Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public

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.

	partment of ernal Reven	the Treasury	 Go to www.irs.gov/Form990EZ for instructions and the latest i 	nformation.		Inspection
			ar year, or tax year beginning 06-01, 2018, and ending		05-31	. 2019
_	Check if ap					ication number
					-378738	
	Name char	•	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		one numbe	
	Initial retur	•				
		n/terminated	PO BOX 68696			
	Amended I		City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	
\equiv	Application		Grand Rapids, MI 49516	Numbe		
_			□ Cash X Accrual Other (specify) ►		_	organization is not
	Website	-	wmsbf.org	required to		-
			check only one) - 🕱 501(c)(3) 🗌 501(c)() ◀ (insert no.) 🗌 4947(a)(1) or 🗍 527	(Form 990,		
_			Image: Solution in the second seco	(* **** * * * * * *	,.	
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets		
			\$500,000 or more, file Form 990 instead of Form 990-EZ		. ► \$	195,408
<u> </u>	art I	. ,,	e, Expenses, and Changes in Net Assets or Fund Balances (see			
			the organization used Schedule O to respond to any question in this Part I			·
	1		s, gifts, grants, and similar amounts received		1	79,617
	2		vice revenue including government fees and contracts		2	26,654
	3		dues and assessments		3	45,260
	4		ncome		4	
	5a		nt from sale of assets other than inventory			
			r other basis and sales expenses		-	
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		fundraising events:			
	a	•	e from gaming (attach Schedule G if greater than			
ne						
Revenue	b	Gross incom	e from fundraising events (not including \$ of contrib	utions		
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) 6b	43,846		
	c	Less: direct	expenses from gaming and fundraising events 6c	19,182		
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c.)			6d	24,664
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less: cost of	f goods sold			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu	ue (describe in Schedule O)		8	31
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &		9	176,226
	10		similar amounts paid (list in Schedule O)		10	
	11	Benefits paid	d to or for members		11	
s	12		er compensation, and employee benefits		12	124,937
Expenses	13	Professional	fees and other payments to independent contractors		13	3,049
<u>pe</u>	14	Occupancy,	rent, utilities, and maintenance		14	4,253
ш			lications, postage, and shipping		15	304
	16		ses (describe in Schedule O)		16	34,520
	17		ses. Add lines 10 through 16		17	167,063
6	18	•	leficit) for the year (Subtract line 17 from line 9)		18	9,163
set	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			
As		-	figure reported on prior year's retum)		19	53,938
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)		20	
	21		r fund balances at end of year. Combine lines 18 through 20		21	63,101
Fo	r Paperv	work Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2018)

Form 990-EZ (2018) WEST MICHIGAN SUSTAINABL	LE BUSINESS FOR	UM	26-3	78738	87 Page 2
Part IIBalance Sheets (see the instructions for Part II)					_
Check if the organization used Schedule O to res	pond to any questior	n in this Part II			X
		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments \ldots			60,691	22	66,122
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			9,167	24	3,400
25 Total assets			69,858	25	69,522
26 Total liabilities (describe in Schedule O)			15,920	26	6,421
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		53,938	27	63,101
Part III Statement of Program Service Accomplishme		,	_		Expenses
Check if the organization used Schedule O to res	spond to any questic	on in this Part III .	🛛	(Requi	red for section
What is the organization's primary exempt purpose? Promote sum	stainable busin	ess best prac	t.	· ·	(3) and 501(c)(4)
Describe the organization's program service accomplishments for eacl	h of its three largest pro	oram services.			zations; optional for
as measured by expenses. In a clear and concise manner, describe th				others.	-
persons benefited, and other relevant information for each program title	э.			ouncro.	/
28 Education program for West Michigan organi	zations promot	ing			
best pratices to improve environ. performa	nce/social				
responsibility.					
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	► 🗌	28a	26,636
29 Conduct research on justice-centered appro	aches to				
sustainability, especially those involving	g social equity	and			
climate leadership					
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	► 🗌	29a	1,757
30 Provide opportunities for organizations to	collaborate o	n			
reducing waste					
	cludes foreign grants, cl			30a	6,175
31 Other program services (describe in Schedule O) \ldots .				s	See SERVICES
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	► 🗌	31a	61,387
32 Total program service expenses (add lines 28a through 31a).				32	95,955
Part IV List of Officers, Directors, Trustees, and Key Emplo	oyees (list each one ev				
Check if the organization used Schedule O to respond t	o any question in this P	art IV		<u></u>	
	(b) Average	(c) Reportable	(d) Health benefits	1	 Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to empl benefit plans, and	loyee -	other compensation
See 990_OFOV	devoted to position	(if not paid, enter -0-)	deferred compensat	tion	
STEVE RAMUS					
BOARD PRESIDENT	2.00	0		0	0
BILL MORGAN					
BOARD TREASURER	2.00	0		0	0
DOUG TAMBOER					
VICE PRESIDENT	2.00	0		0	0
SARAH CHARTIER					
BOARD SECRETARY	2.00	0		0	0
ALICE JASPER					
BOARD MEMBER	2.00	0		0	0
HECTOR ANGUS					
BOARD MEMBER	2.00	0		0	0
JEFFERY BYRD					
BOARD MEMBER	2.00	0		0	0
ERIK DALY					
BOARD MEMBER	2.00	0		0	0
ANNA KEEHN					
BOARD MEMBER	2.00	0		0	0
PAUL ISELY					
BOARD MEMBER	2.00	0		0	0
WENDY OGILVIE					
BOARD MEMBER	2.00	0		0	0
ERIK PETROVSKIS					
BOARD MEMBER	2.00	0		0	0
LYNN SPURR					
BOARD MEMBER	2.00	0		0	0
EEA				F	orm 990-EZ (2018)

Form 990-EZ (2018)

Form 9	90-EZ (2018) WEST MICHIGAN SUSTAINABLE BUSINESS FORUM 26-3787	387	F	Page 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N.	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.10		
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	oou		
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 a	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		x
~	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
U	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
e	transaction? If "Yes," complete Form 8886-T	40e		Х
44		400		Λ
41	List the states with which a copy of this return is filed The organization's books are in care of DANIEL SCHOONMAKER Telephone no. 616-3	00 4	761	
42 a			/01	
h	Located at 53 ALTEN NE, Grand Rapids, MI ZIP + 4 A 49503 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Tes	No X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR)			
-	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	420		v
C		42c	[X
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here.	1		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vaa	Na
11 -	Did the organization mointain any denor advised funds during the year? If "Ves." Form 000 much he		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			37
	completed instead of Form 990-EZ.	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			37
	completed instead of Form 990-EZ.	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		Х

Form 990-EZ (2018)

Form 9	990-EZ (201	(8) WEST MICHIGAN SU	JSTAINABLE BUSIN	ESS FORUI	м		26-37	87387	F	Page 4
46	Did the	organization engage, directly or indirectly, ir	n political campaign activi	ties on behal	lf of or in opp	osition			Yes	No
		idates for public office? If "Yes," complete S			· · · · · · ·			. 46		Х
Par		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	must answer questi						lines	
	Check if the organization used Schedule O to respond to any question in this Part VI								Yes	· 🗌 No
47		organization engage in lobbying activities o "Yes," complete Schedule C, Part II			-			. 47		Х
48		rganization a school as described in section								Х
49a		organization make any transfers to an exem		-						Х
b 50	Comple	" was the related organization a section 527 te this table for the organization's five highes	st compensated employee	s (other than	officers, dire	ctors, truste	es and key	. 49b		
	employ	ees) who each received more than \$100,000	0 of compensation from th	e organizatio	on. If there is					
		(a) Name and title of each employee	(b) Average hours per week devoted to position	comp	eportable ensation /1099-MISC)	(d) Health contributions benefit plans, compe	to employee	(e) Estimat other co	ed amou ompensat	
NON	E									
f 51	Comple	umber of other employees paid over \$100,00 te this table for the organization's five highes 00 of compensation from the organization. If	t compensated independe		rs who each	received mo	pre than			
	(a)	Name and business address of each independent contra	actor	(b)) Type of service	1	(c)	Compensati	on	
NON	Ξ									
d 52	Did the	umber of other independent contractors each organization complete Schedule A? Note: ted Schedule A	All section 501(c)(3) orga	anizations m	ust attach a			X Yes	з П	No
	r penalties	s of perjury, I declare that I have examined this ret id complete. Declaration of preparer (other than c	urn, including accompanying	schedules and	d statements, a	and to the bes	t of my knowled		ef, it is	-
		DANIEL SCHOONMAKER								
Sigi Her		Signature of officer DANIEL SCHOONMAKER, EXECU	JTIVE DIRECTOR			Date				
		Type or print name and title Print/Type preparer's name	Preparer's signature		Date		Check X if	PTIN		
Paid	ł	TIMOTHY L BERGHUIS			08-02-20		self-employed	P01405	859	
	parer	Firm's name TIM BERGHUIS ACC	COUNTANT LLC			Firm's E	EIN 🕨		-	
Use	Only	Firm's address PO BOX 6004								
Maxi	the IDC -	Grand Rapids MI				Phone r	no. 616-6	35-030	_	No
EEA	uie IK3 (discuss this return with the preparer shown a		• • • •	• • • • • •		· · · · · •	Form 9		-

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MAUREEN STROUD				
BOARD MEMBER	2.	00 0) C	0
DANIEL SCHOONMAKER				
EXECUTIVE DIRECTOR	32.	46,765	5 O	0
KATIE VENECHUK				
BOARD MEMBER	2.	00 (o c	0

Sched				SUSINESS FORU		26-3787387		
Pa	t II Support Schedule for Org							
	(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 test	s listed below, p	please complet	e Part III.)		
Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
•	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the							
L	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							
5	The portion of total contributions by							
5	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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
	Idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	(a) 2014	(b) 2013	(0) 2010	(0) 2017	(e) 2010	(1) 10141	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc. (see instructions)				12		
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	▶□	
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2018 (line 6, e	column (f) divided	by line 11, column	(f))		14	%	
15	Public support percentage from 2017 Schee	dule A, Part II, line	14			15	%	
16a	33 1/3% support test - 2018. If the organized	zation did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this		
	box and stop here. The organization quali	fies as a publicly s	supported organization	ation			· · · · ►	
b	33 1/3% support test - 2017. If the organized	zation did not che	ck a box on line 1	3 or 16a, and line 1	5 is 33 1/3% or m	ore, check		
	this box and stop here. The organization of	qualifies as a publi	cly supported org	anization			▶□	
17a	10%-facts-and-circumstances test - 201	 If the organization 	on did not check a	a box on line 13, 16	6a, or 16b, and line	e 14 is		
	10% or more, and if the organization meets	s the "facts-and-ci	rcumstances" test	, check this box an	d stop here. Expl	ain in		
	Part VI how the organization meets the "fac	ts-and-circumstan	ces" test. The org	anization qualifies a	as a publicly suppo	rted		
	organization				• • • • • • • • •		🕨 🗌	
b	10%-facts-and-circumstances test - 201	 If the organizati 	on did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.			
	Explain in Part VI how the organization meet	ets the "facts-and-	circumstances" tes	st. The organization	qualifies as a publ	licly		
	supported organization						🕨 🗌	
18	Private foundation. If the organization did	I not check a box of	on line 13, 16a, 16	3b, 17a, or 17b, che	eck this box and se	e	_	
	instructions						🕨 🗌	
EEA						Schedule A (For	m 990 or 990-EZ) 2018	

Sche		MICHIGAN SUS				26-3787387	Page 3		
Pa	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.)								
	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,622	150,313	138,947	198,567	195,346	783,795		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the								
2	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	100,622	150,313	138,947	198,567	195,346	783 , 795		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)						783,795		
	ction B. Total Support								
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6	100,622	150,313	138,947	198,567	195,346	783,795		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					31	31		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b					31	31		
11	Net income from unrelated business activities not included in 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.)	100,622	150,313	138,947	198,567	195,377	783,826		
14	First five years. If the Form 990 is for the or organization, check this box and stop here								
Sec	ction C. Computation of Public Su								
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f)))		15	100.00 %		
16	Public support percentage from 2017 Schedu						100.00 %		
Sec	ction D. Computation of Investme				1				
17	Investment income percentage for 2018 (line		-			17	0.00 %		
18	Investment income percentage from 2017 Se	chedule A, Part III,	line 1.7		•••••	18	0.00 %		
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						► 🛛		
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organizatior	n qualifies as a pub	licly supported or	ganization			
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	S	<u></u> ▶ ∐		

chedule	e A (Form 990 or 990-EZ) 2018 WEST MICHIGAN SUSTAINABLE BUSINESS FORUM 26-3787	387	Page 4
Part			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sections	sА
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, of		
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	•	
ecti	ion A. All Supporting Organizations	art v.)	
		Ŋ	es No
1	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? 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.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status	_	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
	(b) and (c) below.	3a	
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)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
с	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$		
-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		
	supported organization? 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.	4b	
с	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)? 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.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
•••	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		
	was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in Part VI.	6	
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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))? If "Yes," provide detail in Part VI .	9a	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
0a	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)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	
	Schedule		

	6-3787387	P	age 5
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 in (b) and (c below, the governing body of a supported organization?	11a		
 b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in 	11b Part VI. 11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	d, or		
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? If "Yes," explain in <i>Vi how providing such homelit corrigid out the support</i> of the support of the sup	Part		
VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
 Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con or management of the supporting organization was vested in the same persons that controlled or management does the supported organization(s). 	itrol	Yes	No
Section D. All Type III Supporting Organizations	•		
 Did the organization provide to each of its supported organizations, by the last day of the fifth month of to organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie organization's governing documents in effect on the date of notification, to the extent not previously provided by the set of the s	e prior tax s of the	Yes	No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Par the organization maintained a close and continuous working relationship with the supported organization	rt VI how		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organization played in the rogard</i>	s 3		
supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations	3		
 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a govern 2 Activities Test. Answer (a) and (b) below. 		-	
a Did substantially all of the organization's activities during the tax year directly further the exempt purpos the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identii those supported organizations and explain how these activities directly furthered their exempt purpor how the organization was responsive to those supported organizations, and how the organization deter- that these activities constituted substantially all of its activities.	i fy oses,		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or			

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

2b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying the set of the			
instructions. All other Type III non-functionally integrated supporting organiz	zation	s must complete Section	
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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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 Check here if the current year is the organization's first as a non-functionally		ated Type III supportin	g organization (see
instructions).	- 0-	21 FF 21	

Schedule A (Form 990 or 990-EZ) 2018

	ule A (Form 990 or 990-EZ) 2018 WEST MICHIGAN SUSTAINABLE		26-378	87387 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2019 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Evenes from 2014			
	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2018			
			<u> </u>	ula A /Farm 000 000 FF) 0111
EEA			Sched	ule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 8	
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.)