Form	960-T-3) E	Exempt Orga					Tax Re	eturr	,	ОМВ	No 1545-0687
,	(and proxy tax under section 6033(e))										2018	
	•	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 Go to www irs gov/Form990T for instructions and the latest information.										U 10
Depart Interna	ment of the Treasury	▶	Do not enter SSN numbe						01(c)(3)	.	Open to I	Public Inspection for Organizations Only
A [Check box if				nged and see instructions)				D Employer identification number (Employees' trust, see			
	address changed	f	UNITED WAY		-						ctions)	JS1, S00
	empt under section	Print	AND WAYNE C	OUNTIES						2	4-08	324164
X	501(c)(3 0 37	or Type	Number, street, and room				ns.			E Unrela (See in	ated busi astruction	ness activity code ns)
<u> </u>	1406(8) 2220(8) 615 JEFFERSON AVE, NO. 304											
<u> </u>	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code											
529(a) SCRANTON, PA 18510 C Book value of all assets F Group exemption number (See instructions.)										L		
at e	nd of year	02.	G Check organization type		, _[501(c) trust		401(a)	trust		Other trust	
H Ent			tion's unrelated trades or t		1	<u> </u>	-	the only (or				Other trust
	de or business here							, complete P	-		than or	ie,
dos	cribe the first in the bl	ank spa	ce at the end of the previou	is sentence, complete Pa	ırts I an	id II, com						•
<u>bus</u>	iness, then complete	Parts III	-V									
	•		oration a subsidiary in an a		ıt-subs	idiary co	ntrolled group?		▶ L	Ye	s [☐ No
			tifying number of the paren									
Par			JACK R. EVAN de or Business Inc			//	Teleph () Income	one number		<u>570</u>) 34	13-1267
			de of business inc	OITIE			i) illcolle	(6) 5	xpenses			(C) Net
	Gross receipts or sale Less returns and allov			c Balance	1c	,		1	•	i		
	Cost of goods sold (S		A line 7)	C Dalatice	2							
	Gross profit. Subtract		•		3							
	Capital gain net incom			4a								
	2.		art II, line 17) (attach Form	4797)	4b							
C	Capital loss deduction	for trus	its		4c_							
			ship or an S corporation (at	tach statement)	5			ļ				
	Rent income (Schedul				6							
	Uffelated debt-financi				7_							
-		-	and rents from a controlled	• .	_8							
	Rivestment income of				 							
	Exploited exempt active Advertising income (S				10 11			 				
	Other income (See ins				12			 				
	Total, Combine lines				13		0.					
Pai	t II Deductio	ns No	t Taken Elsewher		r limita		n deductions)					
	(Except for c	ontribu	utions, deductions must	be directly connected	d with	the unre	elated busines	s income)				
14	Compensation of offi	cers, du	rectors, and trustees (Sche	dule K)						14		
15	Salaries and wages									_15		
16	Repairs and mainten	ance							1	16_		
17	Bad debts									17		
18	Interest (attach scher Taxes and licenses	aule) (se	ee instructions)							18		
19 20		nne /Sac	e instructions for limitation	rulae)						20		
21	Depreciation (attach	•		i dicə j			21					
22			n Schedule A and elsewher	e on return			22a			22b		
23	Depletion							_		23		
24	•	ontributions to deferred compensation plans					Kt: (El)			24_		
25	Employee benefit pro						25					
26	Excess exempt expenses (Schedule I)					019g JUL 212.20				26_		
27	Excess readership co	<u> </u>				<u>.</u>	27 28					
28	Other deductions (attach schedule)						OGDEN UT					
29	Total deductions. And times 14 timough 20							_}	29 30		0.	
30									31			
31 32		-	oss arising in tax years beg ncome. Subtract line 31 fro	_	iy i, 2\	10 (266	mau ucuons)			32		0.
32			work Peduction Act Notice				<u></u>			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Form	990-T (2018)

Form 990-	THE WITTHE COUNTYED	24-0824164	Page 2
Part	''''' 		
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	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35_	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 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	38	<u> </u>
Part I	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	<u> </u>
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	► 41 <u> </u>	
42	Alternative minimum tax (trusts only)	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	0.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
þ	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att	ach schedule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
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		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e 50e	623.	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	<u>623.</u>
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	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	59 54	623.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		<u>623.</u>
Part \		ions) '	
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 >		$-\frac{X}{X}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn 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 >\$	hest of my knowledge and belu	ef it is true
Sign	Under penalties of perjury, I deelare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge)	,
Here	1 6/29/2020 OFFO	· ·	iss this return with
	Signature of officer Date CFO Title	the preparer show instructions)?	/
			165 10
	This type property of themselves	heck if PTIN	
Paid	05/20/20	elf- employed	56330
Prepa	MOCDATI MEDINAL CACCOCTAMES D.C.		226550
Use C	// // / / / / / / / / / / / / / / / / /	1111 3 LIN - 43-4	
	1173 CLAY AVENUE Firm's address ► SCRANTON, PA 18510	Phone no. 5709610	1345
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