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- 1	<b>L</b>	•	TAMMELLI	) ED I	z Zuis	29393	52	903836	7
1	e a		REQUEST FOR	. 45R C	REDIT ONLY		J	, - 3 3 3 0	•
		Exe	empt Organization E	Busine	ss Income T	ax Return 📌	1	OMB No 1545 0687	
l F	=orm 990-T		(and proxy tax i	under s	ection 6033(e))	Note	)  -		_
ľ		For calendar vea	r 2016 or other tax year beginning _			6/30 , 20	017	(2016)	
	4 -		n about Form 990-T and its in						_
Depa	artment of the Treasury		enter SSN numbers on this form as i			_	- 1	Open to Public Inspection for	7
Inter	nal Revenue Service Check box if	- 00 1101 6			iged and see instructions	112411011 15 a 301(c)(3).		501(c)(3) Organizátións Ohly iployer identification number	_
A	address changed				-		(Er	mployees' trust, see structions)	
	Exempt under section		UNITED WAY OF SLO	COUNTY					
	X 501( C )(\(\alpha\)3 )	or	SAN LUIS OBISPO, C.	7 0240	6-4200			5-3459538	
	408(e) 220(e	· 1	SAN LOIS ODISTO, C.	n 9340	0 4307			nrelated business activity ides (See instructions )	
	<b>∐</b> 408A	a)							
	529(a)							<del>_</del>	_ ل
C	Book value of all assets at end of year	<u> </u>	exemption number (See instruc	tions) >					_
İ	519,363	. G Check	corganization type	501(c) c	orporation 📙50	11(c) trust 40	)1(a) t	rust Other trust	
Н	Describe the organiza	ation's primary	unrelated business activity	•				<del> </del>	_
_						h	- 2	► CTV - CTAL	
	-		ration a subsidiary in an affilia	-	or a parent-subsi-	diary controlled gro	up ′	► ∐Yes ∐No	
_			ying number of the parent cor	rporation		<del> </del>		F 544 400:	_
_	The books are in care			<del></del>		Telephone number		-6-64	-
			usiness Income		(A) Income	(B) Expense	S	(C) Net	-
- 1	a Gross receipts or s		<del></del>						•
	<b>b</b> Less returns and allowa		c Balance►	1 c					_
2	Cost of goods sold	,	/ / \	2			٠.٠	e	_
3	Gross profit Subtra	act line 2 from	line 1c	3			-		_
4	a Capital gain net ind	come (attach s	Schedule D)	4a		3 3 1	<u>a</u>		_
	<b>b</b> Net gain (loss) (Form 47	797, Part II, line 1	7) (attach Form 4797)	4b		4.73 Jal		にて下了	_
	c Capital loss deduct	tion for trusts		4c		* £/8/.	AIO	The same of the	
5	Income (loss) from	partnerships	and S corporations	-		/49/.	וטעי	13 200 751	_
	(attach statement)	-1 1- 0)		5	<del> </del>	<del>                                     </del>	$\sim$	- VIII/ 191	_
6	•	•	(O-11-1-E)	6		<u> </u>	<u>∪G¦</u>	3	-
/	Unrelated debt fina		•	7				- V UT =	_
8		•	m controlled organizations (Schedule F)	8					_
9			(9), or (17) organization (Schedule G)	·					-
10		•	(Schedule I)	10				<del></del>	-
11	Advertising income	,		11					_
12	Other income (See	instructions,	attach schedule)			Transfer where	C.Sc.		
				12		<b>英语 基础 基本</b>	17.7		_
	Total. Combine line			13	0		0.	0.	_
Pä			n Elsewhere (See Instru						
			ons must be directly cor		with the unrela	ted business in		<del>)</del> .) -	_
14	•		rs, and trustees (Schedule K)	ł			14		_
15	•						15		_
16	· -	enance					16		<del>-</del> 6 %
17	Bad debts						17		ا کرئے۔ ورجہ
1.	Interest (attach sch	nedule)					18		<u> </u>
18	interest (attach ser						19		9
- 11	Taxes and licenses						20		
18	Taxes and licenses		tructions for limitation rules)						
18 19	Taxes and licenses Charitable contribu	tions (See ins	tructions for limitation rules)		21				
18 19 20	Taxes and licenses Charitable contribut Depreciation (attac	tions (See ins h Form 4562)	tructions for limitation rules) hedule A and elsewhere on re	eturn	21 22a		22b		210
18 19 20 21	Taxes and licenses Charitable contribu Depreciation (attac Less depreciation of	tions (See ins h Form 4562)	·	eturn	<del></del>				÷(•) -
18 19 20 21 22	Taxes and licenses Charitable contribu Depreciation (attac Less depreciation of Depletion	tions (See ins h Form 4562) claimed on Sci	hedule A and elsewhere on re	eturn	<del></del>		22b		÷⊙ - -
18 19 20 21 22 23	Taxes and licenses Charitable contribu Depreciation (attac Less depreciation of Depletion Contributions to de	tions (See ins h Form 4562) claimed on Sci ferred comper	hedule A and elsewhere on re	eturn	<del></del>		22b 23	,	€ <b>'</b> ) - -
18 19 20 21 22 23 24	Taxes and licenses Charitable contribut Depreciation (attactess depreciation of Depletion Contributions to de Employee benefit p	tions (See ins h Form 4562) claimed on Sci ferred comper programs	hedule A and elsewhere on re	turn	<del></del>		22b 23 24		€ <b>'</b> ) - - -
18 19 20 21 22 23 24 25	Taxes and licenses Charitable contribu Depreciation (attactes depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Schec	hedule A and elsewhere on rensation plans	eturn	<del></del>		22b 23 24 25	,	<del>(</del> () - - -
18 19 20 21 22 23 24 25 26	Taxes and licenses Charitable contribu Depreciation (attac Less depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Sched costs (Sched	hedule A and elsewhere on rensation plans fule ()	eturn	<del></del>		22b 23 24 25 26	•	€ <b>(</b> ) - - - -
18 19 20 21 22 23 24 25 26 27	Taxes and licenses Charitable contribu Depreciation (attactess depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership Other deductions (a	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Sched costs (Sched attach schedul	hedule A and elsewhere on rensation plans fule I) fule J) e)	eturn	<del></del>		22b 23 24 25 26 27	•	<del>(</del> ( <b>)</b> - - - -
18 19 20 21 22 23 24 25 26 27 28	Taxes and licenses Charitable contribut Depreciation (attactess depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership Other deductions (attack)	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Schedu costs (Schedu attach schedul Add lines 14 th	hedule A and elsewhere on rensation plans fule I) fule J) e)		22a	om line 13	22b 23 24 25 26 27 28		~ <b>(</b> ) - - - - -
18 19 20 21 22 23 24 25 26 27 28 29	Taxes and licenses Charitable contribut Depreciation (attactess depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership Other deductions (attactes) Unrelated business Net operating loss	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Schedu attach schedul Add lines 14 th is taxable incondeduction (lim	hedule A and elsewhere on rensation plans fule I) sile J) e) nrough 28 ne before net operating loss dilited to the amount on line 30	deduction	22a Subtract line 29 fr		22b 23 24 25 26 27 28 29		-(0) - - - - -
18 19 20 21 22 23 24 25 26 27 28 29 30	Taxes and licenses Charitable contribut Depreciation (attactess depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership Other deductions (attactes) Unrelated business Net operating loss	tions (See ins h Form 4562) claimed on Sci ferred comper programs penses (Schedu attach schedul Add lines 14 th is taxable incondeduction (lim	hedule A and elsewhere on rensation plans fule I) fule J) e) forough 28 fine before net operating loss de	deduction	22a Subtract line 29 fr		22b 23 24 25 26 27 28 29 30 31 32		-(0) - - - - - - -
18 19 20 21 22 23 24 25 26 27 28 29 30 31	Taxes and licenses Charitable contribut Depreciation (attact Less depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp Excess readership Other deductions. A Unrelated business Net operating loss Unrelated business Specific deduction	tions (See ins h Form 4562) claimed on Sci ferred comper orograms benses (Schedul attach schedul Add lines 14 th staxable incondeduction (lim staxable incondeduction (lim staxable incondeduction (Generally \$1	hedule A and elsewhere on rensation plans fule I) sile J) e) nrough 28 ne before net operating loss dilited to the amount on line 30	deduction ) Subtract I ons for ex	Subtract line 29 fr ine 31 from line 30 ceptions)		22b 23 24 25 26 27 28 29 30 31	0.	- - - - - -

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۶	orm 9	90 T (2016) UNITED WAY OF SLO COUNTY	Q	5-3459538	Page 2
		II Tax Computation		<u> </u>	
-		rganizations Taxable as Corporations. See instructions for tax computation		1, 41	
		ontrolled group members (sections 1561 and 1563) check here     See instruction   See instruction   See instruction	ane and	1.3	
		nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (i			
=			I (nat order)	. 3	
1		) § (2) § (3) §	<del></del>	1	
İ			\$	_1 "ું	
1		•	\$		
		come tax on the amount on line 34		35 c	
- 1		rusts Taxable at Trust Rates See instructions for tax computation. Income tax on the	ne amount		
		n line 34 from Tax rate schedule or Schedule D (Form 1041)		36	
ł		roxy tax. See instructions	•	37	
		Iternative minimum tax		38	
	39 T	ax on Non-Compliant Facility Income. See instructions		39	
	40 T	otal. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Ī	Part I	V Tax and Payments			
Ĭ	<b>41</b> a F	oreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41.	a		
ĺ		ther credits (see instructions)  41	b	1	
	<b>c</b> G	eneral business credit Attach Form 3800 (see instructions) 41	c -	⊣ "	
		redit for prior year minimum tax (attach Form 8801 or 8827).	<del></del>		
		otal credits. Add lines 41a through 41d	_ <del> </del>	41 e	0.
		ubtract line 41e from line 40		42	0.
		ther taxes Check if from Form 4255 Form 8611 Form 8697 Form 8860	6		<u> </u>
		Other (attach schedule)		43	
	44 T	otal tax Add lines 42 and 43		44	0.
		ayments A 2015 overpayment credited to 2016 45	al		
		D16 estimated tax payments 45	<del> </del>	1 1	
		ax deposited with Form 8868 450		1	
	ı	oreign organizations Tax paid or withheld at source (see instructions)  45			
	_	ackup withholding (see instructions)  45	<u> </u>	┦ . ┧	
	ľ	redit for small employer health insurance premiums (Attach Form 8941)  45			
		ther credits and payments Form 2439	2,111	4 1	
		Form 4136 Other Total > 45	م	3 1	
			9	` <u>`</u> `	2 117
		otal payments. Add lines 45a through 45g	<b>⊾</b> ["	46	2,117.
		stimated tax penalty (see instructions) Check if Form 2220 is attached		47	
	1	ax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	
	1	verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount over	·	49	2,117.
_		nter the amount of line 49 you want. Credited to 2017 estimated tax ▶	Refunded >	50	2,117.
	• •	Statements Regarding Certain Activities and Other Information			
		any time during the 2016 calendar year, did the organization have an interest in or a sign			Yes No
	fir	nancial account (bank, securities, or other) in a foreign country? If YES, the organization	may have to file FinCEI	N Form 114,	(1) 解於
	R	eport of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign	n country here >		
	52 D	uring the tax year, did the organization receive a distribution from, or was it the gra	ntor of, or transferor to.	a foreign trust	,
	1	YES, see instructions for other forms the organization may have to file		. 3	, , ,
		atom the constant of the const			
-	33	Tinder the amount of tax-exempt interest received of accrued during the tax year substance that I have examined this return, including accompanying schedules belief it is joue-somet and complete to the than laxpayer) is based on all informations.	and statements, and to the best	of my knowledge ar	id .
ç	ign	beker hit is true, correct and complete by tracking or preparer (other than taxpayer) is based on all inform	nation of which preparer has an		
	lere	TREA	ASURER	May the IRS discu	n below (see
		Signature of officer Date Title		instructions)?	Yes No
-	<u> </u>	Print/Type preparer's name Preparer's signature? Date	Check X If	PTIN	
	aid	Land A TO TO Phone			112
	re-	——————————————————————————————————————	Firm's EIN	77-01375	
	arer	CROSSI CO	rim s EIN	11-013/5	4.5
	Jse Only	Firm's address 1457 MARSH STREET SUITE 100		005 513	61.00
_	1 -	SAN LUIS OBISPO, CA 93401	Phone no	805-543	
Е	3AA	TEEA0202L 09/19/16		Forn	n <b>990-T</b> (2016)

Schedule A — Cost of Goods	<b>Sold.</b> Enter method of in	nventory valuation 🟲						
1 Inventory at beginning of year	1	6 Inve	entory a	t end of year	6			
2 Purchases	2			ods sold. Subtract	1			
3 Cost of labor	3	1 -		line 5 Enter here				
4 a Additional section 263A costs (attach s	chedule)	and	in Part	I, line 2	7		V	Na
	4 a						Yes	No
<b>b</b> Other costs	4 b			s of section 263A (w oduced or acquired f			4.2	7 13
(attach sch)  5 Total. Add lines 1 through 4b	5		ne organ	01 1030	ic, oppiy		İ	
Schedule C – Rent Income (	From Real Property a	nd Personal Prope	rty Lea	ased With Real F	rope	rty) (see ।	nstructi	ions)
1 Description of property	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			<u> </u>		,	
(1)	<del></del>					<del></del>		
(2)								
(3)								
(4)								
	Rent'received or accrued							
(a) From personal proper (if the percentage of rent for p property is more than 10% b more than 50%)	ersonal (if the pe ut not property	rcentage of rent for per-	I and personal property tage of rent for personal eds 50% or if the rent is n profit or income)  3(a) Deductions directly connected the income in columns 2(a) and 3 (attach schedule)					
(1)		70						
(2)								
(3)								
(4)								
Total	Total							
(c) Total income. Add totals of columbers and on page 1, Part I, line 6, c		•		(b) Total deductions here and on page 1, Pa 1, line 6, column (B)				
Schedule E - Unrelated Deb		ee instructions)						
1 Description of debt-fi	2 Gross income from 3 Deductions directly connected wit debt-financed proper					allocab	le to	
l Description of debt-n	maniced property	financed property	or allocable to debt- financed property depr			(b) Other deductio (attach schedule		
(1)		-		<del></del>				
(2)								
(3)								
(4)								
	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)			7 Gross income portable (column 2 > column 6)	(   1	8 Allocable deduction (column 6 x total of columns 3(a) and 3(b		of
(1)			윙					
(2)			8					
(3)			%				-,·	
(4)			%					
			Ent Pa	er here and on page rt I, line 7, column (A	1,Ent N) Pai	er here and rt I, line 7,	d on pa column	ige 1, า (B)
Totals			<b>-</b>		_			
Total dividends-received deduction	is included in column 8				<u> </u>			<del>(0016)</del>
RÁÀ		TEFA0203L 09/19/16				Form	990-T (	(2016)

Schedule F – Interest, A	linuiti	es, Ruyaili			trolled O			orgal	ZatiVIIS (	see ins	structions	)	
organization identif		identification		3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in co		
(1)						1							
(2)						+							
(1) (2) (3) (4)						+							
Nonexempt Controlled Organiz	ations												
7 Taxable Income	8 N	let unrelated come (loss)			f specifie nts made		10 Part of included ii	n the c	ontrolling		connected	tions directly with income	
	(see	: instructions)					organizatio	n's gro	oss income		in co	lumn 10	
(1)			-							-			
(3)					-	-							
(4)			_			_							
(4)	<u> </u>						Add columns here and on p		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B)	
Totals.							0,00		. ,		0, 00	J (2)	
Schedule G - Investmer	nt Inco	me of a Se	ctior	1 501(	c)(7), (9	), o	r (17) Orgai	nizati	on (see inst	ruction	ns)	-,··	
1 Description of income		2 Amount		of income directly		Ded ctly	Deductions		4 Set-asides (attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)		
(1)						,							
(2)													
(3) (4)									<del></del>				
Totals	•	Enter here an Part I, line 9,	colur	nn (A)	71	, , , , , , , , , , , , , , , , , , ,					Part I, III	re and on page 1 ne 9, column (B)	
Schedule I – Exploited E	.xemp					$\overline{}$						1	
1 Description of exploited a	ictivity	2 Gross unrelate busines income fri trade o busines	d s om r	conne prod of u	ises directly ected with duction nrelated ess income	from or b 2 mi	et income (loss) i unrelated trade usiness (column inus column 3) i gain, compute mns 5 through 7	actıvı unrela	s income from ty that is not ited business income	attribú	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del>.</del>			<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	-		·				
(2)						$\vdash$							
(3)							_						
(4)													
Totals	ı	Enter here on page Part I, line column (	1, e 10,	on p Part I	here and page 1, , line 10, mn (B)	, d						Enter here and on page 1, Part II, line 26	
Schedule J – Advertisin	a Inco	me (See inst	ructio	ns)		<u></u>	<del></del>	• •	·- · · · ·	•	G * 1 24 3	L	
Part I Income From Pe					nsolida	ted	Basis						
		2 Gross			Direct	4 A	dvertising gain or	<b>5</b> Cı	rculation	6 Rea	dership	7 Excess readership	
1 Name of periodical		advertisii income			ertising osts	(los	ss) (col 2 minus ol 3) If a gain, ompute cols 5 through 7		ncome		sts	costs (col 6 minus col 5, but not more than col 4)	
(1)						↓ <del>-</del> .							
(2)					-	-							
(3)		+				1:	-						
		_				<del>                                     </del>						E 120 Mellend E N	
Totals (carry to Part II, line (5))	'	·	1		E 40204 I	00/10/	16				· · · ·	orm <b>990 T</b> (2016)	

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

Page 5

Form **990-T** (2016)

s Reported or	a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through	
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 (col 6 minus col 5, but not more than col 4)	
				<del></del>		
	-		"J_37	Chi Ang S		
Enter here and on page 1, Part I, line 11, column (A)			· · · · · · · · · · · · · · · · · · ·		Enter here and on page 1, Part II, line 27	
		<u>}</u> .	-			
Officers, Dire	ctors, and Tru	<b>ustees</b> (see instri	uctions)			
1 Name		2 Title		d to unrela	sation attributable lated business	
				8		
				96		
	<u> </u>					
	Enter here and on page 1, Part I, line 11, column (A)	2 Gross advertising income advertising costs  Enter here and on page 1, Part I, line 11, column (A) column (B)	2 Gross advertising costs  3 Direct advertising (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  Enter here and on page 1, Part I, line 11, column (A). Part I, line 11, column (B).  Officers, Directors, and Trustees (see instructions).	2 Gross advertising costs  Benter here and on page 1, Part I, line 11, column (A)  Column (B)  2 Gross advertising gain or (loss) (col 2 minus compute cols 5 through 7  Enter here and on page 1, Part I, line 11, column (B)  2 Title  4 Advertising gain or (loss) (col 2 minus compute cols 5 through 7  5 Circulation income  5 Circulation income  7 Soluminus 1 Solumin	advertising income advertising costs (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  Enter here and on page 1, Part I, line 11, column (A)  Officers, Directors, and Trustees (see instructions)	

TEEA0204 L 09/19/16