

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

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.

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

B Exempt under section 501(c)(3) 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions)

UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES

Number, street, and room or suite no. If a P.O. box, see instructions.

615 JEFFERSON AVE, NO. 304

City or town, state or province, country, and ZIP or foreign postal code

SCRANTON, PA 18510

D Employer identification number (Employees' trust, see instructions)

24-0824164

E Unrelated business activity code (See instructions)

C Book value of all assets at end of year 7,313,202.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

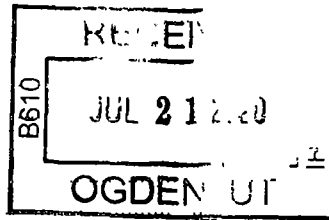
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of JACK R. EVANS Telephone number (570) 343-1267

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

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)

Table with 2 columns: Description, Amount. Rows 14-32.



Handwritten notes: 35m 9/27

Handwritten note: 27

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44. Line 44 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55. Line 51 amount is 623.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 56-58.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 6/29/2020 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.