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Form <b>990-T</b>	AC E	ı L	OMB No 1545-0687							
		ł	2010							
	For ca	lendar year 2018 or other tax year beginning		, and ending		- 1	2018			
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may			ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed		(Emp	oyer identification number loyees' trust, see uctions)							
B Exempt under section	Print	UNITED WAY OF TRUMBULL		<u>4-1083629</u>						
X 501(c <b>3/)3</b> )	Type	Number, street, and room or suite no. If a P O. box		ated business activity code nstructions )						
408A530(a)										
C Book value of all assets		F Group exemption number (See instructions.)	<b>&gt;</b>							
at end of year 1,034,3	390.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust			
H Enter the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) un	related				
trade or business here					complete Parts I-V					
describe the first in the	blank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	e or			
business, then complete					<del></del>					
-		oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	<b>▶</b> L	Ye	es X No			
<del></del>		tifying number of the parent corporation.		Talaala		220	· 260 1000			
		VIRGINIA PASHA	1	(A) Income	one number 🕨 ( (B) Expenses		) 369-1000 (C) Net			
<u> </u>		de of Business income		(A) Illcolle	(B) Expenses		(O) NET			
1a Gross receipts or sal		c Balance	10							
2 Cost of goods sold (			1c 2	<u></u>						
3 Gross profit Subtract		•	3							
4a Capital gain net inco			4a							
, •	•	art II, line 17) (attach Form 4797)	4b	-						
c Capital loss deduction			4c							
•		ship or an S corporation (attach statement)	5							
6 Rent income (Sched		,	6		-					
7 Unrelated debt-finan		ne (Schedule E)	7							
8 Interest, annuities, ro	oyalties, a	and rents from a controlled organization (Schedule F)	8							
9 Investment income of	of a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9							
10 Exploited exempt act	tivity inco	me (Schedule I)	10							
11 Advertising income (	Schedule	: J)	11							
12 Other income (See in			12_							
13 Total. Combine line			13	0.						
		ot Taken Elsewhere (See instructions for utions, deductions must be directly connected			s income )					
14 Compensation of o	fficers, di	rectors, and trustees (Schedule K)		•		14				
15 Salaries and wages	•	, ,				15				
16 Repairs and mainte	nance					16				
17 Bad debts						17				
18 Interest (attach sch										
19 Taxes and licenses										
	•	e instructions for limitation rules)		1 - 1		20	<u> </u>			
21 Depreciation (attack		RE(	CFI	VED 22a						
	laimed or	I . I		VED 22a		22b				
23 Depletion		mpensation plans SEP	<b>0</b> 9			23 24				
24 Contributions to de		mpensation plans	v Q	2019		25	-			
<ul><li>25 Employee benefit p</li><li>26 Excess exempt exp</li></ul>	-	shedule ()	-			26	·			
27 Excess readership (		0 113	EN	ut		27				
28 Other deductions (a		•				28				
29 Total deductions. A		·				29	0.			
		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	0.			
		oss arising in tax years beginning on or after Janua				31				
		ncome. Subtract line 31 from line 30		<u> </u>		32	0.			
		work Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)			

Form 990-1	ONTITUD WITH OUT THOUSAND OUT TO THE OUT THE O	34-108362	29 Page 2
Part I		<del></del>	
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)	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	0.
Part I			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	0.
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	<b>▶</b> 41	
42	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V		p	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		
b	Other credits (see instructions)		
C	General business credit Attach Form 3800		
d	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		tach schedule) 47	<del>+</del>
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.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941)  50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <b>50g</b>		-
	Total payments Add lines 50a through 50g	51	
	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	<del> </del>
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	<del>                                     </del>
_	Enter the amount of line 54 you want: Credited to 2019 estimated tax    Statements Regarding Certain Activities and Other Information (see instruct)		
Part V	<del></del>		Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		163 140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	· · · · · · · · · · · · · · · · · · ·		
67	here	an truet2	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes," see instructions for other forms the organization may have to file.	gir a dot	
	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 it is true,
Sign	correct and complete Declaration of prepare (other than expayer) is based on all information of which prepare has any knowledge PRESIDENT & CHI	ਜ਼ਿਸ਼ —	
Here	1) Lecrue of Costa 8-13-1 EXECUTIVE OFFICE	iviay trie	RS discuss this return with arer shown below (see
	Signature of officer Date Title	instructio	ns)? X Yes No
	Print/Type preparer's name Preparer's signature Date Ci	heck if P1	rin
Paid	PATRICK P. O'CONNOR ( ) \ \ SE	elf- employed	
Prepa	Con Cin Shala		P00095117
Use O	Company NO CONNICE HOCO C LOREE LLC	ırm's EIN ►	56-2470951
	8700 E. MARKET ST., SUITE 1		
	Firm's address ► WARREN, OH 44484	Phone no. 330-	<u>-856-9222</u>
823711 01-	09-19		Form <b>990-T</b> (2018)

Schedule A - Cost of Good	s Sold. Enter r	method of inven	itory valuation N/A		· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold Su	7 Cost of goods sold Subtract line 6				
3 Cost of labor	3		from line 5. Enter here	art I,				
4 a Additional section 263A costs			line 2		7			
(attach schedule)	4a		8 Do the rules of section	nth respect to		Yes	No	
<b>b</b> Other costs (attach schedule)	4b		property produced or a	for resale) apply to				
5 Total Add lines 1 through 4b				X				
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Personal Property	Lease	d With Real Pro	perty	<b>'</b> )	
1. Description of property								
(1)			<del> </del>					
(2)			<u>-</u>					
(3)								
(4)								
	2 Rent receive	d or accrued			0/->-			
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e than	` of rent for p	and personal property (if the percental personal property exceeds 50% or if at is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ai		ttach schedule)	<u> </u>
(1)								
(2)		,						
(3)								
(4)								
Total	_0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<u> </u>		_	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	bt-Financed	income (see	instructions)				<u> </u>	
			2 Gross income from		3 Deductions directly cor to debt-finant			
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)								
(2)	•							
(3)		_ <del></del>						
(4)	· · · · ·	-						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis ocable to ced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)	-		%				_	
(4)			%					
-					ter here and on page 1 art I line 7, column (A)		nter here and on pag	
Totals			<b>▶</b>		_ 0			0.
Total dividends-received deductions in	cluded in column	8				•		0.

ross tising me	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)
	_				
		]			
0	. 0.			<u> </u>	
_			0.1		<u> </u>

Page 5

Part II	Income From Periodicals Reported on a Separate Basis	S (For e	each	penodical listed in l	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	<b>•</b>	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	4 Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)		-		%	
Total Enter here a	and on page 1, Part II, line	14		<b>•</b>	0.

Form 990-T (2018)