COMMUNITY REBUILDERS 1019 WEALTHY SE GRAND RAPIDS, MI 49506	38-3094108	501(C)3	225,436.	0.			ALLOCATION / PASS-THRU
COREWELL HEALTH FOUNDATION 100 MICHIGAN ST. NE GRAND RAPIDS, MI 49503	38-2752328	501(C)3	9,930.	0.			DESIGNATION
D.A. BLODGETT - ST. JOHN'S 2172 DEAN LAKE AVE. NE GRAND RAPIDS, MI 49505	38-1358163	501(C)3	156,906.	0.			ALLOCATION / DESIGNATION
DEGAGE MINISTRIES 144 SOUTH DIVISION GRAND RAPIDS, MI 49503	38-1912094	501(C)3	5,146.	0.			DESIGNATION
DELTA PROJECT 618 WINDSOR TERRACE SE GRAND RAPIDS, MI 49503	84-3597347	501(C)3	85,000.	0.			ALLOCATION
DISABILITY ADVOCATES OF KENT COUNTY - 3600 CAMELOT DRIVE SE - GRAND RAPIDS, MI 49546	38-3114474	501(C)3	80,000.	0.			ALLOCATION
DWELLING PLACE OF GRAND RAPIDS 101 SHELDON SE, STE 2 GRAND RAPIDS, MI 49503	38-2313832	501(C)3	75,000.	0.			ALLOCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENDLESS OPPORTUNITIES PO BOX 68263 GRAND RAPIDS, MI 49516	45-3547556	501(C)3	10,000.	0.			ALLOCATION
FAMILY OUTREACH CENTER 1939 S DIVISION GRAND RAPIDS, MI 49507	38-2272711	501(C)3	48,000.	0.			ALLOCATION
FAMILY PROMISE OF WEST MICHIGAN 516 CHERRY ST. SE GRAND RAPIDS, MI 49503	38-3357709	501(C)3	263,044.	0.			ALLOCATION / DESIGNATION / PASS-THRU
FEEDING AMERICA WEST MICHIGAN 864 W RIVER CENTER DR. COMSTOCK PARK, MI 49321	38-2439659	501(C)3	8,887.	0.			DESIGNATION
GENESIS NON-PROFIT HOUSING 528 BRIDGE ST NW, STE 6 GRAND RAPIDS, MI 49504	38-1359297	501(C)3	25,000.	0.			ALLOCATION
GILDA'S CLUB GRAND RAPIDS 1806 BRIDGE NW GRAND RAPIDS, MI 49504	38-3367525	501(C)3	5,181.	0.			DESIGNATION
GIRLS GROWING II WOMEN, INC PO BOX 6782 GRAND RAPIDS, MI 49516	47-1188855	501(C)3	10,000.	0.			ALLOCATION
GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS - 3035 PRAIRIE SW - GRANDVILLE, MI 49418	38-6113049	501(C)3	11,765.	0.			DESIGNATION
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1858 HOLLAND, MI 49423	38-3522782	501(C)3	182,297.	0.			ALLOCATION / DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUIDING LIGHT MISSION 255 SOUTH DIVISION GRAND RAPIDS, MI 49503	38-2638465	501(C)3	6,580.	0.			DESIGNATION
HABITAT FOR HUMANITY OF KENT COUNTY - 425 PLEASANT ST. SW - GRAND RAPIDS, MI 49503	38-2527968	501(C)3	77,241.	0.			ALLOCATION / DESIGNATION
HAND2HAND 306 CHICAGO DR. JENISON, MI 49428	27-2973348	501(C)3	6,100.	0.			DESIGNATION
H.O.A.P, INC PO BOX 8473 GRAND RAPIDS, MI 49518	46-2795794	501(C)3	10,000.	0.			ALLOCATION
HOPE GAIN NETWORK 1036 LOGAN ST SE GRAND RAPIDS, MI 49508	85-0746580	501(C)3	10,000.	0.			ALLOCATION
HOPE NETWORK, INC PO BOX 890 GRAND RAPIDS, MI 49518	38-6108186	501(C)3	100,000.	0.			ALLOCATION
ICCF COMMUNITY HOMES 415 MARTIN LUTHER KING JR. ST. SE GRAND RAPIDS, MI 49507	38-1903026	501(C)3	222,330.	0.			ALLOCATION / DESIGNATION / PASS-THRU
JUNIOR ACHIEVEMENT - MICHIGAN GREATLAKES - 4090 LAKE DR. SE - GRAND RAPIDS, MI 49546	38-1557861	501(C)3	6,747.	0.			DESIGNATION
KCONNECT 401 HALL ST SW GRAND RAPIDS, MI 49503	46-4605245	501(C)3	25,000.	0.			ALLOCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS' FOOD BASKET 1300 PLYMOUTH AVE. NE GRAND RAPIDS, MI 49505	04-3760991	501(C)3	33,055.	0.			ALLOCATION / DESIGNATION
KILLGOAR FOUNDATION - IHM SCHOOL 1935 PLYMOUTH AVE. SE GRAND RAPIDS, MI 49506	38-3324244	501(C)3	5,490.	0.			DESIGNATION
LEGAL AID OF WESTERN MICHIGAN 25 DIVISION AVE SOUTH GRAND RAPIDS, MI 49503	38-2156874	501(C)3	118,750.	0.			ALLOCATION
LITERACY CENTER OF WEST MICHIGAN 1120 MONROE AVE. NW GRAND RAPIDS, MI 49503	38-2725232	501(C)3	75,250.	0.			ALLOCATION / DESIGNATION
MEALS ON WHEELS WESTERN MICHIGAN 2900 WILSON AVE SW, STE 500 GRANDVILLE, MI 49418	38-2535537	501(C)3	45,000.	0.			ALLOCATION
MECOSTA-OSCEOLA UNITED WAY 315 IVES AVE. BIG RAPIDS, MI 49307	38-2489813	501(C)3	7,538.	0.			DESIGNATION
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 49503	38-1410467	501(C)3	14,134.	0.			DESIGNATION
MICHIGAN MIGRANT LEGAL ASSOCIATION 1104 FULLER AVE NE GRAND RAPIDS, MI 49503	38-2010346	501(C)3	158,750.	0.			ALLOCATION / PASS-THRU
NORTH KENT COMMUNITY SERVICE CENTER - 10075 NORTHLAND DRIVE - ROCKFORD, MI 49341	38-2066893	501(C)3	46,750.	0.			ALLOCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS WITH A CAUSE 4646 SOUTH DIVISION WAYLAND, MI 49348	38-2370342	501(C)3	15,506.	0.			DESIGNATION
PINE REST CHRISTIAN MENTAL HEALTH SERVICES - 300 68TH STREET SE - GRAND RAPIDS, MI 49501	38-1368360	501(C)3	102,775.	0.			ALLOCATION / PASS-THRU
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	38-1707521	501(C)3	9,327.	0.			DESIGNATION
POSITIVE IMPACT FOR LIFE 2619 HIGHLAND VIEW CIRCLE GRAND RAPIDS, MI 49506	83-1730628	501(C)3	10,000.	0.			ALLOCATION
PREGNANCY RESOURCE CENTER 415 CHERRY ST. SE GRAND RAPIDS, MI 49503	38-2591608	501(C)3	5,915.	0.			DESIGNATION
PROJECT GREEN 1333 ALGRE ST SE, STE 2 GRAND RAPIDS, MI 49507	82-4954804	501(C)3	10,000.	0.			ALLOCATION
PUERTAS ABIERTAS, INC PO BOX 120054 GRAND RAPIDS, MI 49528	84-3751469	501(C)3	10,000.	0.			ALLOCATION
R2H SECURE LIVING CDC 1940 EASTERN AVE SE GRAND RAPIDS, MI 49507	83-2903867	501(C)3	10,000.	0.			ALLOCATION
REFUGEE EDUCATION CENTER 2130 ENTERPRISE ST SE KENTWOOD, MI 49508	06-1770896	501(C)3	100,000.	0.			ALLOCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HAVEN MINISTRIES 2627 BIRCHCREST DR. SE GRAND RAPIDS, MI 49506	38-2947328	501(C)3	6,059.	0.			DESIGNATION
SALVATION ARMY SOCIAL SERVICES OF KENT COUNTY - PO BOX 2603 - GRAND RAPIDS, MI 49501	38-1359297	501(C)3	373,162.	0.			ALLOCATION / DESIGNATION / PASS-THRU
SECOM RESOURCE CENTER 1545 BUCHANAN SW GRAND RAPIDS, MI 49507	38-3038706	501(C)3	35,000.	0.			ALLOCATION
SENIOR NEIGHBORS 678 FRONT AVE. NW GRAND RAPIDS, MI 49504	23-7195491	501(C)3	40,977.	0.			ALLOCATION / DESIGNATION
STEEPLETOWN NEIGHBORHOOD SERVICES 827 BRIDGE ST. NW, STE. A GRAND RAPIDS, MI 49504	38-3246215	501(C)3	69,067.	0.			ALLOCATION / DESIGNATION
THE OTHER WAY MINISTRIES 839 SIBLEY ST NW GRAND RAPIDS, MI 49504	38-2236821	501(C)3	46,750.	0.			ALLOCATION
UNITED CHURCH OUTREACH MINISTRY 1311 CHICAGO DR SW WYOMING, MI 49509	38-2640284	501(C)3	65,000.	0.			ALLOCATION
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W GRAND BLVD., STE. 500 - DETROIT, MI 48202	20-3099071	501(C)3	13,125.	0.			DESIGNATION
UNITED WAY OF MASON COUNTY 920 E TINKHAM AVE. LUDINGTON, MI 49431	38-2943115	501(C)3	6,006.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MONTCALM - IONIA COUNTIES - 302 S BRIDGE ST. - BELDING, MI 48809	23-7136978	501(C)3	22,889.	0.			DESIGNATION
UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709 S WESTNEDGE AVE. - KALAMAZOO, MI 49007	38-1359193	501(C)3	18,213.	0.			DESIGNATION
UNITED WAY OF SOUTHWEST MICHIGAN PO BOX 288 SAINT JOSEPH, MI 49085	38-1358411	501(C)3	74,523.	0.			DESIGNATION
UNITED WAY OF THE LAKESHORE - MUSKEGONCOUNTY - PO BOX 207 - MUSKEGON, MI 49443	38-1426895	501(C)3	29,755.	0.			DESIGNATION
URBAN LEAGUE OF WEST MICHIGAN 745 EASTERN AVE. SE GRAND RAPIDS, MI 49503	38-1359259	501(C)3	93,827.	0.			ALLOCATION / DESIGNATION
WEDGWOOD CHRISTIAN SERVICES 3300 36TH ST. KENTWOOD, MI 49512	38-1918221	501(C)3	7,234.	0.			DESIGNATION
WEST MICHIGAN CENTER FOR ARTS & TECHNOLOGY - 614 FIRST STREET SW - GRAND RAPIDS, MI 49504	74-3120354	501(C)3	110,000.	0.			ALLOCATION
WOMEN'S RESOURCE CENTER 678 FRONT ST. NW GRAND RAPIDS, MI 49504	38-2008886	501(C)3	70,075.	0.			ALLOCATION / DESIGNATION
YOUNG LIFE PO BOX 52 COLORADO SPRINGS, CO 80903	84-0385934	501(C)3	6,118.	0.			DESIGNATION

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HEART OF WEST MICHIGAN UNITED WAY SUPPORTED FAMILIES BY PAYING UTILITY BILLS, PRESCRIPTIONS AND CERTAIN EMPLOYMENT RELATED EXPENSES.	56	650.	0.		
CORONAVIRUS EMERGENCY RENTAL ASSISTANCE GRANTS	1680	5,038,532.	0.		

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

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 ON AN ON-GOING BASIS. AGENCIES ARE REQUIRED TO SUBMIT OUTCOME REPORTS. INVESTMENT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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 aren't 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 and/or 1099-NEC 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				
(1) MICHELLE VANDYKE PRESIDENT/CEO	(i)	233,077.	28,379.	0.	0.	28,521.	289,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GAIL MONTGOMERY VICE PRESIDENT-FINANCE	(i)	117,873.	10,860.	0.	0.	26,316.	155,049.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 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 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	6	31,138.	FMV UPON SALE
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 (PERSONAL CARE I)	X	100	104,569.	
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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.

SCHEDULE M, LINE 32B:

WE USE FIDELITY TO LIQUIDATE GIFTS OF STOCK.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

HEART OF WEST MICHIGAN UNITED WAY

Employer identification number

38-1360923

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FUNDRAISING FOR COVID RELIEF EFFORTS FOR VULNERABLE POPULATIONS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH INVESTMENTS IN FAMILY STABILITY, YOUTH EDUCATION AND FINANCIAL
SECURITY. COMMUNITY IMPACT DECISIONS ARE BASED ON BEST-PRACTICE
RESEARCH AND REPORTED ANNUALLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE KENT COUNTY ESSENTIAL NEEDS TASK FORCE AND GRAND RAPIDS AREA
COALITION TO END HOMELESSNESS FOCUS 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 ALL RESIDENTS. IN ADDITION TO
HOUSING/HOMELESSNESS, COMMITTEES INCLUDE ENERGY EFFICIENCY, FOOD AND
NUTRITION, KENT COUNTY FOOD POLICY COUNCIL, ECONOMIC AND WORKFORCE
DEVELOPMENT, TRANSPORTATION, AND DIGITAL INCLUSION.

EXPENSES \$ 857,901. INCLUDING GRANTS OF \$ 810,425. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
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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 54 GREAT START COLLABORATIVES AND 60 GREAT START PARENT COALITIONS WORKING 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. EXPENSES \$ 609,620. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE

Name of the organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
---	--

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 2022.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER OUTSIDE SERVICE FEES:

PROGRAM SERVICE EXPENSES	1,783,752.
MANAGEMENT AND GENERAL EXPENSES	30,923.
FUNDRAISING EXPENSES	155,143.
TOTAL EXPENSES	1,969,818.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,969,818.

Name of the organization HEART OF WEST MICHIGAN UNITED WAY	Employer identification number 38-1360923
--	---

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS
AND TRUSTS 84,054.

FORM 990, PART XII, LINE 2C:

THE AUDIT OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE
PRIOR YEAR.

Type and Entity: FACILITIES MANAGEMENT POST-2017 NO
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2018	37,317.											
B 2019	38,925.											
C 2020	37,020.											
D 2021	34,114.											
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
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M												
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P												
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S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2004	7,357.										
B	2005	9,540.										
C	2006	390.										
D	2007	13,152.										
E	2008	3,469.										
F	2009	1,912.										
G	2010	7,484.										
H	2011	1,687.										
I	2012	3,665.										
J	2013	23,075.										
K	2014	54,357.										
L	2015	29,884.										
M	2016	17,532.										
N	2017	22,330.										
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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