Form <b>990-T</b>	E	Exempt Organization Bus				ļ	OMB No 1545-0687
		(and proxy tax und			1904 N 30 301	ا ،	2018
1	For ca	lendar year 2018 or other tax year beginning JUL 1,				9	<b>ZU 10</b>
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				Ì	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name c		(Emp	oyer identification number lloyees' trust, see uctions)		
B Exempt under section	Print	UNITED WAY OF SNOHOMIS	H C	OUNTY		9	1-0606507
X 501(c <b>23</b> )	or	Number, street, and room or suite no. If a P.O. box	k, see ir	structions			ated business activity code instructions )
408(e)220(e)	Type	3120 MCDOUGALL AVE., N	o. 2	200			
408A 530(a) 529(a)		City or town, state or province, country, and ZIP o EVERETT, WA 98201	r foreig	n postal code		<u>531</u>	120
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b>&gt;</b>	<u></u>			
<u>10,169,6</u>	92.	G Check organization type ► X 501(c) corp	oration	1 501(c) trust	401(a)	trust	Other trust
	-		1		the only (or first) un		
		EE STATEMENT 1			, complete Parts I-V.		·
		ace at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	e M for each additiona	al trade	e or
business, then complete						— v	es X No
• , ,		poration a subsidiary in an affiliated group or a parer	n subs	lalary controlled group?	▶ ∟	Yŧ	S A NO
		tifying number of the parent corporation.		Telenh	ione number <b>&gt; 4</b>	25-	374-5506
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale				(1)	(-,-,-,-		
b Less returns and allo		<b>c</b> Balance ▶	1c				
2 Cost of goods sold (S			2				
3 Gross profit. Subtrac			3				
4a Capital gain net incor	ne (attac	ch Schedule D)	4a				
<b>b</b> Net gain (loss) (Form	1 4797 <b>,</b> P	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio			4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	ıle C)		6	71 004D	FO = FF 6	2.1	
7 Unrelated debt-finance		,	7	71,804₽	ECE 77,6	<u>31.</u>	-5,827.
•	•	and rents from a controlled organization (Schedule F)	8/9				
		on 501(c)(7), (9), or (17) organization (Schedule G)		Jt	#L 1.3 2020		
<ul><li>10 Exploited exempt act</li><li>11 Advertising income (</li></ul>	-	• • • • • • • • • • • • • • • • • • • •	10 11		4 444	16	
11 Advertising income ( 12 Other income (See in			12	00	DEN IIT		
13 Total. Combine lines	•	·	13	71,804.	77,6	<u>31</u> .	-5,827.
Part II Deduction	ns No	ot Taken Elsewhere (See instructions for	r lımıta	ations on deductions)	,		
(Except for	contribi	utions, deductions must be directly connected	l with t	he unrelated business	income)	_	
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainter	папсе					16	
17 Bad debts						17	
18 Interest (attach scho	edule) (s	ee instructions)				18	
19 Taxes and licenses		( )				19	
	-	e instructions for limitation rules)		1 94 1	24,177.	20	
21 Depreciation (attach		aoz) n Schedule A and elsewhere on return		21 22a	24,177.	22b	0.
<ul><li>22 Less depreciation of</li><li>23 Depletion</li></ul>	allilea oi	II Schedule A and eisewhere on return		224	21,11,1	23	
24 Contributions to del	erred co	moensation plans				24	
25 Employee benefit pr						25	
26 Excess exempt expe		chedule I)				26	
27 Excess readership of						27	
28 Other deductions (a	•					28	
29 Total deductions.					*-	29	0.
/		ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13	٠,	30	-5,827.
31 Deduction for net of	perating	loss arısıng ın tax years beginning on or after Janua	ry 1, 20	118 (see instructions)	, <b>f</b>	31	
_		ncome. Subtract line 31 from line 30			<i>i</i> 1	32	-5,827 <b>.</b>
923701 01-09-19 LHA F	or Papei	work Reduction Act Notice, see instructions			$\bigcirc$	•	Form <b>990-T</b> (2018)

Form 990-1	(2018) UNITED WAY OF SNOHOMISH COUNTY	91-0	<u>606507</u>	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-5,827.
34	Amounts paid for disallowed fringes		34	
35		MT 2	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	-5,827.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		30 30 T	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		1 38	-5,827.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	1	▶ 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)	1	40	<u></u>
41	Proxy tax See instructions	1	▶ 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	
Part \	Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		<b>→</b>	
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		ttach schedul		
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		<del> </del>	
	Tax deposited with Form 8868		<u> </u>	
	Foreign organizations; Tax paid or withheld at source (see instructions)  50d			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941)  50f		$\dashv$ $\parallel$	
g	Other credits, adjustments, and payments Form 2439			
-4	Form 4136 Other Total ▶ 50g		<del>-   -  </del>	
	Total payments. Add lines 50a through 50g		51	
52 50	Estimated tax penalty (see instructions) Check if Form 2220 is attached	li	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	,	53	
54 55		inded	54 55	
Part V			1 00 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		<del></del>	Yes No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			100   100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ion trust?		— <del>  X</del>
•	If "Yes," see instructions for other forms the organization may have to file.	·g···········		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			1 1 1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kno	wledge and belief,	it is true,
Sign	correct, and complete Decidation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ſ	May the IBC disc	uss this return with
Here	INTERIM CEO		the preparer sho	
	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date C	Check	ıf PTIN	
Paid	KIMBERLY D. FYFE, KIMBERLY D. RYFE. s	elf- employ	red	
Prepa	rer CPA CPA 06/22/20		P01	422564
Use C	-	Firm's EIN	▶ 91-	1056739
	3500 188TH STREET SW STE 322			<del></del>
	Firm's address ► LYNNWOOD. WA 98037	Phone no.	(425)	771-6055

Schedule A - Cost of Goods	Sold. Enter method	of invent	tory valuation   N/A		
1 Inventory at beginning of year	1		6 Inventory at end of yea	Γ	6
2 Purchases	2		7 Cost of goods sold Su	btract line 6	
3 Cost of labor	3		from line 5. Enter here	and in Part I,	
4 a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to	<u> </u>
5 Total Add lines 1 through 4b	5		the organization?		
Schedule C - Rent Income ( (see instructions)	From Real Proper	rty and	Personal Property L	eased With Real Prop	erty) 
1. Description of property					
(1)					
(2)					
(3)					
(4)					
	2 Rent received or accru			2(a) Deductions directly	connected with the income in
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of (b)	of rent for pe	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)	ge 3(a) Deductions directly columns 2(a) ar	nd 2(b) (attach schedule)
(1)					
(2)					
(3)					·
(4)					
Total	0 Total			0.	
(c) Total income Add totals of columns a here and on page 1, Part I, line 6, column	(A) <b>•</b>			(b) Total deductions Enter here and on page 1. Part I, line 6, column (B)	<b>D</b>
Schedule E - Unrelated Deb	t-Financed Incom	<b>1e</b> (see i	nstructions)		
			2 Gross income from or allocable to debt-	3 Deductions directly con to debt-finance	ed property
1 Description of debt-fin	anced property		financed property	(2) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				STATEMENT 3	STATEMENT 4
(1) 3120 MCDOUGALL AV	/E - PART OF	1			
(2) FIRST FLOOR	_		85,329.	24,177	. 68,076.
(3)	<u> </u>				
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted by of or allocable to debt-financed project.	erty	6 Column 4 divided by column 5	<ol> <li>Gross income reportable (column 2 x column 6)</li> </ol>	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 5	STATEMENT	6			
(1)			%		
(2) 2,153,546.	2,559	<u>,188.</u>	84.15%	71,804	. 77,631.
(3)			%	<u> </u>	
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>▶</b>	71,804	. 77,631.
Total dividends-received deductions in	cluded in column 8		•		0.

Schedule F - Interest,				Controlled O	_			1000 1113	tructions	
1 Name of controlled organize	2. Employer identification number		3 Net unre (loss) (see	elated income instructions)				of column 4 ted in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)			1							
(2)			ļ							
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7 Taxable Income	8 Net unrelated inc (see instruction		9 Total	of specified payr made	nents	10 Part of colur in the controlli gross				luctions directly connected income in column 10
(1)										
_(2)		_				<del></del> -				
_(3)			<u> </u>							
(4)	<u> </u>									
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals					, <b>&gt;</b>			0.		0.
Schedule G - Investme	ent Income of a tructions)	Section	501(c)(7	'), (9), or (	17) Org	anization				
	scription of income	_		2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)						<b>,</b>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)	<del>-</del>									
(3)	•									
(4)										
			_	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			<b>•</b>	^	0.					0.
Schedule I - Exploited		y Incom	e, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction hrelated ss income	4 Net incom from unrelated business (co minús colum gain, computi through	I trade or Ilumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributi coluri	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		1 -								
(4)		1				11 111				
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, I, col (B)		•					Enter here and on page 1, Part II, line 26
Totals	0.		0.							0.
Schedule J - Advertis Part I Income From	Periodicals Re	orted o		solidated	Basis					
1. Name of periodical	2 Gross advertising income	, I	3 Direct vertising costs			5 Circulat		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-	-					-	
(2)				$\dashv$				<u></u>		
(4)				-		<u> </u>				
(4)						+				
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0 Form <b>990-T</b> (2018

Form 990-T (2018) <b>UNITED WA</b>	Y OF SNOH	MISH COU	NTY '		91-060650	)7 Page
Part II Income From Perio	dicals Reporte	ed on a Separ	ate Basis (For eac	ch periodical liste	d 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)						
(2)						
(3)						
(4)				•		
Totals from Part I	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	n of Officers, D	irectors, and	Trustees (see in:	structions)		
1 Name			2. Title	3 Perce time devo busine	ted to	pensation attributable nrelated business

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0.

% %

%

%

(1)

(2)

. (3)

(4)

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

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
	BUSINESS ACTIVITY	

## PARTIAL RENTAL OF BUILDING TO A NON-PROFIT ENTITY

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING I	LOSS DEI	DUCTIO	N	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		LO REMA	SS INING	AVAILABLE THIS YEAR
06/30/18	3,471.	· · · · · · · · · · · · · · · · · · ·	0.	. V.V., 511	3,471.	3,471.
NOL CARRYOVE	R AVAILABLE THIS	YEAR	=		3,471.	3,471.
			,			·
FORM 990-T	SCHEDULE I	E - DEPRECIA	ATION DE	EDUCTI	ON	STATEMENT 3
DESCRIPTION			ACTIVI NUMBI		AMOUNT	TOTAL
DEPRECIATION		- SUBTOTAL -	- 1	 1	24,177.	24,177
TOTAL OF FOR	M 990-T, SCHEDULI	E E, COLUMN	3(A)			24,177
FORM 990-T	SCHEDUI	LE E - OTHER	R DEDUCT	rions		STATEMENT 4
DESCRIPTION			ACTIVI NUMBI		AMOUNT	TOTAL
OCCUPANCY PROFESSIONAL MISCELLANEOU INTEREST					30,859. 4,882. 1,157. 31,178.	
<del>_</del>	-	- SUBTOTAL -	- 1	1	•	68,076
TOTAL OF FOR	M 990-T, SCHEDULI	E E, COLUMN	3(B)			68,076

FORM 990-T		ACQUISITION TO DEBT-FINA			STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL .
AVG DEBT	-	- SUBTOTAL -	1	2,153,546.	2,153,546.
TOTAL OF FORM 9	90-T, SCHEDULE	E E, COLUMN 4	1		2,153,546.

FORM 990-T	STATEMENT 6			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVG BASIS	- SUBTOTAL -	1	2,559,188.	2,559,188.
TOTAL OF FORM 99	0-т, SCHEDULE E, COLUMN !	5		2,559,188.