F	,	T'. 3, 17	l	`	, ,		29 <b>3</b>	93334	<b>2</b> 2	3 5 9 OMB No 1545-0687
•	For	<sub>-</sub> 990-T		Exempt Organization Bus (and proxy tax und	ler sect	ion 603	3(e))	turn		2018
	Dep	artment of the Treasury	For cal	endar year 2018 or other tax year beginning  Go to www.irs gov/Form990T for in		, and endu	•	n	One	en to Public Inspection for
İ		nal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form as it ma						(c)(3) Organizations Only
	Δ	Check box if address changed		Name of organization ( Check box if name of	1			D Employer id		
1	В	Exempt under section		UNITED WAY OF NORTHW	-			(Employees' t	rust, see	instructions)
		X 501( C)(3)	Print	INC.			,			
	ŀ		or	Number, street, and room or suite no. If a P.O. box, see ins	etruotione			<sup>│</sup> 59-0	863	698
				P.O. BOX 586	31100110113			E Unrelated by		
	1	408A 530(a)	Туре	-				(See instruct		activity code
		529(a)		City or town, state or province, country, and ZIP or fore PANAMA CITY	-		2-0586	5311		
		Book value of all assets				3240	2-0300	1 2211		<del>'                                    </del>
  -		at end of year		roup exemption number (See instructions )			504(a) 4m a4	404(=) 4===		Othertwet
<u> </u>				heck organization type ► X 501(c) co			501(c) trust	401(a) trus		Other trust
;	Н	Enter the number of the	organiz	ation's unrelated trades or businesses 🕨	Des	cribe the	only (or tirst) un	related trade or	_	- · · · · · · · · · · · · · ·
				<del></del>	• • •			B	_	nly one, complete
ı				cribe the first in the blank space at the end	-	vious sen	tence, complete	Parts I and II, o	comple	∌te
				rade or business, then complete Parts III–V						
	1	During the tax year, was	the cor	poration a subsidiary in an affiliated group o ntifying number of the parent corporation	r a parent	-subsidia	y controlled gro	onb.	,	Yes X No
ı		Tes, enter the name	and ide	ntifying number of the parent corporation						
l I	$\overline{}$	The books are in care of	F F	BRYAN TAYLOR			Tele	ohone number	8	50-785-7521
	-			e or Business Income		1 ,	A) Income	(B) Expenses	1	(C) Net
1				e of Busiliess income		+- '	A) illcome	(b) Expenses		(0) (10)
	1a	Gross receipts or sale		c Balance	10		·			İ
	b	Less returns and allow			10	·				
	2	Cost of goods sold (So			2			***************************************		
	3	Gross profit Subtract			3	_		<del></del>		
	4a	Capital gain net incom	•	•	4a	<b></b>				<del> </del>
	b	- ' ' '		line 17) (attach Form 4797)	46					
	С	Capital loss deduction			40	-				<del> </del>
I	5	Income (loss) from partnership		oration (attach statement)	_ 5	<b>-</b>				45.450
	6	Rent income (Schedul	•		6		15,450			15,450
l I	7	Unrelated debt-finance		,	7					
!	8	•		nts from controlled organization (Schedule F)	8				$\longrightarrow$	
I	9	Investment income of a se	ection 50°	(c)(7), (9), or (17) organization (Schedule G)	9					
ı	10	Exploited exempt activ	•	•	10				$\longrightarrow$	<b></b>
l	11	Advertising income (S			11			.,		<u> </u>
	12	Other income (See ins	truction	s, attach schedule)	12	:				
	13	Total Combine lines 3			13		15,450			15,450
	P	art II Deductio	ns No	t Taken Elsewhere (See instruction	ns for lin	nitations	s on deduction	ons ) (Except	for c	ontributions,
				t be directly connected with the unre	elated bi	<u>usiness</u>	income)			
	14	•	ers, dıre	ctors, and trustees (Schedule K)	- 1	REC	7511		14	
	15	Salaries and wages			- 1 1		CEIVED		15	
	16	Repairs and maintena	nce		B509	NOV	0.1	7 <b>ી</b>	16	<del> </del>
B	17	Bad debts			<b> </b> 8	IVU V	e T 5013	SO	17	<del></del>
Ø	18	Interest (attach sched	ule) (see	e instructions)				PS-	18	
988	19	Taxes and licenses				OGN	EN, UT	<u>~</u>	19	1,870
40	20	Charitable contributions (S					<u>-14, UT</u>	1	20	<del></del>
•	21	Depreciation (attach F	orm 456	52)			21	3,607	.	
T	22	· <del></del>	med on	Schedule A and elsewhere on return			22a		22b	3,607
	23	Depletion 🗲							23	
	24	Contributions to deferr		pensation plans					24	
	25	Employee benefit prog	ırams						25	
	26	Excess exempt expen	ses (Scl	nedule I)					26	
	27	Excess readership cos	sts (Sch	edule J)					27	
	28	Other deductions (atta				SEI	E STATEM	ENT 1	28	9,365
	29	Total deductions. Ad							29	14,842
	30	Unrelated; business taxable income before net operating loss deduction. Subtract line 29 from line 13								608
	31	Deduction for net oper	31							
	32			come Subtract line 31 from line 30	•	,			32	608
	DAA			ct Notice, see instructions.	_			G		Form <b>990-T</b> (2018

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Part I, line 7, column (B)

Part I, line 7, column (A)

Totals

Total dividends-received deductions included in column 8

Schedule F – Interest, Annu	uities, Ro	yalt	ies, and Ren						(see instruc	tions)		
				Exem	ot Controlled	Orgar	nizatio	ns				
Name of controlled     organization			2 Employer atification number	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made			5 Part of column 4 that included in the controllin organization's gross incom		6 Deductions directly connected with income in column 5	
(1) N/A												
(2)									_			
(3)												
(4)						L						
Nonexempt Controlled Organiza	tions											
7 Tayahla lasama		Net unrelated income loss) (see instructions)		9 Total of specified payments made		10 Part of column s included in the con organization's gross		e controlling		11 Deductions directly connected with income in column 10		
(1)							ļ					
(2)	· - · -											
(3)												
(4)							<del> </del>		- F 10	ļ.,	dd columns 6 and 11	
Tatala				ļ E		En	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)		Enter here and on page 1, Part I, line 8, column (B)			
Totals Schedule G – Investment In	come of	2 94	ection 501(c	1/71 /91	or (17) O	rganiz	ration	1 (see ir	netructions)	<u> </u>		
Schedule G – investment in	icome or	a 50	ection sor(c	)( <i>1 )</i> , ( <i>2 )</i>	, 01 (17) 0	rgainz	.atioi	1 (300 11	istructions)			
1 Description of income			2 Amount of income		3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)			5 Total deductions and set-asides (cot 3 plus cot 4)	
(1) N/A												
(2)												
(3)												
(4)												
Totals		<b>•</b>	Enter here and o Part I, line 9, col	umn (A)							nter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activ	/ity l	ncome, Oth	er Thar	n Advertisi	ing Inc	ome	(see in	structions)			
2 Gross unrelated 1 Description of exploited activity business incor from trade or business		ated income ide or	production of		4 Net income (from unrelated or business (co 2 minus columning again, composed 5 through	trade lumn n 3) oute	5 Gross income from activity that is not unrelated business income		at attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A												
(2)												
(3)												
(4)	Enter here page 1, I	Part I,	Enter here a page 1, P	art I,							Enter here and on page 1, Part II, line 26	
<u>Totals</u> <u>▶</u>												
Schedule J - Advertising In												
Part I Income From P	eriodica	ls R	<u>eported on a</u>	Cons	olidated B	asis ု				*	<u> </u>	
2 Gross 1 Name of periodical advertising income		1	3 Direct advertising costs		ool 5 Circulation income 7			n <b>6</b> Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1) N/A												
(2)											_	
(3)											_	
(4)								_				
Totals (carry to Part II, line (5))										<u> </u>	Form <b>990-T</b> (2018	

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) <b>N/A</b>	.=.					
(2)						
(3)			_			
(4)						
Totals from Part I			]			
	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)						

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14		•	

Form **990-T** (2018)

59-0863698

## **Federal Statements**

## Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount		
INSURANCE	\$ 3,949		
UTILITIES	290		
ACCOUNTING FEES	 5,126		
TOTAL	\$ 9,365		

## Form 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

ZUIO

Department of the Treasury Internal Revenue Service Name(s) shown on return

UNITED WAY OF NORTHWEST FLORIDA,

Identifying number 59-0863698

Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year. See instructions 15 Property subject to section 168(f)(1) election 15 14.912 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property See instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (e) Convention (g) Depreciation deduction (f) Method (a) Classification of property placed in (business/investment use period only-see instructions) service 19a 3-year property h 5-year property C 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs g 27 5 yrs MM S/L Residential rental 27 5 yrs ΜМ S/L property 39 yrs ММ Nonresidential real S/L property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life h 12-year 12 yrs S/L 30-year 30 yrs MM S/L С ММ S/L 40-year 40 yrs Part IV Summary (See instructions ) 21 21 Listed property Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter <u>14,9</u>12 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

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