Form 990-T	Exempt Organization Business Income Tax Return, OMB No. 1545-0687									
	_	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 2018								
	Forca	For calendar year 2018 or other tax year beginning OUL 1, 2018 , and ending OUL 30, 2019 COUNTY OF THE PROPERTY OF THE PROPERT								
Department of the Treasury Internal Revenue Service	▶	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 (
B Exempt under section	Print	UNITED WAY OF SAI							37-0227	
X 501(c <u>§(3</u>)	Type	Number, street, and room		x, see ir	nstructions.				ted business structions)	activity code
408(e) 220(e)	"	257 EAST 200 SOUT	<u> </u>	r foroig	n nostal code			-		
408A 530(a) 529(a)	<u> </u>	City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84111								
at end of year	value of all assets of of year 23,305,327. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust									
H Enter the number of the		<u></u>		1			only (or first) ur			Other trust
		DEDUCTIBLE TRANSPO					nplete Parts I-V.		than one.	
		ice at the end of the previou		rts I an						
business, then complete										
I During the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controlled gro	oup?	▶ [Ye	\mathbf{x}	No
If "Yes," enter the name a		tifying number of the paren	t corporation.							
J The books are in care of		YNN SIMS				elephone			5-2588	\ N.A.
L		de or Business Inc	ome	1	(A) Income		(B) Expenses	3	(0) Net
1a Gross receipts or sale			c Balance	1c						
b Less returns and allow2 Cost of goods sold (S		Δ line 7)	C Dalalice	2						
3 Gross profit. Subtract				3	-					
4a Capital gain net incon				4a						
b Net gain (loss) (Form	Form 4797, Part II, line 17) (attach Form 4797)									
c Capital loss deduction	for trus	sts		4c						
		ship or an S corporation (at	tach statement)	5			RECE	IVE	D	
6 Rent income (Schedu		(O-b-d-l-E)		6	<u></u>	-			<u></u>	
7 Unrelated debt-financ		• •	proprietion (Schodulo E)	8		8	NOV 2	20		
•		nd rents from a controlled on 501(c)(7), (9), or (17) or	=			<u> </u>	INO V A		- S	
10 Exploited exempt activ			gamzation (ouncodic c)	10			AADE	NI	iT .	
11 Advertising income (S									<u></u>	
12 Other income (See in	struction	is, attach schedule)		12						
13 Total. Combine lines				13		0.				
		ot Taken Elsewher					ome)			
14 Compensation of off	cers. du	rectors, and trustees (Sche	dule K)				··	14		
15 Salaries and wages		(====	,					15		
16 Repairs and mainten	апсе		,					16		
17 Bad debts								17		
18 Interest (attach sche	dule) (s	ee instructions)						18		
19 Taxes and licenses								19		3,704. 7,012.
	•	e instructions for limitation	rules)		المدا	1		20		7,012.
21 Depreciation (attach		002) 1 Schedule A and elsewhere	on ratura		21 22a			22b		
22 Less depreciation cla 23 Depletion:	illieu oi	I Schedule A and elsewhere	s on return		[228]	<u>.</u>		23		
24 Contributions to defe	rred co	mpensation plans						24		
25 Employee benefit pro								25		
26 Excess exempt exper	penses (Schedule I)							26		
27 Excess readership co	ership costs (Schedule J)							27		
28 Other deductions (at		•						28		10.716
29 Total deductions. A		-	January Committee Committee	ulia - A A) from k== 40			29		10,716.
~~~		ncome before net operating oss arising in tax years beg				-1		30 31		-10,710.
(O )	_	oss arising in tax years beg ncome_Subtract line 31 fro		y 1, 2U	io (see manuchons	7)		32		-10,716.
or militaren nazinesa r	ון פונימעי	ILUME SUULALI IME ST IIU						<u> </u>	- 01	20_T (0010)

FORM V9U		87-0227091	Payo
Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-10,716
34	Amounts paid for disallowed fringes		74,820
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	64,104
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,		
	enter the smaller of zero or line 36		63,104
Part	IV   Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		13,252
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3B from:		<del></del>
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See Instructions		
42	Alternative minimum bay (turnty oaks)	42	
43	Tax on Noncompliant Facility Income, See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	13,252
Part '	V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see Instructions) 45b		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
		458	
46	Subtract line 45e from line 44	46	13,252
47	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (etc.)	acti schodule) 47	
48	Total tax, Add lines 46 and 47 (see Instructions)	48	13,252
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	<del></del>	
c	: Tax deposited with Form 8868		
4	Foreign organizations: Tax paid or withheld at source (see Instructions) 50d		
	Backup withholding (see instructions)	<del></del>	
-	Credit for small employer health insurance premiums (attach Form 8941)	<del></del>	
	Other credits, adjustments, and payments: Form 2439	<del></del>	
V		1 1	
51			
52	Total payments. Add lines 50a through 50g	51	558
52 53			13,810
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	13,010
Dart V	Enter the amount of line 54 you want: Credited to 2019 estimated tax  N Statements Regarding Certain Activities and Other Information (see instruction)	ded ▶ 55	
		วกรุง	Tw. La
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		1 1
	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	n trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		1 1
58	Enter the amount of lax-exempt interest received or accrued during the tax year >\$	A of any financial and highest t	
Sign	Under partitive of printy. Leading that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Sectoration of preparer (other than taxpayar) to besed on all information of which preparer has any knowledge.	it of my knowledge and belief, i	. is true,
Here	184 1 184 18 19 1 18 19 1 1 1 1 1 1 1 1 1 1 1 1 1	May the IRS discu	rdiw mutor eidt ee
, 10.0	Signature of Allieur	the proparer show	
	Signature of officer Date Title	Instructions)? X	Yes No
		eck III PTIN	
Paid		II- employed	
Prepa	HER MY A. O'LOUGHLIN	P00869	
Use O	Only Flim's name ► CBIZ MHM, LLC	rm's EIN ► 34-1	878512
	19 EAST 200 SOUTH, STE 1000		
	Firm's address > SALT LAKE CITY, UT 84111	hone no. 801-364-93	00

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	luation N/A					
1 Inventory at beginning of year 1			6	6 Inventory at end of year			6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6				ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5	<u> </u>		the organization?					
Schedule C - Rent Income (I	From Real	Property and	Pers	onal Property L	.ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)					-				
(4)									
		ed or accrued				0/0/0-4444		And with the income in	
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of than	or rent for p	ersonai p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	tage columns 2(a) and 2(b) (attach schedule)				
(1)	_								
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		٥.
Schedule E - Unrelated Debt	t-Financed	Income (see	ınstruc	tions)					
				Gross income from		3 Deductions directly con to debt-finance			
Description of debt-fina	anced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)			1						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(4)				%			П	·	
<u> </u>						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B)	
Totals				•		0			٥.
Total dividends-received deductions inc	cluded in column	18				<b>&gt;</b>	-		0.

Schedule F - Interest, /	Annuities, Roy	alties, an					itions	see ins	structio	ns)	
			Exempt C	Controlled O	rganizatio	ons					
<ol> <li>Name of controlled organizat</li> </ol>	ıde	Employer ntification number		Net unrelated income (loss) (see instructions)		<ol> <li>Total of specified payments made</li> </ol>		5. Part of column 4 that is included in the controlling organization's gross incom-		lling connected with income	
(1)											
(2)											
(3)		<del></del>	<b>†</b>			-	<u> </u>				
			<del>                                     </del>						$\overline{}$		
(4) Nonexempt Controlled Organi	zatione	<u> </u>	1								
	1					10 0	0.41				
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) 9. (see instructions)		y, lotal c	I of specified payments made In the c		in the controlli	Part of column 9 that is included the controlling organization's gross income			Deductions directly connected with income in column 10	
(1)											
(2)			1								
(3)											
(4)				-	i						
	l	······································				A 44 a a b				Add salvenas C and 11	
						Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					<b>•</b>			0.		0.	
Schedule G - Investme		Section	501(c)(7)	), (9), or ( ⁻	17) Org	anization					
- Jace man	detions)	•			T	3 Deduction	ns	4 0::		5. Total deductions	
1 Desc	ription of income			2. Amount of	income	directly conne (attach sched		4 Set-	asides chedule)	and set-asides (col 3 plus col 4)	
(1)					1	(artaon sonos	010)			(cor o pius cor 4)	
(2)	· · · · · · · · · · · · · · · · · · ·		1								
(3)											
(4)	<del>.</del>			Catas basa and a						Enter have and an ease 1	
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals			<b>▶</b>		0.1					0.	
Schedule I - Exploited (see instru	-	ty Incom	e, Otner	inan Adv	ertisin	g income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			Ì		1						
(2)											
(3)		<del>                                     </del>								· · · · · · · · · · · · · · · · · · ·	
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on 1, Part I, , col (B)					<u> </u>		Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertising			0.							0.	
Part I Income From F				olidated	Basis	<del></del>					
1. Name of periodical	2. Gross advertisin income	- I	3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati	ion	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										]	
(3)				7						] .	
(4)				1				· · · · ·		] , ]	
			<del></del>								
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0.							0. Form <b>990-T</b> (2018)	

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	<u> </u>
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)