Form <b>990-T</b>	E	<b>Exempt Organization Bu</b>			Γax Return	2	OMB No 1545-0687	
ه در	l	(and proxy tax un			199	/	2010	
<b>1</b> 4;	For ca	allendar year 2018 or other tax year beginning APR 1	-			<u>9</u>	ZU 10	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address changed	Name of organization ( Check box if name changed and see instructions.)						D Employer identification number (Employees' trust, see instructions)	
B Exempt under section	Print	UNITED WAY OF GREATER	•	16-1015782				
$\mathbf{X}$ 501(c)(3 $\mathbf{U}$ )	Or	Number, street, and room or suite no. If a P.O. b	ox, see	instructions.		E Unrelated business activity code (See instructions)		
408(e)220(e)	Туре	75 COLLEGE AVENUE						
408A 530(a) 529(a)		City or town, state or province, country, and ZIP ROCHESTER, NY 14607		900099				
C Book value of all assets at end of year		F Group exemption number (See instructions.)	$\overline{}$					
149,868,5	07.	G Check organization type ► X 501(c) cc	rporatio	n 501(c) trust	401(a	trust	Other trust	
	-	ition's unrelated trades or businesses. 🕨 💹	2	Describ	e the only (or first) ur	related		
-		PLOYER PAID PARKING			e, complete Parts I-V.			
describe the first in the b	lank spa	ice at the end of the previous sentence, complete F	Parts I a	nd II, complete a Schedu	le M for each addition	al trade	or	
business, then complete						<del></del>	(TE)	
		poration a subsidiary in an affiliated group or a par	ent-subs	sidiary controlled group?	▶ [	Ye	es X No	
		tifying number of the parent corporation.   JENNIFER GAFFEY-LINK, (	יחזמי	ROLLER Telep	hone number > 5	25_	242-6424	
		de or Business Income	ONT	(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale			1	(X) Income	(5) Expenses		(0)	
b Less returns and allow		c Balance	10					
2 Cost of goods sold (S		<del></del>	2		†			
3 Gross profit. Subtract		•	3		Ì			
4a Capital gain net incon	ne (attac	h Schedule D)	4a					
<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction			4c					
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5		ļ			
6 Rent income (Schedu					ļ			
7 Unrelated debt-financed income (Schedule E)			8					
- · · · · · ·					<del> </del>			
	9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9  10 Exploited exempt activity income (Schedule I) 10			-	+			
	, ,				<u> </u>			
· · · · · · · · · · · · · · · · · · ·	• • •				<del> </del>			
. –	12 Other income (See instructions; attach schedule)  13 Total. Combine lines 3 through 12  13 0.							
Part II Deductio	ns No	ot Taken Elsewhere (See instructions						
(Except for d	cóntribu	itions, deductions must be directly connecte	d with	the unrelated busines	s income.)			
14 Compensation of off	icers, dii	rectors, and trustees (Schedule K)	RFC	EIVED		14		
15 Salaries and wages		\ <del></del>				15		
16 Repairs and mainten	ance	B640	MOV	1 4 2019		16		
17 Bad debts		<u> 88 </u>	140 4	1 2 SS		17		
18 Interest (attach sche	dule) (se	ee instructions)	205			18		
19 Taxes and licenses			JGL	DEN, UT		19		
		e instructions for limitation rules)		ايما		20		
21 Depreciation (attach		•		21		225		
· •	umea or	n Schedule A and elsewhere on return		_22a		22b 23		
•	epletion							
	Contributions to deferred compensation plans Employee benefit programs							
	Excess exempt expenses (Schedule I)							
•								
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							0.	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						31		
		ncome. Subtract line 31 from line 30		<u>.                                    </u>		32	0.	
823701 01-09-19 LHA FO	r Papen	work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)	

Form 990-	(2018) UNITED WAY OF GREATER ROCHESTER, INC. 16-	1012/87	Page 2
Part	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	5,069.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	<u></u>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	5,069.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	<del>"   -</del>	
00	enter the smaller of zero or line 36	38	4,069.
Part I		1 00 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	854.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
-10	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	854.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments	44	034.
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a  45b  45b		
b	Other credits (see instructions)  45b		
C	General business credit. Attach Form 3800	<b></b>	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<del></del>	
е	Total credits. Add lines 45a through 45d	45e	054
46	Subtract line 45e from line 44	46	854.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach school)	· ——	254
48	Total tax. Add lines 46 and 47 (see instructions)	48	854.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments 50b		
C	Tax deposited with Form 8868	54.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <b>50g</b>		
51	Total payments. Add lines 50a through 50g	51	854.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>5</b> 3	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>▶</b> 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>&gt;</b> 55	
Part V	T Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	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, i	t is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IDS dises	uss this return with
Here	Jaie Demoty 1/0/29/19 PRESIDENT & CEO	the preparer show	
	Signatore of officer Date Title	instructions)?	X Yes No
$\overline{}$	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	self- emp	loyed	
Prepa	h TYPE TOTTO   01/11/10/10/2015   16/9<1/4		378272
Use O	POWER CO. ST. P. ///		L131146
Use U	171 SULLY'S TRAIL		
	Firm's address ▶ PITTSFORD, NY 14534 Phone n	o. (585) 3	881-1000
000711 01	00.10		m 990-T (2018)

## **SCHEDULE M** (Form 990~T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31,

2018

OMB No 1545-0687

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ENTITY

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

UNITED WAY OF GREATER ROCHESTER,

501(c)(3) Organizations Only

Employer identification number

16-1015782

Unrelated business activity code (see instructions) 900099 ▶ INVESTMENT IN LIMITED PARTNERSHIP. Describe the unrelated trade or business **Unrelated Trade or Business Income** (C) Net Part I (A) Income (B) Expenses 1a Gross receipts or sales c Balance ▶ b Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 -115 statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 12 -115. -115. 13 Total. Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	20			
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans				
25	5 Employee benefit programs			25	
26	6 Excess exempt expenses (Schedule I)				_
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-115.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see				
	instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30	_	· <u> </u>	32	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018