OMB No 1545-0687

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Form 990-T (2016)

Form 990-T (and proxy tax under section 6033(e)) 2016 For calendar year 2016 or other tax year beginning 7/01, 2016, and ending 6/30► Information about Form 990-T and its instructions is available at www.irs.gov/form990t Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Employer Identification number Check box if name changed and see instructions. (Employees' trust, see instructions) UNITED WAY OF ANCHORAGE B Exempt under section Print . 701 W 8TH AVE #230 92-0027948 X 501(C)(C3) Type ANCHORAGE, AK 99501 Unrelated business activity 408(e) 220(e) codes (See instructions.) 408A 530(a) 529(a) C Book value of all assets at F Group exemption number (See instructions) G Check organization type. . . ► X 501(c) corporation 401(a) trust 501(c) trust Other trust 10,709,742. Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... If 'Yes,' enter the name and identifying number of the parent corporation... Telephone number► 907-263-3810 The books are in care of ► LEN LAMBERT Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances . . . c Balance▶ 1 c 2 Cost of goods sold (Schedule A, line 7)...... 2 3 Gross profit. Subtract line 2 from line 1c...... 3 RECEIVED 4a Capital gain net income (attach Schedule D) c Capital loss deduction for trusts..... 4c Income (loss) from partnerships and S corporations (attach statement) Rent income (Schedule C) ... OGDEN. UT 6 6 7 Unrelated debt-financed income (Schedule E)..... 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 0423223404 JUN 62019 3CANNED AUG 0 8 2019 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule C) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J). 11 Other income (See instructions; attach schedule)... SEE STATEMENT 1 12 73,834 73.834 13 13 Total. Combine lines 3 through 12...... 73,834. 73.834 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for Part II contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)..... 15 Salaries and wages..... 16 17 17 18 Interest (attach schedule). ... 18 19 Taxes and licenses.... 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return ... 22 22h 23 24 25 25 26 27 27 28 28 Other deductions (attach schedule) 73,834 29 29 73.834 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.,. Net operating loss deduction (limited to the amount on line 30).... 31 31 32 0. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)...... 33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 320

BAA For Paperwork Reduction Act Notice, see instructions.

34

Exempt Organization Business Income Tax Return

Forn	m 990-T (2016) UNITED WAY OF ANCHORAGE	92-0027948	Page 2
Par	rt III; Tax Computation		
	Organizations Taxable as Corporations. See instructions for tax computation.	1.	
	Controlled group members (sections 1561 and 1563) check here ► ☐ See instructions and:	, , ,	
1	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	,	
	(1) \$ (2) \$ (3) \$	14, 14	
	b Enter organization's share of. (1) Additional 5% tax (not more than \$11,750) \$		
		- [33]	
	(2) Additional 3% tax (not more than \$100,000)	▶ 35 c	0.
	c Income tax on the amount on line 34		<u> </u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	7	
	on line 34 from: Tax rate schedule or Schedule D (Form 1041),		
37		▶ 37	
38	Alternative minimum tax		
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	1 48,	0.
Pa	rt IV: Tax and Payments	-	
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	7 -	
	b Other credits (see instructions)	— "* <i>?</i> "	
	c General business credit. Attach Form 3800 (see instructions)	 ,.	
	d Credit for prior year minimum tax (attach Form 8801 or 8827)		
	= =====	41 e	0
	e Total credits. Add lines 41a through 41d	11	0.
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
,	Other (attach schedule)	ii 43	
1-44	Total tax. Add lines 42 and 43	1.6 44	0.
~ ~45°	a Payments. A 2015 overpayment credited to 2016	47	
	b 2016 estimated tax payments	Kind	
	c Tax deposited with Form 8868 45 c 45 c		
	d Foreign organizations: Tax paid or withheld at source (see instructions) 45 d		
, (e Backup withholding (see instructions)		
	f Credit for small employer health insurance premiums (Attach Form 8941)		
	g Other credits and payments: Form 2439	' / ' '	
	Form 4136 ☐ Other Total ► 45 g],\$23° ,]	
AG	Total payments, Add lines 45a through 45g	7. 46	0.
		47	
47			
48			
49	• • • • • • • • • • • • • • • • • • • •	49	
50		50	
Pa	Statements Regarding Certain Activities and Other Information (see instructions)		
51			Yes No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Fin	CEN Form 114,	1 - 1 1 - 2
	Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		_ X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?.	Х
-	If YES, see instructions for other forms the organization may have to file.	· •	
53	and the second of the second o		, x
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beltef, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has		
Sig			
Hei	ra bully William Sill burn	May the IRS discust the preparer shown	below (see
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	PTIN	<u>-</u>
<u>P</u> ai	id provide con 12 / 2017	_]" oyed P016218	11 Q
Pre	RIM I. COMO, CIN 4		
pai		N - 92-014318	
Us			
On	ANCHORAGE, AK 99501 Phone no		4-2992
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Form 990-T (2016) UNITED	WAY OF AN	CHORAGE				92	-002	27948	F	Page 3
Schedule A - Cost of Goo	ods Sold. En	ter method of inv	entory valuation	>	"					
1 Inventory at beginning of ye		1	6		ry at	end of year	6			
2 Purchases		2	7	7 Cost of goods sold. Subtract						
3 Cost of labor		3				ne 5. Enter here	7			
4 a Additional section 263A costs (atta	ch schedule)			and in	arti,	, IIIIe 2	<u></u>	<u> </u>	Yes	No
		4a	8	Do the	rulos	of section 263A (wi	th race	pact to	165	1
b Other costs (attach sch)		4 b	•	propert	y proc	duced or acquired for	or resa			i .
5 Total. Add lines 1 through 4	4b	5		to the c	organi	zation?			1.	X
Schedule C - Rent Incom	e (From Rea	al Property an	d Personal Pr	operty	Leas	sed With Real P	rope	rty) (see I	nstruct	ions)
1 Description of property										
(1)	······									
(2)									_	
(3)	··········		· · · · · · · · · · · · · · · · · · ·							
(4)										
	2 Rent receiv	ved or accrued				3(=) Do divetion		-41		414
(a) From personal pro	perty	(b) From r	eal and personal property			the income in columns 2(a) a				
(if the percentage of rent for property is more than 109	or personal % but not	(if the percentage of rent for personal property exceeds 50% or if the rent is				(attach schedule)				•
more than 50%)		based	on profit or inco	ome)						
(1)										
(2)										
(3)	· ·									
(4)										
Total	·	Total				(b) Total deductions.	Entor			
(c) Total Income. Add totals of co						here and on page 1, Pa	ırt			
here and on page 1, Part I, line 6						I, line 6, column (B)				
Schedule E — Unrelated D	ebt-Finance	ed Income (see	instructions)							
1 Description of deb	ot-financed pro	pertv	2 Gross incom or allocable to		3 De	eductions directly co debt-fina	nced p	ed with or property	allocat	ole to
· Sessiption of destrinations property			financed property		(a) Straight line eciation (attach sch		(b) Other deductions (attach schedule)			
(1)		- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
(1) ·										
(3)										
(4)										
4 Amount of average		djusted basis of	6 Column			7 Gross income		Allocable		
acquisition debt on or allocable to debt-financed property (attach schedule)		to debt-financed ttach schedule)	divided b column		rep	ortable (column 2 x column 6)	· cc	(column 6 olumns 3(a		
(1)				ક	 		_			
(2)				ક						
(3)				8			\top	·		-
(4)				8				·		
			•	 	Ente	r here and on page	1, Ent	er here an	d on p	age 1
					Part	I, line 7, column (A) Pa	rt I, line 7,	colum	n (B).
Totals				, , ▶						
Total dividends-received deduct	ions included i	in column 8				.,	P			

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Form 990-T (2016)

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			Exem	pt Con	trolled Or	ganizations							
organization ider		2 Employer dentification number	in	3 Net unrelated income (loss) see instructions)		4 Total of speci payments mad		fied 5 Part of that is in the cor organizations in the corporation of		luded i trolling ation's	in co	6 Deductions directly connected with income in column 5	
(1)						i		1					
(2)													
(3)						<u> </u>							
(4)													
Nonexempt Controlle	d Organization	s						<u></u>					
7 Taxable Inco		Net unrelated	91	Total of	f specified	1 10 Part	of co	olumn 9	hat is	$\overline{}$	11 Deduc	tions directly	
/ Taxable Inco	"""	income (loss) ee instructions)	ome (loss) paymer		nts made	ınclude	included in		the controlling		connected	with income lumn 10	
(1)													
(2)						<u> </u>				ļ			
(3)													
(4)													
Totals			<u> </u>				colu	ige 1, Pa imn (A).	rt I, line	here	and on p 8, col	6 and 11. Enter age 1, Part I, line umn (B).	
Schedule G – In	vestment in	come of a Se	ction	501(c)(7), (9)), or (17) On	gani	zation	(see ins	truction	ns)		
1 Description	of income	2 Amount	2 Amount of income		3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)		le) set-asi		deductions and sides (column 3 us column 4)	
(1)						-							
(2)													
(2) (3)							_				<u> </u>		
(4)			· ·	·····									
Totals		Enter here an Part I, line 9,	, colum	n (A).			· -	- ,-	- · · · · · · · · · · · · · · · · · · ·		Part I, I	re and on page 1 ne 9, column (B)	
Schedule I – Exp	loited Exen			e, Oti	ner I ha	n Advertisin	<u>ig in</u>	come	see inst				
1 Description of e	exploited activit	2 Gross unrelate busines income fr trade o busines	ed ss om or	conne pro of u	ises directly ected with duction inrelated ess income	4 Net income (los from unrelated tra or business (colu 2 minus column 3 if a gain, compu columns 5 through	mn 3)	5 Gross inc activity thi unrelated l incor	it is not	attribi	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).	
(1)											•		
(2)							_		-			†	
(3)			-+				十						
(4)							$\neg \uparrow$						
		Enter here on page Part I, line column	1, e 10,	on p	here and page 1, I, line 10, mn (B).		- ,'		•,		. 17,5 °	Enter here and on page 1, Part II, line 26.	
Totals		· <u>- </u>						·	<u> </u>		. 4,	1	
Schedule J – Ad													
Part I Income F	rom Period					ted Basis							
1 Name of	periodical	2 Gross advertisi income	ng	adve	Direct ertising osts	4 Advertising gai (loss) (col. 2 mi col. 3). If a gai compute cols. through 7.	nus n.	5 Circul incor			edership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)													
(2)							Ί_]	
(3)]				L					*	
(4)		<u> </u>				ļ						·	
		1	1			i						1	
Totals (carry to Part	il, line (5))	>											

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Form **990-T** (2016)

Part II. Income From Periodical 7 on a line-by-line basis.)	2 Gross	3 Direct	4 Advertising gain or		6 Readership	7 Excess readership
1 Name of periodical	advertising income	advertising costs	(icss) (col. 2 minus) col. 3). If a gain, compute cols 5 through 7.	income	costs	costs (col. 6 minus col. 5, but not more than col 4)
(1)						
(2)						
(2) (3) (4)						
(4)						
Totals from Part I ►				The state of the s	اسماد الم	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	*			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶			1			i
Schedule K - Compensation of	Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent or time devoted to business	d to unrela	ation attributable ated business
				1	k	
				Ş	t	
					b	·
				5	š	
Total. Enter here and on page 1, Part II	, line 14				>	
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2016	FEDERAL STATEMENTS	PAGE 1
	UNITED WAY OF ANCHORAGE	92-0027948
STATEMENT 1 FORM 990-T, PART OTHER INCOME	I, LINE 12	
NET INCOME (LOS	S) FROM SPECIAL EVENTS \$ TOTAL \$ TOTAL \$	73,834. 73,834.
STATEMENT 2 FORM 990-T, PART OTHER DEDUCTION	II, LINE 28 NS	•
PROCEEDS USED FO	OR EXEMPT PURPOSES \$ TOTAL \$	73,834. 73,834.
	:	
	•	