

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

	2018	2017	Diff
<b>REVENUE</b>			
Contributions and grants .....	2,011,449	2,490,053	-478,604
Program service revenue .....	3,162	1,700	1,462
Investment income .....	-239,499	4,239	-243,738
Other revenue .....	216,231	95,141	121,090
Total revenue .....	1,991,343	2,591,133	-599,790
<b>EXPENSES</b>			
Grants and similar amounts paid .....	1,078,100	825,250	252,850
Salaries, other compen., emp. benefits ..	1,011,197	949,423	61,774
Other expenses .....	588,388	533,703	54,685
Total expenses .....	2,677,685	2,308,376	369,309
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses .....	-686,342	282,757	-969,099
Total assets at end of year .....	5,670,446	2,862,473	2,807,973
Total liabilities at end of year .....	3,860,402	366,087	3,494,315
Net assets/fund balances at end of year ..	1,810,044	2,496,386	-686,342

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

	2018	2017	Diff
<b>REVENUE</b>			
Net unrelated debt-fin income (loss).....	48,090	0	48,090
Total revenue.....	48,090	0	48,090
<b>DEDUCTIONS</b>			
Depreciation.....	28,337	0	28,337
Less depreciation claimed elsewhere.....	28,337	0	28,337
Total deductions.....	0	0	0
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Unrelated bus taxable inc (line 30).....	48,090	0	48,090
Unrelated bus taxable inc (line 32).....	48,090	0	48,090
Specific deduction.....	1,000	0	1,000
Unrelated business taxable income.....	47,090	0	47,090
<b>TAX COMPUTATION</b>			
Income tax.....	9,889	0	9,889
Total tax.....	9,889	0	9,889
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Underpayment penalty.....	253	0	253
Tax due.....	10,142	0	10,142
Overpayment.....	0	0	0
<b>TAX RATES</b>			
Effective tax rate.....	21.0%	0.0%	21.0%

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 4/01, 2018, and ending 3/31, 2019

Header section containing B (Check if applicable), C (Organization name and address), D (Employer identification number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), I (Tax-exempt status), J (Website), K (Form of organization), L (Year of formation), M (State of legal domicile).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include 1 (Mission), 2-7a (Activities & Governance), 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here section with Signature of officer (MARK MERKI), Date (7/17/19), and Title (Treasurer).

Paid Preparer Use Only section with Print/Type preparer's name (Dan Tonn), Preparer's signature, Date, Check self-employed, PTIN (P00002755), Firm's name (Hankins, Eastup, Deaton, Tonn & Seay, PC, CPA'S), Firm's address (PO BOX 977, DENTON, TX 76202-0977), Firm's EIN (75-1333383), and Phone no. ((940) 387-8563).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? See Schedule O

[X] Yes [ ] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,291,914. including grants of \$ ) (Revenue \$ )

See Schedule O

4b (Code: ) (Expenses \$ 611,101. including grants of \$ ) (Revenue \$ )

See Schedule O

4c (Code: ) (Expenses \$ 163,336. including grants of \$ ) (Revenue \$ )

See Schedule O

4d Other program services (Describe in Schedule O.) See Schedule O

(Expenses \$ 20,564. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,086,915.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2 a</b> 34		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3 a</b>	X	
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . . <b>3 b</b>	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4 a</b>		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5 a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5 b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5 c</b>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6 a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6 b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7 a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7 b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7 c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7 d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7 e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7 f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7 g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7 h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9 a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9 b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10 a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10 b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11 a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11 b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12 a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12 b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13 b</b>		
<b>c</b>	Enter the amount of reserves on hand. . . . . <b>13 c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14 a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . . <b>14 b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			



**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1 a</b> 45		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .		
	<b>1 b</b> 45		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>b</b>	Other officers or key employees of the organization. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
UNITED WAY OF DENTON COUNTY 1314 TEASLEY LANE DENTON TX 76205 (940) 566-5851



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JO ANN BALLANTINE MARKETING CHAIR	0.5 0	X		X			0.	0.	0.
(2) JOSH ASHFORD Director	0.5 0	X					0.	0.	0.
(3) LAURA BEHRENS CAMP. CO-CHAIR	0.5 0	X		X			0.	0.	0.
(4) DERRELL BULLS, PH.D. Director	0.5 0	X					0.	0.	0.
(5) TONY CLARK Director	0.5 0	X					0.	0.	0.
(6) DAVID KOONTZ Director	0.5 0	X					0.	0.	0.
(7) JOHN MADUKO, M.D. Director	0.5 0	X					0.	0.	0.
(8) DR. RANDALL LANGSTON Director	0.5 0	X					0.	0.	0.
(9) RAY CROFF DEVELOPMT CHAIR	0.5 0	X		X			0.	0.	0.
(10) ASHLIE BAGLEY Director	0.5 0	X					0.	0.	0.
(11) MARIELLA CUDD Director	0.5 0	X					0.	0.	0.
(12) MARY CURTIS Director	0.5 0	X					0.	0.	0.
(13) MIKE BALL Director	0.5 0	X					0.	0.	0.
(14) NANCIE RODEMS Director	0.5 0	X					0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SHERI DRAGOO Director	0.5 0	X						0.	0.	0.
(16) LYLE DRESHER BRD CHAIR	0.5 0	X		X				0.	0.	0.
(17) ANDY EADS Director	0.5 0	X						0.	0.	0.
(18) TERESA MCKINEY, ED.D Director	0.5 0	X						0.	0.	0.
(19) PATRICE FRISBY Director	0.5 0	X						0.	0.	0.
(20) RICHARD GODOY Director	0.5 0	X						0.	0.	0.
(21) DIRK MAIWALD Director	0.5 0	X						0.	0.	0.
(22) LINDA HOLLOWAY Director	0.5 0	X						0.	0.	0.
(23) LEE HOWELL Director	0.5 0	X						0.	0.	0.
(24) JACKIE JACKSON Director	0.5 0	X						0.	0.	0.
(25) KIT KING Director	0.5 0	X						0.	0.	0.
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								185,079.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								185,079.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Department of the Treasury  
Internal Revenue Service

Name of the Organization  
**UNITED WAY OF DENTON COUNTY, INC.**

Employer identification number  
**75-1251128**

**Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON GARRETT Director	0.5 0	X						0.	0.	0.
BRANDON MCCLESKEY BRD CHAIR-ELECT	0.5 0	X		X				0.	0.	0.
ERNIE MCCRAW Director	0.5 0	X						0.	0.	0.
SHERRI MCDADE Director	0.5 0	X						0.	0.	0.
GLEN MCKENZIE Director	0.5 0	X						0.	0.	0.
JANIE MCLEOD Director	0.5 0	X						0.	0.	0.
MARK MERKI Treasurer	0.5 0	X		X				0.	0.	0.
JASON STEWART Director	0.5 0	X						0.	0.	0.
MARK PULLAM Director	0.5 0	X						0.	0.	0.
ELLEN PAINTER CAPTAL CAMP CHR	0.5 0	X		X				0.	0.	0.
ANDRE RHEAULT Director	0.5 0	X						0.	0.	0.
SCOTT SHERMAN Director	0.5 0	X						0.	0.	0.
GREGORY J. SAWKO PAST BRD CHAIR	0.5 0	X		X				0.	0.	0.
CARDELL VELEZ Director	0.5 0	X						0.	0.	0.
BETTYE MYERS, PH.D. Secretary	0.5 0	X		X				0.	0.	0.
JEFF WILLIAMS Director	0.5 0	X						0.	0.	0.
JAMIE WILSON Director	0.5 0	X						0.	0.	0.
MICAH PAZOURECK CAMP CHAIR	0.5 0	X		X				0.	0.	0.
PATRICIA SHERMAN Director	0.5 0	X						0.	0.	0.
DEBBIE SMATRESK COMM INVST CHR	0.5 0	X		X				0.	0.	0.
GARY HENDERSON CEO	40 0				X			108,989.	0.	0.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>					
	<b>b</b> Membership dues	<b>1 b</b>					
	<b>c</b> Fundraising events	<b>1 c</b>					
	<b>d</b> Related organizations	<b>1 d</b>					
	<b>e</b> Government grants (contributions)	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 2,011,449.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f.		2,011,449.				
<b>Program Service Revenue</b>	<b>2 a</b> PROJECT BLUEPRINT						
	<b>b</b> -----		3,162.	3,162.			
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f.		3,162.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		3,807.			3,807.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	176,048.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	132,799.				
		<b>c</b> Rental income or (loss)	43,249.				
	<b>d</b> Net rental income or (loss)		43,249.		43,249.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	243,306.				
		<b>c</b> Gain or (loss)	-243,306.				
<b>d</b> Net gain or (loss)		-243,306.	-243,306.				
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	<b>a</b>	250,093.					
	<b>b</b> Less: direct expenses	112,455.					
	<b>c</b> Net income or (loss) from fundraising events		137,638.			137,638.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19.	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances.	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> SERVICE FEES			35,344.	35,344.			
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d.			35,344.				
<b>12 Total revenue.</b> See instructions.			1,991,343.	-204,800.	43,249.	141,445.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,078,100.	1,078,100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	185,079.	31,548.	64,952.	88,579.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	650,617.	436,173.	46,983.	167,461.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	40,427.	25,674.	5,565.	9,188.
9 Other employee benefits.	71,513.	48,902.	9,447.	13,164.
10 Payroll taxes.	63,561.	42,900.	7,125.	13,536.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	17,000.	14,450.	1,200.	1,350.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	700.		700.	
12 Advertising and promotion.	39,320.	33,408.		5,912.
13 Office expenses.	123,072.	92,334.	10,376.	20,362.
14 Information technology.	2,349.	1,437.	68.	844.
15 Royalties.				
16 Occupancy.	63,960.	42,991.	14,129.	6,840.
17 Travel.	20,474.	17,662.		2,812.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	13,161.	12,450.	128.	583.
20 Interest.	59,395.	45,766.	8,563.	5,066.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	84,662.	65,190.	4,233.	15,239.
23 Insurance.	8,842.	5,505.	1,371.	1,966.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues	42,061.	28,003.	5,543.	8,515.
b PRINTING	35,712.	15,352.	301.	20,059.
c VETERANS PROGRAM EXPENSES	28,923.	28,923.		
d Equipment Rental & Maintenance	12,858.	9,547.	1,368.	1,943.
e All other expenses.	35,899.	10,600.	13,361.	11,938.
25 Total functional expenses. Add lines 1 through 24e.	2,677,685.	2,086,915.	195,413.	395,357.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash – non-interest-bearing	1,375,477.	1	945,190.	
	2	Savings and temporary cash investments	966,294.	2	1,306,076.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	44,566.	4	42,109.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	13,422.	9	14,110.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,704,970.			
	b	Less: accumulated depreciation	10b 342,009.	222,339.	10c 3,362,961.	
	11	Investments – publicly traded securities		11		
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	240,375.	15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	2,862,473.	16	5,670,446.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	216,087.	17	573,502.	
	18	Grants payable		18		
	19	Deferred revenue		19	54,495.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	150,000.	23	3,213,893.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	18,512.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	366,087.	26	3,860,402.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	1,221,500.	27	672,319.	
	28	Temporarily restricted net assets	1,274,886.	28	1,137,725.	
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	<b>Total net assets or fund balances.</b>	2,496,386.	33	1,810,044.	
34	<b>Total liabilities and net assets/fund balances.</b>	2,862,473.	34	5,670,446.		



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,991,343.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,677,685.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-686,342.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,496,386.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,810,044.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2 c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3 a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3 b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,017,147.	2,140,895.	2,087,672.	2,586,894.	2,230,842.	11,063,450.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	2,017,147.	2,140,895.	2,087,672.	2,586,894.	2,230,842.	11,063,450.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						896,807.
6 <b>Public support.</b> Subtract line 5 from line 4.						10,166,643.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,017,147.	2,140,895.	2,087,672.	2,586,894.	2,230,842.	11,063,450.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,087.	2,920.	3,239.	4,239.	3,807.	17,292.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						11,080,742.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	91.75 %
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	89.74 %
16a <b>33-1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b <b>33-1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

**b 33-1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2018



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013.....			
b From 2014.....			
c From 2015.....			
d From 2016.....			
e From 2017.....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.....			
b Excess from 2015.....			
c Excess from 2016.....			
d Excess from 2017.....			
e Excess from 2018.....			

BAA

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

Organization type (check one):

**Filers of:**

Form 990 or 990-EZ

Form 990-PF

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

Name of organization <b>UNITED WAY OF DENTON COUNTY, INC.</b>	Employer identification number <b>75-1251128</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 458,422.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- SHADY ----- -----	\$ 66,081.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 69,875.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 51,957.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 49,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 43,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A ----- ----- -----		
	----- ----- -----	\$-----	
	----- ----- -----	\$-----	
	----- ----- -----	\$-----	
	----- ----- -----	\$-----	
	----- ----- -----	\$-----	

Name of organization **UNITED WAY OF DENTON COUNTY, INC.** Employer identification number **75-1251128**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$                      **N/A**  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization property.

Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	663,571.			663,571.
b Buildings	2,673,267.		67,148.	2,606,119.
c Leasehold improvements				
d Equipment	368,132.		274,861.	93,271.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,362,961.

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Security Deposits	18,512.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	18,512.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,991,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1		3	1,991,343.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,991,343.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,920,991.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c	243,306.	
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d	2 e	243,306.	
3	Subtract line 2e from line 1		3	2,677,685.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,677,685.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 -----  
 -----  
 -----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA (event type)	GOLF TOURNAMEN (event type)	1 (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	160,068.	60,970.	29,055.	250,093.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	160,068.	60,970.	29,055.	250,093.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	72,836.	22,085.	17,534.	112,455.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				112,455.
	11	Net income summary. Subtract line 10 from line 3, column (d)				137,638.

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

**2018**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**FORM 990, PART III, LINE 4b - PROGRAM SERVICE ACCOMPLISHMENTS**

DOORS FOR DENTON COUNTY HOUSING NAVIGATION:

DOORS FOR DENTON COUNTY IS A HOUSING NAVIGATION PROGRAM. UWDC RECEIVED FUNDING FROM THE CITYIES OF DENTON AND LEWISVILLE, ALONG WITH A PRIVATE DONOR, TO FUND A HOUSING NAVIGATOR. THIS POSITION SUPPORTS THE HOUSING SEARCH AND PLACEMENT PROCESS FOR EXISTING HJOUSING CASE MANAGERS, WHICH ALLOWS THEM TO PROVIDE MORE SUBSTANTIAL CASE MANAGEMENT AND SUPPORTIVE SERVICES TO THEIR CLIENTS. THE HOUSING NAVIGATOR ALSO NETWORKS WITH LOCAL LANDLOADS AND PROPERTY MANAGERS TO BUILD A LIST OF PROPERTIES WILLING TO BE FLEXIBLE WITH THEIR ELIGIBILITY CRITERIA FOR POTENTIAL RENTERS. WHEN APPROPRIATE, THE DENTON COUNTY BARRIERS FUND IS UTILIZED TO PROVIDE A FINANCIAL ASSURANCE/GUARANTY FOR RENTERS WITH HIGH BARRIERS SUCH AS PAST EVICTIONS OR CRIMINAL CONVICTIONS.

DENTON SUPPORTIVE HOUSING PILOT:

THE DCHLT WAS AWARDED A GRANT BY A LOCAL DONOR TO HOUSING PEOPLE EXPERIENCING CHRONIC HOMELESSNESS. THE DCHLT HOUSING WORKGROUP DEVELOPED A COLLABORATIVE PROGRAM MODEL TO HOUSE VETERANS EXPERIENCING CHRONIC HOMELESSNESS FOR ONE YEAR, AND TO ASSIST PARTICIPANTS IN MAINTAINING HOUSING AFTER THEY EXIT THE PROGRAM. AS OF JUNE 2019 FOUR CLIENTS HAVE BEEN IDENTIFIED AND THREE CLIENTS HAVE MAINTAINED HOUSING. ADDITIONAL PERFORMANCE MEASURES FOR THE PROGRAM INCLUDE INCREASED INCOME, AND INCREASED SOCIAL SUPPORT AND STABILITY OF CLIENTS.

**Form 990, Part III, Line 1 - Organization Mission**

THE MISSION OF UNITED WAY OF DENTON COUNTY, INC. (UWDC) IS TO IMPROVE LIVES IN DENTON COUNTY. UWDC STRIVES TO CREATE AND SUSTAIN RELATIONSHIPS THAT IDENTIFY, LEVERAGE AND SUPPORT COMMUNITY RESOURCES THAT HELP CHILDREN, FAMILIES, VETERANS, PEOPLE EXPERIENCING HOMELESSNESS, AND PEOPLE AFFECTED BY MENTAL ILLNESS - MAKING DENTON COUNTY A BETTER PLACE TO LIVE AND WORK.



Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Form 990, Part III, Line 2 - New Services**

## 1. DENTON COUNTY WORKFORCE SUCCESS LEADERSHIP TEAM (DCWSLT):

THE DCWSLT CONVENED ON FEBRUARY 15, 2019, IS A 23-38 MEMBER APPOINTED, QUASI-GOVERNMENTAL BODY WITH UNITED WAY OF DENTON COUNTY SERVING AS THE BACKBONE ORGANIZATION. THE VISION IS THAT ALL INDIVIDUALS IN DENTON COUNTY ACHIEVE FINANCIAL SECURITY. THE WORKFORCE THAT PROVIDES EVERY INDIVIDUAL AND FAMILY WITH THE OPPORTUNITY TO INCREASE EARNING POTENTIAL, SUCCEED, AND THRIVE BY:

- COORDINATING CROSS-SECTOR INTEGRATED SERVICE DELIVERY
- MAKING DATA-DRIVEN, EVIDENCE-BASEED, FISCALLY-RESPONSIBLE RECOMMENDATIONS
- PROMOTING ACCESS TO EXISTING AND EMERGING OPPORTUNITIES TO ELIMINATE GAPS
- IDENTIFYING AND ADVOCATING FOR INNOVATIVE, EFFECTIVE PRACTICES
- ALIGNING COMMUNITY SUPPORT SYSTEMS TO MEET THE NEEDS OF LOCAL EMPLOYERS

## 2. FINANCIAL COACHING:

A CLIENT-DRIVEN PROCESS THROUGH WHICH COACHES ASSIST CLIENTS IN REACHING PERSONALIZED GOALS TO IMPROVE THEIR FINANCIAL CAPABILITIES. AFTER HIRING A DEDICATED FINANCIAL COACHING COORDINATOR TO RECRUIT, TRAIN, DEPLOY AND SUPPORT VOLUNTEER FINANCIAL COACHES, THE PROGRAM WAS REDEPLOYED IN 2019 IN CONJUNCTION WITH WORKING FAMILIES SUCCESS PILOTS AT NORTH CENTRAL TEXAS COLLEGE AND CUMBERLAND PRESBYTERIAN CHILDREN'S HOME. THE PROGRAM IS CURRENTLY IN AN EXPANSION PHASE, RECRUITING, TRAINING, AND DEPLOYING MORE VOLUNTEERS WHILE IDENTIFYING AND RESOLVING CURRENT AND FUTURE BOTTLENECKS IN THE PROVISION OF FINANCIAL COACHING IN DENTON COUNTY.

**Form 990, Part III, Line 4a - Program Service Accomplishments**

## COMMUNITY INVESTMENT (PARTNER AGENCY GRANTS, AGENCY RELATIONS):

SEVENTEEN AGENCIES SERVING DENTON COUNTY WERE PROVIDED WITH FUNDS TO MAINTAIN A "SAFETY NET" OF SERVICES FOR THOSE RESIDENTS MOST IN NEED. ALL AGENCIES THAT RECEIVED FUNDS PROVIDED SERVICES THAT FALL UNDER AT LEAST ONE OF THE FOLLOWING FOCUS AREAS:

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Form 990, Part III, Line 4a - Program Service Accomplishments**

CHILDREN &amp; FAMILIES

VETERANS

HOMELESS/HOUSING

HEALTH/MENTAL HEALTH

FUNDING DECISIONS ARE BASED ON RECOGNIZED EXISTING AND EMERGING NEEDS IN DENTON COUNTY. THREE TEAMS OF COMMUNITY VOLUNTEERS REVIEWED THE COMMUNITY NEEDS ASSESSMENT AND EVALUATED PARTNER AGENCY PROGRAMMING, OUTCOMES AND FINANCIALS TO DETERMINE THE MOST EFFECTIVE USE OF FUNDS.

FUNDING FOR THIS PROCESS COMES FROM UWDC'S ANNUAL FUNDRAISING CAMPAIGN WHICH IS CONDUCTED WITH THE HELP OF HUNDREDS OF LOCAL COMPANIES AND VOLUNTEERS. THE CAMPAIGN INCLUDES WORKPLACE AND INDIVIDUAL SOLICITATION AND CORPORATE DONATIONS AND SPONSORSHIPS. FUNDED PARTNER AGENCIES PARTICIPATE IN THIS PROCESS BY PROVIDING OUTCOME INFORMATION AND NUMBERS SERVED, PROVIDING SPEAKERS FOR PRESENTATIONS, AND CONDUCTING INTERNAL FUNDRAISING CAMPAIGNS WITHIN THEIR OFFICES. UWDC ALSO PROVIDES DONORS THE OPPORTUNITY TO DESIGNATE THEIR DONATIONS TO LOCAL AGENCIES. LOCAL AGENCIES MUST ANNUALLY VERIFY THEY ARE AN AGENCY IN GOOD STANDING AS AN IRS CODE SECTION 501(C)3 NON-PROFIT ORGANIZATIONS.

DURING 2018-2019 FUNDING YEAR, UWDC WAS ABLE TO DISTRIBUTE A TOTAL OF \$850,000 TO OUR 17 PARTNER AGENCIES.

THROUGH THESE PARTNERSHIPS, UWDC PARTNER AGENCIES WERE ABLE TO ASSIST MORE THAN 85,000 INDIVIDUALS AND FAMILIES IN DENTON COUNTY IN 2018.

IN ADDITION, UWDC HAS PROVIDED MANAGEMENT ASSISTANCE, TRAINING AND SUPPORTIVE SERVICES TO MANY LOCAL AGENCIES AND ORGANIZATIONS THAT SERVE DENTON COUNTY.

**Form 990, Part III, Line 4b - Program Service Accomplishments**

COMMUNITY CAPACITY BUILDING (PRE-K, DC HOMELESSNESS LEADERSHIP TEAM, VITA, FINANCIAL COACHING/BANK ON DENTON, DC BEHAVIORAL HEALTH LEADERSHIP TEAM):

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

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**Form 990, Part III, Line 4b - Program Service Accomplishments**

BECAUSE OF THE STRONG NETWORK OF PROGRAMS PROVIDED BY OUR COMMUNITY PARTNERS, UWDC IS ABLE TO WORK AS A COMMUNITY RESOURCE, FACILITATOR & COLLABORATOR IN MAKING COMMUNITY COLLABORATIONS & PROBLEM SOLVING. THIS WORK IS DRIVEN BY THE FOLLOWING PRINCIPALS:

-MUST ALIGN WITHIN AT LEAST 1 OF OUR FOCUS AREAS: CHILDREN & FAMILIES, VETERANS, HOMELESS/HOUSING, HEALTH/MENTAL HEALTH

-MUST ALIGN WITH OUR UWDC MISSION

-MUST DEMONSTRATE A DEFINITE HEALTH & HUMAN SERVICE NEED IN THE COMMUNITY

-RESULTS MUST BE MEASURABLE

LOCAL PARTNERSHIPS INCLUDE UNIVERSITIES, NONPROFITS, LOCAL GOVERNMENT, FAITH BASED ORGANIZATIONS, BUSINESSES & LOCAL SCHOOL DISTRICTS. SUMMARIES OUR MAJOR INITIATIVES/PROGRAMS ARE AS FOLLOWS:

EDUCATION INITIATIVES & GRANTS:

EARLY CHILDHOOD COALITION

IN JANUARY 2013 UNITED WAY OF DENTON COUNTY, IN PARTNERSHIP WITH THE DENTON INDEPENDENT SCHOOL DISTRICT AND THE CITY OF DENTON FORMED THE PRE-KINDERGARTEN COALITION & BEGAN WORKING ON A PLAN TO DISTRIBUTE THE "READY ROSIE" EARLY LEARNING RESOURCE TO THE COMMUNITY. IN 2016, THE PRE-KINDERGARTEN COALITION CHANGED ITS NAME TO THE "EARLY CHILDHOOD COALITION: SERVING THE NORTH TEXAS REGION" TO BE MORE INCLUSIVE OF THE EARLY CHILDHOOD POPULATION. ADDITIONALLY, THE COALITION DEVELOPED A MISSION STATEMENT - "TO ENGAGE & EMPOWER PARENTS, FAMILIES, PROFESSIONALS, & COMMUNITIES TO PROVIDE ENRICHED ENVIRONMENTS FOR ALL CHILDREN, BIRTH - 8 YEARS THROUGH: ADVOCACY; RESOURCES; & COMPREHENSIVE SERVICES" THE COALITION IS COMPOSED OF 3 WORKGROUPS: THE CHILDCAREWORKGROUP, COMMUNITY OUTREACH WORKGROUP, & SCHOOL BASED PROGRAMS WORKGROUP. CHILDCARE WORKGROUP IS CURRENTLY PROVIDING AFFORDABLE, QUALITY CEU OPPORTUNITIES FOR CHILD CARE WORKERS IN DENTON COUNTY AND THE SURROUNDING AREA

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Form 990, Part III, Line 4b - Program Service Accomplishments**

AND IS WORKING TO DEVELOP A CHILD CARE CONFERENCE IN SPRING 2019. THE COMMUNITY OUTREACH TTEAM IS HOSTING THE FIRST EARLY CHILDHOOD CONFERENCE FOR DENTON ON JULY 27, 2019. WORKING TO CREATE MESSAGING & BRANDING AROUND HE COALITION, CONNECTING THE COALITION WITH PARENTS, CHILD CARE FACILITIES, AND HEALTH CARE PROVIDERS, AND IN PROMOTING AND DEVELOPING THE USE OF NORTHTEXASFAMILIES.ORG AS AN EARLY CHILDHOOD REFERRAL SOURCE FOR THE DENTON COMMUNITY. SCHOOL BASED COMMUNITY CENTERS BRIDGE THE GAP OF TRANSPORTATION TO RESOURCES FOR PARENTS OF YOUNG CHILDREN AND COMMUNITY MEMBERS IN THE AREA AT ANN WINDLE SCHOOL FOR YOUNG CHILDREN AND GONZALEZ SCHOOL FOR YOUNG CHILDREN.

**FINANCIAL STABILITY:****VITA**

VITA (VOLUNTEER INCOME TAX ASSISTANCE) IS AN IRS INITIATIVE TO HELP LOW AND MODERATELY-LOW INCOME TAXPAYERS E-FILE THEIR FEDERAL TAX REURNS IN AN ACCURATE AND TIMELY MANNER. IN DENTON COUNTY, UNITED WAY OF DENTON COUNTY HAS OPERATED VITA SITES SINCE 2008 TO HE PRESENT DAY WITH CONTINUOUS YEAR-TO-YEAR GROWTH IN PEOPLE HELPED AND NET REFUNDS RETURNED TO THE POCKETS OF DENTON COUNTY FAMILIES. IN SPRING 2019, TAX PREPARATION SITES ASSISTED TAXPAYERS IN CORINTH, DENTON, LAKE DALLAS, SANGER, LEWISVILLE, PILOT POINT AND LITTLE ELM. UNITED WAY OF DENTON COUNTY VOLUNTEERS PREPARED 1,456 TAX RETURNS OVER 179 TAX PREPARATION SESSIONS PROVIDED AT 9 HOST SITES ACROSS DENTON COUNTY. THESE RETURNS NETTED \$2.1 MILLION IN REFUNDS AND SAVED DENTON COUNTY FAMILIES AN ESTIMATED \$420,000 IN TAX RETURN PREPARATION FEES.

**MENTAL HEALTH INITIATIVE:****DENTON COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM (DCBHLT)**

DCBHLT CONVENED ON JUNE 11, 2015 AS A RESULT OF THE FORMAL RECOMMENDATION MADE BY MEADOWS MENTAL HEALTH POLICY INSTITUTE TO ADVOCATE AND FACILITATE FOR SYSTEM LEVEL CHANGE IN THE BEHAVIORAL HEALTH SYSTEM IN DENTON COUNTY. THE RECOMMENDATION WAS MADE

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

**Form 990, Part III, Line 4b - Program Service Accomplishments**

AFTER A YEAR OF FACT FINDING THROUGH THE DENTON COUNTY CITIZENS COUNCIL ON MENTAL HEALTH (DCCCMH).

THE TEAM IS COMPRISED OF 36 APPOINTEES AND 3 EX OFFICIO MEMBERS SERVING TWO YEAR TERMS FROM: DENTON COUNTY COMMISSIONERS COURT, MUNICIPAL GOVERNMENT, HEALTH CARE PROVIDERS, HEALTH INSURANCE PROVIDERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT, NON-PROFITS, HOUSING, AND OTHER COMMUNITY ORGANIZATIONS, IN ADDITION TO THREE EX-OFFICIOS WHO SERVE IN AN ADVISORY CAPACITY.

THE PURPOSE OF THE DCBHLT IS TASKED TO CONVENE AS A POLICY MAKING TEAM TO IMPROVE THE PLANNING, COORDINATION, OVERSIGHT AND IMPLEMENTATION REQUIRED TO CREATE SYSTEMS CHANGE FOR BEHAVIORAL HEALTH SERVICES IN DENTON COUNTY.

DCBHLT FUNCTIONS AS A QUASI-GOVERNMENTAL TEAM WITH GUIDING CHARTER AND BYLAWS UNDER THE BACKBONE OF UNITED WAY OF DENTON COUNTY INC. (UWDC) COLLECTIVE IMPACT MODEL.

DCBHLT VISSION: COMPREHENSIVE BEHAVIORAL HEALTH FOR EVERY PERSON IN DENTON COUNTY.

DCBHLT MISSION: THE DENTON COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM WILL ADVOCATE & FACILITATE A COLLABORATIVE PERSON-CENTERED BEHAVIORAL HEALTH SYSTEM TO REPAIR & RESTORE LIVES:

- ENSURE BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO MEET THE NEEDS OF ALL
- ASSESS DATA FOR CONTINUOUS OUTCOME MEASUREMENTS
- PRIORITIZE DATA DRIVEN RECOMMENDATIONS
- PROVIDE A CONTINUUM OF CARE

THE DCBHLT CONSISTS OF 5 WORKGROUPS INCLUDING: CHILD AND FAMILY SYSEMS, JAIL DIVERSION, MENTAL HEALTH TREATMENT COURT, CONSUMER, AND VETERANS. WORKGROUPS MEET ON EITHER A MONTHLY OR EVERY OTHER MONTH BASIS TO ADDRESS CONCENTRATED SYSTEMS-LEVEL CHANGE AND GENERATE RECOMMENDATIONS FOR THE DCBHLT TO CONSIDER.

MENTAL HEALTH INITIATIVE-VETERANS

THE VETERANS WORKGROUP APPLIED FOR THE HEALTH AND HUMAN SERVICES COMMISSION TEXAS

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

**Form 990, Part III, Line 4b - Program Service Accomplishments**

VETERANS AND FAMILY ALLIANCE (TV+FA) PILOT PROGRAM GRANT. THE TEAM WAS AWARDED FUNDING IN JUNE 2016 AND ENDED IN AUGUST 2017. TWO DIRECT SERVICE, LMSW STAFF SERVE VETERANS AND THEIR FAMILIES THROUGH THEIR ROLE AT UWDC. THE VETERAN COMMUNITY NAVIGATOR TEAM, FUNDED THROUGH THE HHSC TV+FA GRANT, SURPASSED GRANT METRICS AND SERVED OVER 250 VETERANS AND THEIR FAMILIES DURING THE GRANT YEAR. THE PROGRAM HAS TRANSITIONED TO DENTON COUNTY, BUT IS STILL SUPPORTED BY THE DCBHLT AND UNITED WAY. HOMELESSNESS:

## DENTON COUNTY HOMELESSNESS LEADERSHIP TEAM

THE DENTON COUNTY HOMELESSNESS LEADERSHIP TEAM (DCHLT) CONVENED ON MAY 5, 2016. THE TEAM IS A 25-MEMBER APPOINTED, QUASI-GOVERNMENTAL BODY TASKED WITH INCREASING ACCESS TO AFFORDABLE HOUSING AND IMPROVING THE COORDINATION OF HOMELESS SERVICES IN DENTON COUNTY. THE INITIATIVE GREW AS A RESULT OF DENTON MAYOR, CHRIS WATTS', HOUSING THE HOMELESS TASK FORCE. THE TASK FORCE CONVENED IN 2015 TO ADDRESS HOMELESSNESS IN THE CITY OF DENTON. RESULTING FROM THE TASK FORCE WAS THE ESTABLISHMENT OF A FULL-TIME COORDINATOR POSITION TO OVERSEE THE IMPROVEMENT AND INTEGRATION OF HOMELESSNESS SERVICES COUNTY-WIDE. THIS POSITION WAS PLACED AT THE UNITED WAY OF DENTON COUNTY FOR ITS COUNTY-WIDE REACH.

THE DCHLT IS COMPRISED OF 25 APPOINTEES AND 3 EX OFFICIO MEMBERS SERVING TWO YEAR TERMS FROM: DENTON COUNTY COMMISSIONERS COURT, MUNICIPAL GOVERNMENT, HEALTH CARE PROVIDERS, HEALTH INSURANCE PROVIDERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT, NON-PROFITS, HOUSING AND HOMELESSNESS AGENCIES, AND OTHER COMMUNITY ORGANIZATIONS, IN ADDITION TO THREE EX-OFFICIOS WHO SERVE IN AN ADVISORY CAPACITY (FROM THE CITY OF DENTON, THE DENTON COUNTY HOMELESS COALITION AND THE UNITED WAY OF DENTON COUNTY). THE PURPOSE OF THE DCHLT IS TASKED TO CONVENE AS A POLICY MAKING TEAM TO IMPROVE THE PLANNING, COORDINATION, OVERSIGHT, AND IMPLEMENTATION REQUIRED TO CREATE SYSTEMS CHANGE, FOR BEHAVIORAL HEALTH SERVICES IN DENTON COUNTY.

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Form 990, Part III, Line 4b - Program Service Accomplishments**

DCHLT FUNCTIONS AS A QUASI-GOVERNMENTAL TEAM WITH GUIDING CHARTER AND BYLAWS UNDER THE BACKBONE OF UWDC COLLECTIVE IMPACT MODEL.

DCHLT VISION: EVERY PERSON IN DENTON COUNTY HAS A PLACE TO CALL HOME THAT IS SAFE, AFFORDABLE, ACCESSIBLE AND SUPPORTED BY COMMUNITY RESOURCES.

DCHLT MISSION: THE DCHLT FOSTERS AN EFFECTIVE AND COORDINATED SYSTEM OF HOMELESSNESS PREVENTION AND INTERVENTION, RESULTING IN HOMELESSNESS THAT IS RARE, BRIEF AND NONRECURRING THROUGH:

-COMMUNITY AWARENESS AND CONNECTION

-DATA-DRIVEN, EVIDENCED-BASED, FISCALLY RESPONSIBLE RECOMMENDATIONS

-INNOVATIVE SOLUTIONS AROUND AFFORDABLE HOUSING, ACCESS TO PRIMARY AND BEHAVIORAL HEALTH CARE SERVICES

-MOBILIZING, ADVOCATING AND EMPOWERING PUBLIC-PRIVATE COMMUNITY-WIDE COLLABORATION

THE DCHLT CONSISTS OF 4 WORKGROUPS INCLUDING: HOUSING, DATA, SHELTER PLANNING AND AFFORDABLE HOUSING. WORKGROUPS MEET ON EITHER A MONTHLY OR EVERY OTHER MONTH BASIS TO ADDRESS CONCENTRATED SYSTEM-LEVEL CHANGES AND GENERATE RECOMMENDATIONS FOR THE DCHLT TO CONSIDER.

THE DCHLT HAS A STRATEGIC PLAN WITH MEASURABLE GOALS TO INCREASE ACCESS TO HOUSING AND CONTINUOUSLY IMPROVE HOMELESSNESS DATA MANAGEMENT IN THE COUNTY. THESE GOALS ARE ACHIEVED THROUGH THE ABOVE WORKGROUPS, AND THROUGH THE WORK OF AN AD HOC COMMITTEE RESEARCHING WAYS TO INCREASE A DIVERSE STOCK OF AFFORDABLE AND SUPPORTIVE HOUSING TO MEET NEEDS BASED ON LOCAL DATA.

COORDINATED ENTRY & HMIS:

UWDC DCHLT BACKBONE SUPPORT FACILITATE THE CONTINUED IMPLEMENTATION AND MAINTENANCE OF A COORDINATED ENTRY SYSTEM IN DENTON COUNTY. COORDINATED ENTRY IS ESSENTIALLY STREAMLINED ACCESS TO HOUSING ASSISTANCE RESOURCES VIA A COMMON INTAKE, ASSESSMENT AND REFERRAL PROCESS. UWDC WAS KEY IN THE ESTABLISHMENT OF THIS PROCESS AT 8

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

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**Form 990, Part III, Line 4b - Program Service Accomplishments**

AGENCIES ACROSS THE COUNTY SERVING PEOPLE EXPERIENCEING HOMELESSNESS AND CONTINUES TO OVERSEE THE GOVERNANCE AND MAINTENANCE OF THIS PROCESS LOCALLY.

DENTON COUNTY BARRIER FUND:

THE DENTON COUNTY BARRIER FUND IS AN INNOVATIVE, COLLABORATIVE FUND THAT EXISTS TO REDUCE BARRIERS TO HOUSING AND PROMOTE SELF-SUFFICIENCY FOR FAMILIES ACROSS DENTON COUNTY. THIS FUND STRENGTHENS NONPROFITS THAT PROMOTE HOUSING STABILITY AND ECONOMIC STABILITY THROUGH THEIR PROGRAMMING. THIS FUND ALSO SUPPORTS THE RISK MITIGATION ASPECT OF A LANDLORD OUTREACH INITIAIVE COLLABORATIVELY DEVELOPED WITHIN THE DCHLT HOUSING WORKGROUP - DOOR FOR DENTON COUNTY. THE DENTON COUNTY BARRIER FUND IS GOVERNED BY THE DENTON COUNTY HOMELESS COALITION WITH UWDC AS FISCAL AGENT.

**Form 990, Part III, Line 4c - Program Service Accomplishments**

COMMUNITY EDUCATION (PROJECT BLUEPRINT, COMMUNITY NEEDS ASSESSMENT):

COMMUNITY NEEDS ASSESSMENT:

OUR COMMUNITY NEEDS ASSESSMENT IS A TOOL TO HELP PINPOINT UNMET NEEDS AND GAPS IN SERVICES FOR THE SHORT TERM IN DENTON COUNTY DUE IN PART TO THE CONSTANTLY CHANGING NATURE OF THE LOCAL AREA. POPULATION GROWTH, CHANGES IN AREA DEMOGRAPHICS AND THE LOCAL ECONOMY INFLUENCE AND OFTEN STRESS THE PUBLIC AND NONPROFIT HEALTH AND HUMAN SERVICES.

OUTSIDE FACTORS ALSO HAVE A PROFOUND EFFECT IN DETERMINING THE LOCAL NEEDS. FEDERAL AND STATE GOVERNMENT CHANGES HAVE A MAJOR IMPACT ON COMMUNITY AGENCIES' ABILITIES TO PROVIDE THE NEEDED SERVICES AS WELL AS ON THE INDIVIDUALS WHO RECEIVE GOVERNMENTAL ASSISTANCE. THE RAPID POPULATION GROWTH OF THE COMMUNITY AND THE CONSTANTLY CHANGING GOVERNMENT FUNDING PRIORITIES REQUIRE REGULAR COMMUNITY ASSESSMENTS. THE COMMUNITY NEEDS ASSESSMENT PROVIDES ESSENTIAL INFORMATION TO DEVELOPE A LONG-TERM PLAN FOR HEALTH AND HUMAN SERVICES BASED ON SOCIO-ECONOMIC TRENDS AND LONG-STANDING HEALTH, HOUSING, AND HUMAN SERVICE ISSUES.



Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

**Form 990, Part III, Line 4c - Program Service Accomplishments**

IN THE FALL OF 2017, UNITED WAY OF DENTON COUNTY PUBLISHED AN UPDATED NEEDS ASSESSMENT FOR DENTON COUNTY, AND CONTINUES TO UPDATE THE DATA ON AN ANNUAL BASIS, OR AS NEW DATA BECOMES AVAILABLE.

## PROJECT BLUEPRINT:

UNITED WAY OF DENTON COUNTY'S PROJECT BLUEPRINT:BOARD LEADERSHIP TRAINING PROGRAM IS DESIGNED TO TRAIN COMMUNITY VOLUNTEERS TO BECOME QUALIFIED, QUALITY BOARD MEMBERS OF NON-PROFIT ORGANIZATIONS IN DENTON COUNTY. THE TRAINING CONSISTS OF A SERIES OF MEETINGS WHERE THE FOLLOWING AREAS ARE TAUGHT:

PARLIAMENTARY PROCEDURES, BOARD OPERATIONS & GOVERNANCE, BOARD DEVELOPMENT, STRATEGIC PLANNING, OUTCOME ASSESSMENT, RESOURCE DEVELOPMENT, MARKETING, ADVOCACY, AND FINANCE.

EACH MODULE TAUGHT IS PRESENTED BY AN EXPERT IN THAT FIELD, WITH ATTENDANCE REQUIREMENTS AND GROUP EXERCISES. EACH GRADUATE OF PROJECT BLUEPRINT IS PLACED FOR SERVICE WITH UWDC OR INTRODUCED TO AN AGENCY THAT MATCHES THEIR INTERESTS AND PASSION. IN 2018 UWDC GRADUATED 17 COMMUNITY VOLUNTEERS FROM THIS PROGRAM.

**Form 990, Part III, Line 4d - Other Program Services Description**

## I&amp;R RESEARCH:

THE INFORMATION AND REFERRAL LINE AT UNITED WAY OF DENTON COUNTY IS A HELPLINE DESIGNED TO GUIDE COMMUNITY MEMBERS TO THE RIGHT ORGANIZATION THAT CAN BEST MEET THEIR NEED. ON AVERAGE, THE HELPLINE RECEIVES 25-30 CALLS A WEEK. IN ADDITION, DENTON COUNTY IS SERVED BY 2-1-1, A SERVICE MANDATED BY THE FEDERAL COMMUNICATION COMMISSION (FCC) TO HAVE THE NUMBER ACCESSIBLE FOR COMMUNITY INFORMATION AND REFERRAL 24 HOURS A DAY, SEVEN DAYS A WEEK. UWDC IS CURRENTLY WORKING WITH LOCAL NONPROFITS AND BUSINESSES AND 2-1-1 TEXAS TO ANALYZE THE CURRENT REFERRAL SYSTEM AND HOW DENTON COUNTY IS CURRENTLY HANDLING REFERRALS AS A COMMUNITY. UWDC IS CURRENTLY EXPLORING ADDITIONAL DATA AND SOFTWARE PROGRAMS THAT COULD STRENGTHEN THE REFERRAL

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

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**Form 990, Part III, Line 4d - Other Program Services Description**

PROCESS AND PROVIDE MORE RICH DATA REGARDING REFERRALS BEING MADE IN OUR COMMUNITY, THE NUMBER OF SUCCESSFUL AND UNSUCCESSFUL REFERRALS, GAPS IN SERVICES, AND ADDITIONAL INFORMATION WITH THE AIM OF BUILDING A STRONGER RELATIONSHIP BETWEEN THE ORGANIZATIONS, BETTER CLIENT EXPERIENCE AND OUTCOME, AND ENSURING WE HAVE THE BEST INFORMATION AVAILABLE TO DENTON COUNTY RESIDENTS. UWDC ALSO HAS ADDITIONAL PUBLISHED RESOURCES AVAILABLE TO BOTH THE PRIVATE AND PUBLIC SECTOR. THE DENTON COUNTY COMMUNITY SERVICES DIRECTORY AND MINI-DIRECTORY ARE PRINTED EACH YEAR BY UWDC AND DISTRIBUTED TO LOCAL COMMUNITY ORGANIZATIONS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

MANAGEMENT RECEIVES A COPY OF THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 PRIOR TO THE FILING OF THE 990. MANAGEMENT REVIEWS FORM 990 COMPARING IT TO THE AUDITED FINANCIAL STATEMENTS AND LOOKS FOR ACCURATE DISCLOSURE OF INFORMATION REQUESTED BY THE FORM 990.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 4/01, 2018, and ending 3/31, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type  
 UNITED WAY OF DENTON COUNTY, INC.  
 1314 TEASLEY LANE  
 DENTON, TX 76205

**CLIENT COPY**

**D** Employer identification number (Employees' trust, see instructions.)  
 75-1251128

**E** Unrelated business activity code (See instructions.)  
 531120

**C** Book value of all assets at end of year  
 5,670,446.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type . . . . .  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ Non-Residential Rental. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
 If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ UNITED WAY OF DENTON COUNTY Telephone number ▶ (940) 566-5851

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales . . . . .			
b	Less returns and allowances . . . . .			
	<b>c</b> Balance ▶	<b>1 c</b>		
2	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
3	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
4 a	Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
c	Capital loss deduction for trusts . . . . .	<b>4 c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
6	Rent income (Schedule C) . . . . .	<b>6</b>		
7	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>	176,048.	48,090.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>	127,958.	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
10	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
11	Advertising income (Schedule J) . . . . .	<b>11</b>		
12	Other income (See instructions; attach schedule) . . . . .	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	176,048.	48,090.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
15	Salaries and wages . . . . .	<b>15</b>		
16	Repairs and maintenance . . . . .	<b>16</b>		
17	Bad debts . . . . .	<b>17</b>		
18	Interest (attach schedule) (see instructions) . . . . .	<b>18</b>		
19	Taxes and licenses . . . . .	<b>19</b>		
20	Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>		
21	Depreciation (attach Form 4562) . . . . .	<b>21</b>	28,337.	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>	28,337.	
23	Depletion . . . . .	<b>23</b>		
24	Contributions to deferred compensation plans . . . . .	<b>24</b>		
25	Employee benefit programs . . . . .	<b>25</b>		
26	Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
27	Excess readership costs (Schedule J) . . . . .	<b>27</b>		
28	Other deductions (attach schedule) . . . . .	<b>28</b>		
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>		48,090.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>31</b>		
32	Unrelated business taxable income. Subtract line 31 from line 30 . . . . .	<b>32</b>		48,090.

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	48,090.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	48,090.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	47,090.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	9,889.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies.	44	9,889.

**Part V Tax and Payments**

45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45 a	
b	Other credits (see instructions)	45 b	
c	General business credit. Attach Form 3800 (see instructions)	45 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45 d	
e	<b>Total credits.</b> Add lines 45a through 45d	45 e	0.
46	Subtract line 45e from line 44	46	9,889.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	9,889.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments: A 2017 overpayment credited to 2018	50 a	
b	2018 estimated tax payments	50 b	
c	Tax deposited with Form 8868	50 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50 d	
e	Backup withholding (see instructions)	50 e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50 g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	0.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	52	253.
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	10,142.
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	55	

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Treasurer \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Dan Tonn  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: P00002755  
 Firm's name: Hankins, Eastup, Deaton, Tonn & Seay, PC, CPA'S  
 Firm's EIN: 75-1333383  
 Firm's address: PO BOX 977  
 DENTON, TX 76202-0977  
 Phone no.: (940) 387-8563

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach sch)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	<b>Total.</b> Add lines 1 through 4b	5					X

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property See St 1	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1) Commercial Building		176,048.	28,337.	99,621.
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		100.0000 %	176,048.	127,958.
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). 176,048.	Enter here and on page 1, Part I, line 7, column (B). 127,958.
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						

**Part II** **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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1–5)</b> .....	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.

**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
		00	
		00	
		00	
		00	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			

**Underpayment of Estimated Tax by Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2018**

Department of the Treasury  
Internal Revenue Service

Name: **UNITED WAY OF DENTON COUNTY, INC.** Employer identification number: **75-1251128**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions)		1	9,889.
2 a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2 a		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2 b		
c	Credit for federal tax paid on fuels (see instructions)	2 c		
d	<b>Total.</b> Add lines 2a through 2c	2 d		
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty.	3		9,889.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</b>	4		
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3.	5		9,889.

**Part II Reasons for Filing** – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	7/15/18	9/15/18	12/15/18	3/15/19
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10	0.	0.	5,050.	3,927.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions.	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column.	12				
13 Add lines 11 and 12.	13				
14 Add amounts on lines 16 and 17 of the preceding column.	14				5,050.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18.	17			5,050.	3,927.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 – no penalty is owed.



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.	19		7/15/19	7/15/19
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20		212	122
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018.	21			
22 Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{365} \times 5\% (0.05)$	22			
23 Number of days on line 20 after 6/30/2018 and before 10/1/2018.	23			
24 Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	24			
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019.	25		16	
26 Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{365} \times 5\% (0.05)$	26		11.07	
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019.	27		90	16
28 Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{365} \times 6\% (0.06)$	28		74.71	10.33
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019.	29		91	91
30 Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{365} \times 6\%.$	30		75.54	58.74
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019.	31		15	15
32 Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{365} \times 6\%.$	32		12.45	9.68
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020.	33			
34 Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{365} \times \text{*\%}.$	34			
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020.	35			
36 Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{366} \times \text{*\%}.$	36			
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36.	37		173.77	78.75
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.	38			253.

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First 2 months	First 3 months	First 6 months	First 9 months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	0.	0.	16,030.	32,060.
22	Annualization amounts (see instructions)	6	4	2	1.33333
23 a	Annualized taxable income. Multiply line 21 by line 22			32,060.	42,747.
23 b	Extraordinary items (see instructions)				
23 c	Add lines 23a and 23b			32,060.	42,747.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return			6,733.	8,977.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instructions				
27	Total tax. Add lines 24 through 26			6,733.	8,977.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-			6,733.	8,977.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30			5,050.	8,977.

**Part III Required Installments**

**Note:** Complete lines 32 through 38 of one column before completing the next column.

		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	0.	0.	5,050.	8,977.
33	Add the amounts in all preceding columns of line 38. See instructions				5,050.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-			5,050.	3,927.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	2,472.	2,472.	2,472.	2,473.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		2,472.	4,944.	2,366.
37	Add lines 35 and 36	2,472.	4,944.	7,416.	4,839.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	0.	0.	5,050.	3,927.

Statement 1  
Form 990-T, Schedule E, Line 3b  
Other Deductions Allocable to Debt-Financed Property

Commercial Building		
Cleaning and Maintenance .....	\$	5,493.
Gardening .....		1,550.
Insurance .....		4,229.
Management Fees .....		17,065.
Interest .....		60,513.
Taxes .....		10,771.
	Total \$	<u>99,621.</u>

**Rental Income Worksheet  
Form 990**

**Commercial Building**

Gross Rental Income.....	\$ 176,048.
Expenses	
Cleaning and Maintenance.....	5,493.
Depreciation.....	33,178.
Gardening.....	1,550.
Insurance.....	4,229.
Interest.....	60,513.
Management Fees.....	17,065.
Taxes.....	10,771.
Total Expenses.....	\$ 132,799.
Net Rental Income or Loss \$ <u>43,249.</u>	

**Form 990, Part III, Line 4e  
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	2,086,915.	2,086,915.	Part IX, Line 25, Col. B
Grants	0.	1,078,100.	Part IX, Lines 1-3, Col. B
Revenue	0.	3,162.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 11g  
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
PROFESSIONAL FEES	700.		700.	
Total	\$ <u>700.</u>	\$ <u>0.</u>	\$ <u>700.</u>	\$ <u>0.</u>

**Form 990, Part IX, Line 24e  
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AWARDS	2,313.	558.		1,755.
Federal Income Tax	9,889.		9,889.	
HOMELESSNESS EXPENSES	8,161.	8,161.		
OTHER	12,370.	850.	3,379.	8,141.
SPECIAL EVENTS	3,166.	1,031.	93.	2,042.
Total	\$ <u>35,899.</u>	\$ <u>10,600.</u>	\$ <u>13,361.</u>	\$ <u>11,938.</u>

**Excess Contributions  
Schedule A, Part II, Line 5**

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>Total</u>	<u>2% Amt</u>	<u>Excess</u>
PETERBILT	160,000	250,000	250,000	0	458,422	1,118,422	221,615	896,807
DENTON HOUSING AUTHORITY	0	0	0	0	0	0	0	0
	<u>160,000</u>	<u>250,000</u>	<u>250,000</u>	<u>0</u>	<u>458,422</u>	<u>1,118,422</u>	<u>221,615</u>	<u>896,807</u>

Form **990-W**

(Worksheet)

Department of the Treasury  
Internal Revenue Service

For Form 990-T Purposes  
**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**  
(and on Investment Income for Private Foundations)

► Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

**2019**

1	Unrelated business taxable income expected in the tax year.....	1	47,090.
2	Tax on the amount on line 1. See instructions for tax computation.....	2	9,889.
3	Alternative minimum tax for trusts. See instructions.....	3	
4	Total. Add lines 2 and 3.....	4	9,889.
5	Estimated tax credits. See instructions.....	5	
6	Subtract line 5 from line 4.....	6	9,889.
7	Other taxes. See instructions.....	7	
8	Total. Add lines 6 and 7.....	8	9,889.
9	Credit for federal tax paid on fuels. See instructions.....	9	
10 a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions.....	10 a	9,889.
b	Enter the tax shown on the 2018 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c.....	10 b	
c	<b>2019 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c.....	10 c	9,892.

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions.....	11	7/15/19	9/16/19	12/16/19	3/16/20
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization'.....	12	2,473.	2,473.	2,473.	2,473.
13	<b>2018 Overpayment.</b> See instructions.....	13	0.	0.	0.	0.
14	<b>Payment due</b> (Subtract line 13 from line 12).....	14	2,473.	2,473.	2,473.	2,473.

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form 990-W (2019)

**Rental Income Worksheet  
Form 990**

**Commercial Building**

Gross Rental Income.....	\$ 176,048.
Expenses	
Cleaning and Maintenance.....	5,493.
Depreciation.....	33,178.
Gardening.....	1,550.
Insurance.....	4,229.
Interest.....	60,513.
Management Fees.....	17,065.
Taxes.....	10,771.
Total Expenses.....	\$ 132,799.
Net Rental Income or Loss \$ <u>43,249.</u>	

**Form 990, Part III, Line 4e  
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	2,086,915.	2,086,915.	Part IX, Line 25, Col. B
Grants	0.	1,078,100.	Part IX, Lines 1-3, Col. B
Revenue	0.	3,162.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 11g  
Other Fees For Services**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
PROFESSIONAL FEES	700.		700.	
Total	\$ 700.	\$ 0.	\$ 700.	\$ 0.

**Form 990, Part IX, Line 24e  
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AWARDS	2,313.	558.		1,755.
Federal Income Tax	9,889.		9,889.	
HOMELESSNESS EXPENSES	8,161.	8,161.		
OTHER	12,370.	850.	3,379.	8,141.
SPECIAL EVENTS	3,166.	1,031.	93.	2,042.
Total	\$ 35,899.	\$ 10,600.	\$ 13,361.	\$ 11,938.

**Excess Contributions  
Schedule A, Part II, Line 5**

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>Total</u>	<u>2% Amt</u>	<u>Excess</u>
PETERBILT	160,000	250,000	250,000	0	458,422	1,118,422	221,615	896,807
DENTON HOUSING AUTHORITY	0	0	0	0	0	0	0	0
	<u>160,000</u>	<u>250,000</u>	<u>250,000</u>	<u>0</u>	<u>458,422</u>	<u>1,118,422</u>	<u>221,615</u>	<u>896,807</u>