32

Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

608

| Form | 990-T (2018) UNITED WAY OF NORTHWEST FLORIDA, | 59-0863698 | | - | | Page 2 |
|-------------|--|--------------------------------------|-------------|----------|---------------------------------------|---|
| <u>Pa</u> | rt III Total Unrelated Business Taxable income | | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or business | nesses (see | | | | |
| | instructions) | | | 33 | | 608 |
| 34 | Amounts paid for disallowed fringes | | | 34 | | |
| 35 | Deductions for net operating loss ansing in tax years beginning before January 1, 2018 | 3 (see | | | | |
| | instructions) | | | 35 | | 608 |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 | from the sum | | | | |
| | of lines 33 and 34 | | 20 | 36 | | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 38 | 31 | | 1,000 |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater | er than line 36, | | | | _ |
| | enter the smaller of zero or line 36 | | | 38 | | 0 |
| | rt IV Tax Computation | | | | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | > | 39 | | |
| 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 | | |
| 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 | | ე |
| Pa | rt V Tax and Payments | - | | г | | |
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 45a | | ↓ | | |
| b | Other credits (see instructions) | 45b | | 4 | | |
| С | General business credit Attach Form 3800 (see instructions) | 45c | | ↓ | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | | J | | |
| е | Total credits. Add lines 45a through 45d | | | 45e | | |
| 46 | Subtract line 45e from line 44 | | | 46 | | |
| 47 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att | sch) | | 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 3 | 2 | | 49 | | |
| 50a | Payments A 2017 overpayment credited to 2018 | 50a | | ↓ | | |
| b | 2018 estimated tax payments | 50b | | ↓ | | |
| С | Tax deposited with Form 8868 | 50c | |] | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 50d | | 1 | • | |
| е | Backup withholding (see instructions) | 50e | | 1 1 | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | _ | 1 | | |
| g | Other credits, adjustments, and payments Form 2439 | | | | | |
| | Form 4136 Other Total ▶ | 50g | | | | |
| 51 | Total payments. Add lines 50a through 50g | | | 51 | | |
| 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 | | 0 |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount of | verpaid | ▶ | 54 | | |
| 55 | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ | Refun | ded ▶ | 55 | | |
| Pa | rt VI: Statements Regarding Certain Activities and Other Infor | mation (see instruction | ns) | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a | a signature or other author | ity | | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "YES," the country of the countr | organization may have to f | ile | | | لقد واحدوا |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the here ▶ | name of the foreign coun | ıry | | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grante | or of or transferor to a for | eian trus | :t? | | X |
| | If "YES," see instructions for other forms the organization may have to file | or or, or transicror to, a for | cigir truc | | | · |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year | <u> </u> | | | _ | |
| | Under penalties of penury, I declare that Libave examined this return, including accompanying schedules and statem | ents, and to the best of my knowledg | e and belie | f, it is | | |
| Sig | true county and complete Dederates of bronzes (other than toyonyar) is based on all information of which propose | | | | May the IRS | discuss this return arer shown below |
| Her | | 70 | | | with the preparation (see instruction | arer shown below ons)? |
| HE | 190 | EO | _ | | | es No |
| | Signature of officer Pont/Type preparer's name Preparer's systature Preparer's systature | Da | le . | Check | ıf PTIN | |
| Danet | | | | 1 | ⊔ " | 05222 |
| Paid | | | /24/20 | | | 95323 .217629 |
| Prep | | | rımı's | EIN 🕨 | | 1 02 9 |
| use | Davaka Grmy 177 20400 1100 | | | | 850-74 | 9-9491 |
| | Firm's address PANAMA CITY, FL 32402-1100 | | Phone | no | | 990-T (2013) |
| | | | | | rorm : | 201 (2013) |

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

Enter here and on page 1,

Part I, line 7, column (A)

Totals

Total dividends-received deductions included in column 8

| Part I Income From P | 2 Gross advertising | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but |
|---------------------------------------|------------------------|----------------------------|---|----------------------|--------------------|---|
| 272 | income | | a gain, compute cols 5 through 7 | | | not more than column 4) |
| (1) N/A (2) | | | | | | |
| (3) (4) | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |

Total. Enter here and on page 1, Part II, line 14

| Part II Income From I | Periodicals Reported | on a Sepa | rate Basis (For | each period | ical listed in F | art II, fill | ın columns |
|-----------------------------|--------------------------------------|---|---|----------------------|---|--------------|---|
| | a line-by-line basis) | | | | | | |
| 1 Name of periodical | 2 Gross advertising income adv | 3 Direct ertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | n 6 Reac | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) N/A | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | | | TO SHOW THE PARTY OF THE PARTY | | 特物的 | | |
| Totals, Part II (lines 1-5) | page 1, Part I, pa | er here and on age 1, Part I, e 11, col (B) | | | | | Enter here and on page 1, Part II, line 27 |
| Schedule K - Compensation | on of Officers, Directo | ors, and T | rustees (see instr | ructions) | | | |
| 1 Nan | | | 2 Title | | 3 Percent of time devoted to business | | nsation attributable to elated business |
| (1) N/A | | | | | % | | |
| (2) | | | | | % | | |
| (3) • | | | | | · % | | |
| | | 1 | | | 0/ | | |

Form **990-T** (2018)

59-0863698

Federal Statements

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

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

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Internal Revenue Service

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

OMB No 1545-0172

UNITED WAY OF NORTHWEST FLORIDA, Name(s) shown on return Identifying number 59-0863698 INC. Business or activity to which this form relates INDIRECT DEPRECIATION **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 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 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 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 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 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 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 during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 14,912 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2018 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 (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property е 20-year property f 25-year property 25 yrs S/L q 27 5 yrs MM S/L Residential rental property 27 5 yrs MM S/L 39 yrs ММ S/L Nonresidential real property S/L Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L 30-year 30 yrs MM S/L c ММ S/L 40 yrs 40-year Part IV Summary (See instructions) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 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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