

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 4/01, **2019, and ending** 3/31, **2020**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LANE DENTON, TX 76205	75-1251128
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(940) 566-5851
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		3,320,069.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	UNITEDWAYDENTON.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1951 M State of legal domicile: TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF UNITED WAY OF DENTON COUNTY, INC. (UWDC) IS TO IMPROVE THE LIVES IN DENTON COUNTY.</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 48
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 48
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 38
6	Total number of volunteers (estimate if necessary)	6 807
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 58,000.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b 57,000.
8	Contributions and grants (Part VIII, line 1h)	2,011,449. 2,607,194.
9	Program service revenue (Part VIII, line 2g)	3,162. 2,100.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-239,499. 3,194.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,231. 341,507.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,991,343. 2,953,995.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,078,100. 869,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,011,197. 1,112,212.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 442,034.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	588,388. 703,424.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,677,685. 2,684,636.
19	Revenue less expenses. Subtract line 18 from line 12	-686,342. 269,359.
20	Total assets (Part X, line 16)	Beginning of Current Year 5,670,446. End of Year 5,370,683.
21	Total liabilities (Part X, line 26)	3,860,402. 3,291,280.
22	Net assets or fund balances. Subtract line 21 from line 20	1,810,044. 2,079,403.

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	Signature of officer	Date			
	MARY CURTIS				
	Type or print name and title	Co-Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Dan Tonn		9/19/20		P00002755
	Firm's name ▶	HANKINS, EASTUP, DEATON, TONN & SEAY			
	Firm's address ▶	902 N LOCUST ST DENTON, TX 76201			
				Firm's EIN ▶	75-1333383
				Phone no.	(940) 387-8563

May the IRS discuss this return with the preparer shown above? (see instructions) 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

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? 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 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 \$ 1,085,147. including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ 845,630. including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ 106,107. including grants of \$) (Revenue \$)

See Schedule O

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

(Expenses \$ 16,802. including grants of \$) (Revenue \$)

4e Total program service expenses 2,053,686.

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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		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? <i>If 'Yes,' complete Schedule C, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part I.</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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		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? <i>If 'Yes,' complete Schedule D, Part VI.</i>	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		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? <i>If 'Yes,' complete Schedule G, Part I</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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c 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
2 a	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 2 a 38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3 b	X	
4 a	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)? 4 a		X
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).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	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? 6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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? 7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11 a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13 a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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. 13 b		
c	Enter the amount of reserves on hand 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 b		
15	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? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		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 on 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
1 a	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 on Schedule O.	48	
1 b	Enter the number of voting members included on line 1a, above, who are independent.	48	
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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
7 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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15 a	The organization's CEO, Executive Director, or top management official	X	
15 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
16 a	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
16 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 on Schedule O)
- 19 Describe on 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.

See instructions for the order in which to list the persons above.

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	Former			
(1) GARY HENDERSON CEO	40 0				X			110,944.	0.	0.
(2) VICKI SMITH CFO	40 0				X			78,350.	0.	0.
(3) JO ANN BALLANTINE DEVELOPMT CHAIR	0.5 0	X		X				0.	0.	0.
(4) JOSH ASHFORD Secretary	0.5 0	X		X				0.	0.	0.
(5) LAURA BEHRENS CAMP. HAIR	0.5 0	X		X				0.	0.	0.
(6) DERRELL BULLS, PH.D. Director	0.5 0	X						0.	0.	0.
(7) TONY CLARK Director	0.5 0	X						0.	0.	0.
(8) DAVID KOONTZ Director	0.5 0	X						0.	0.	0.
(9) JOHN MADUKO, M.D. Director	0.5 0	X						0.	0.	0.
(10) REBECCA ANDREASEN Director	0.5 0	X						0.	0.	0.
(11) ASHLIE BAGLEY Director	0.5 0	X						0.	0.	0.
(12) MARIELLA CUDD Director	0.5 0	X						0.	0.	0.
(13) MARY CURTIS Co-Treasurer	0.5 0	X		X				0.	0.	0.
(14) MIKE BALL 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			
(15) NANCIE RODEMS Director	0.5 0	X					0.	0.	0.
(16) SHERI DRAGOO Director	0.5 0	X					0.	0.	0.
(17) LYLE DRESHER PAST BRD CHAIR	0.5 0	X		X			0.	0.	0.
(18) ANDY EADS Director	0.5 0	X					0.	0.	0.
(19) MATTHEW BEATHEA Director	0.5 0	X					0.	0.	0.
(20) PATRICE FRISBY Director	0.5 0	X					0.	0.	0.
(21) BRENNAN BRASHEARS Director	0.5 0	X					0.	0.	0.
(22) DIRK MAIWALD Director	0.5 0	X					0.	0.	0.
(23) LINDA HOLLOWAY Director	0.5 0	X					0.	0.	0.
(24) DAWN COBB Director	0.5 0	X					0.	0.	0.
(25) JACKIE JACKSON Director	0.5 0	X					0.	0.	0.
1 b Subtotal							189,294.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							189,294.	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, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes,' complete Schedule J for such person.</i>		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

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

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			
KIT KING Director	0.5 0	X						0.	0.	0.
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 Co-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 AD HOC COUNSEL	0.5 0	X		X				0.	0.	0.
CARDELL VELEZ Director	0.5 0	X						0.	0.	0.
FRANK DIXON Director	0.5 0	X						0.	0.	0.
JEFF WILLIAMS Director	0.5 0	X						0.	0.	0.
FINLEY GRAVES CAMP CHAR-ELECT	0.5 0	X		X				0.	0.	0.
JAMIE WILSON Director	0.5 0	X						0.	0.	0.
MICAH PAZOURECK BRD CHAIR-ELECT	0.5 0	X		X				0.	0.	0.
KIMBERLY RUSSELL Director	0.5 0	X						0.	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		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a						
	b Membership dues.....	1 b						
	c Fundraising events.....	1 c						
	d Related organizations.....	1 d						
	e Government grants (contributions)...	1 e						
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f 2,607,194.						
	g Noncash contributions included in lines 1a-1f.....	1 g						
	h Total. Add lines 1a-1f.....		2,607,194.					
Program Service Revenue	2 a PROJECT BLUEPRINT	Business Code	2,100.	2,100.				
	b -----							
	c -----							
	d -----							
	e -----							
	f All other program service revenue...							
	g Total. Add lines 2a-2f.....		2,100.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		3,194.			3,194.		
	4 Income from investment of tax-exempt bond proceeds...							
	5 Royalties.....							
	6 a Gross rents.....	6 a	(i) Real	58,000.		58,000.		
			(ii) Personal					
			b Less: rental expenses					272,871.
			6 b 214,871.					
	c Rental income or (loss)	6 c 58,000.						
	d Net rental income or (loss).....		58,000.		58,000.			
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses					7 b
			c Gain or (loss).....					7 c
	d Net gain or (loss).....							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8 a		249,913.		249,913.			
		b Less: direct expenses.....					8 b 151,203.	
		c Net income or (loss) from fundraising events.....						
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a							
		b Less: direct expenses.....					9 b	
		c Net income or (loss) from gaming activities.....						
10 a Gross sales of inventory, less..... returns and allowances	10 a							
		b Less: cost of goods sold....					10 b	
		c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue	11 a SERVICE FEES	Business Code	33,594.	33,594.				
	b -----							
	c -----							
	d All other revenue.....							
	e Total. Add lines 11a-11d.....		33,594.					
12 Total revenue. See instructions.....		2,953,995.	35,694.	58,000.	253,107.			

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. |

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	869,000.	869,000.		
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	189,294.	35,581.	54,835.	98,878.
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	730,113.	513,235.	41,734.	175,144.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,391.	21,622.	4,684.	10,085.
9 Other employee benefits	86,528.	43,489.	16,478.	26,561.
10 Payroll taxes	69,886.	41,816.	7,326.	20,744.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,001.	16,926.	1,540.	1,535.
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.)	73,594.	73,594.		
12 Advertising and promotion				
13 Office expenses	92,400.	70,463.	9,579.	12,358.
14 Information technology				
15 Royalties				
16 Occupancy	31,176.	21,934.	5,178.	4,064.
17 Travel	21,646.	19,227.	105.	2,314.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,065.	4,586.		5,479.
20 Interest	78,973.	60,851.	11,386.	6,736.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,477.	68,897.	4,474.	16,106.
23 Insurance	9,600.	7,038.	1,005.	1,557.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Equipment Rental & Maintenance</u>	83,790.	68,190.	8,301.	7,299.
b <u>OTHER</u>	55,475.	35,096.	3,220.	17,159.
c <u>Dues</u>	40,375.	26,756.	6,062.	7,557.
d <u>Printing and Publications</u>	27,559.	11,312.	276.	15,971.
e All other expenses	69,293.	44,073.	12,733.	12,487.
25 Total functional expenses. Add lines 1 through 24e.	2,684,636.	2,053,686.	188,916.	442,034.
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) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	945,190.	1	993,651.
	2 Savings and temporary cash investments	1,306,076.	2	995,992.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	42,109.	4	88,214.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,110.	9	15,391.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a 3,753,657.		
	b Less: accumulated depreciation	10 b 476,222.	3,362,961.	10 c 3,277,435.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		5,670,446.	16	5,370,683.
Liabilities	17 Accounts payable and accrued expenses	573,502.	17	573,234.
	18 Grants payable		18	
	19 Deferred revenue	54,495.	19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,213,893.	23	2,699,864.
	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 ..	18,512.	25	18,182.	
26 Total liabilities. Add lines 17 through 25	3,860,402.	26	3,291,280.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	672,319.	27	1,197,883.
	28 Net assets with donor restrictions	1,137,725.	28	881,520.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,810,044.	32	2,079,403.	
33 Total liabilities and net assets/fund balances	5,670,446.	33	5,370,683.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,953,995.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,684,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	269,359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,810,044.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,079,403.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

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:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No

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:

Separate basis Consolidated basis Both consolidated and separate basis

c 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? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a 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? Yes No

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 on Schedule O and describe any steps taken to undergo such audits. Yes No

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,140,895.	2,087,672.	2,586,894.	2,230,842.	2,950,801.	11,997,104.
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 Total. Add lines 1 through 3.	2,140,895.	2,087,672.	2,586,894.	2,230,842.	2,950,801.	11,997,104.
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)						1,607,037.
6 Public support. Subtract line 5 from line 4.						10,390,067.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	2,140,895.	2,087,672.	2,586,894.	2,230,842.	2,950,801.	11,997,104.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,920.	3,239.	4,239.	3,807.	3,194.	17,399.
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 Total support. Add lines 7 through 10.						12,014,503.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	86.48 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	91.75 %

- 16a **33-1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- b **33-1/3% support test—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a **10%-facts-and-circumstances test—2019.** 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 **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶
- b **10%-facts-and-circumstances test—2018.** 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 **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 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.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2019. 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—2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
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 Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 Part VI 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.		
5a 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 Part VI , 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI .		
7 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).		
8 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).		
9a 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 Part VI .		
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 Part VI .		
c 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 Part VI .		
10a 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 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? If 'Yes' to a, b, or c, provide detail in Part VI .	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? 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.	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? 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.	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)? 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).	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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	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 The organization satisfied the Activities Test. Complete **line 2** below.
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 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? 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.	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? 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.	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? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	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.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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) 2019

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 ServicePUBLIC DISCLOSURE COPY
Schedule of Contributors▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

 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 foundationCheck 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, 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 441,889.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 77,184.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 54,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2019

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II with questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with questions 1a-2b regarding collections of 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 make 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 program
 - 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 Term 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	2,684,454.		158,020.	2,526,434.
c Leasehold improvements				
d Equipment	405,632.		318,202.	87,430.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,277,435.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Security Deposits	18,182.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	18,182.

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 FASB 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	2,953,995.
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 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1.		3	2,953,995.
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 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	2,953,995.

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	2,684,636.
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		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1.		3	2,684,636.
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 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	2,684,636.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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

2a 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						
Total						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.

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)	OTHER EVENTS (event type)	1 (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	254,438.	74,851.	71,827.	401,116.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	254,438.	74,851.	71,827.	401,116.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	97,927.	36,781.	16,495.	151,203.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				151,203.
	11	Net income summary. Subtract line 10 from line 3, column (d)				249,913.

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))													
REVENUE	1	Gross revenue																
	2	Cash prizes																
EXPENSES	3	Noncash prizes																
	4	Rent/facility costs																
	5	Other direct expenses																
	6	Volunteer labor	<table border="1"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		<table border="1"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		<table border="1"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		
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

2019

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.

▶ Go to 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 1 - Organization Mission

THE MISSION OF UNITED WAY OF DENTON COUNTY, INC. (UWDC) IS TO IMPROVE AND TRANSFORM LIVES IN DENTON COUNTY. OUR VISION IS TO EMPOWER DONORS, VOLUNTEERS, BUSINESSES, GOVERNMENTS, NONPROFITS, AND COMMUNITY GROUPS TO INVEST IN NEIGHBORS FOR A BETTER DENTON COUNTY COMMUNITY. WE LIVE UNITED TO HELP CHILDREN AND FAMILIES SUCCEED, TO GUIDE AND SERVE VETERANS AND THEIR FAMILIES, TO MAKE HOMELESSNESS RARE, BRIEF AND NONRECURRING, AND TO ADVOCATE FOR OVERALL MENTAL HEALTH. WORKING TOGETHER, WE IDENTIFY THE COMMUNITY'S MOST CRITICAL NEEDS AND IMPLEMENT COLLABORATIVE SOLUTIONS TO IMPROVE AND RESTORE LIVES 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:

CHILDREN & 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

Name of the organization UNITED WAY OF DENTON COUNTY, INC.	Employer identification number 75-1251128
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Form 990, Part III, Line 4a - Program Service Accomplishments

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 2019-2020 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 ADDITION, UWDC HAS DEVELOPED AN EXTENDED NETWORK OF NONPROFIT PARTNERS, SOME OF WHICH MAY RECEIVE FUNDING, ALL OF WHICH WORK COLLABORATIVELY WITH UWDC TO WORK ACROSS SECTORS OF THE COMMUNITY TO TACKLE COMPLEX SOCIO-ECONOMICAL CHALLENGES. UWDC ALSO PROVIDES LEADERSHIP AND MANAGEMENT ASSISTANCE, TRAINING AND SUPPORTIVE SERVICES TO MANY LOCAL AGENCIES AND ORGANIZATIONS THAT SERVE DENTON COUNTY NONPROFIT SECTOR.

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

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

UWDC HAS DEVELOPED A STRONG NETWORK OF PARTNERSHIPS & COLLABORATIVE PROGRAMS PROVIDED BY OUR COMMUNITY PARTNERS, & IS ABLE TO WORK AS A COMMUNITY RESOURCE, FACILITATOR & CATALYST IN CROSS-SECTOR COMMUNITY COLLABORATIONS THAT ADDRESS COMPLEX COMMUNITY PROBLEMS. THIS WORK IS DRIVEN BY THE FOLLOWING PRINCIPALS:

- MUST ALIGN TO CRITICAL UNMET NEEDS MAINLY: CHILDREN & FAMILIES, VETERANS, HOMELESS/HOUSING, HEALTH/MENTAL HEALTH
- MUST ALIGN WITH OUR UWDC MISSION
- MUST PRODUCE MEASURABLE RESULTS THAT INDICATE THE LEVEL OF EFFICACY

UWDC'S CROSS-SECTOR PARTNERSHIPS INCLUDE UNIVERSITIES, NONPROFITS, LOCAL GOVTS,

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

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

FAITH-BASED ORGANIZATIONS, BUSINESSES AND SCHOOL DISTRICTS. OUR EFFORTS INCLUDE UTILIZATION OF ELECTED OFFICIALS & OTHER GOVERNANCE LEADERS WHO CAN INFLUENCE POLICY ACROSS THE COMMUNITY.

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 & IS WORKING TO DEVELOP A CHILD CARE CONFERENCE IN SPRING 2019. THE COMMUNITY OUTREACH TEAM 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:

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

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

VITA

VOLUNTEER INCOME TAX ASSISTANCE) IS AN IRS INITIATIVE TO HELP LOW & MODERATELY-LOW INCOME TAXPAYERS E-FILE THEIR FEDERAL TAX RETURNS IN AN ACCURATE AND TIMELY MANNER. IN DENTON COUNTY, UNITED WAY OF DENTON COUNTY HAS OPERATED VITA SITES SINCE 2008 TO THE PRESENT DAY WITH CONTINUOUS YEAR-TO-YEAR GROWTH IN PEOPLE HELPED & NET REFUNDS RETURNED TO THE POCKETS OF DENTON COUNTY FAMILIES. DURING 2019 TAX SEASON, TAX PREPARATION SITES ASSISTED TAXPAYERS IN CORINTH, DENTON, LAKE DALLAS, SANGER, LEWISVILLE, PILOT POINT & LITTLE ELM. UWDC 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 & FACILITATE FOR SYSTEM LEVEL CHANGE IN THE BEHAVIORAL HEALTH SYSTEM IN DENTON COUNTY. THE RECOMMENDATION WAS MADE 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.

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

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

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

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 & 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.

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

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

THE DCHLT IS COMPRISED OF 25 APPOINTEES AND 3 EX OFFICIO MEMBERS SERVING TWO YEAR TERMS FORM: 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.

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 & SUPPORTED BY COMMUNITY RESOURCES.

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

-COMMUNITY AWARENESS & CONNECTION

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

-INNOVATIVE SOLUTIONS AROUND AFFORDABLE HOUSING, ACCESS TO PRIMARY & BEHAVIORAL HEALTH CARE SERVICES, ADEQUATE INCOMES & COORDINATED SERVICES

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

THE DCHLT CONSISTS OF 4 WORKGROUPS INCLUDING: HOUSING, DATA, SHELTER PLANNING & 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 &

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

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

CONTINUOUSLY IMPROVE HOMELESSNESS DATA MANAGEMENT IN THE COUNTY. THESE GOALS ARE ACHIEVED THROUGH THE ABOVE WORKGROUPS, & WORKGROUPS MAKE RECOMMENDATIONS TO THE LEADERSHIP TEAM TO MOBILIZE RESOURCES & PURSUE INITIATIVES.

COORDINATED ENTRY & HMIS:

UWDC DCHLT BACKBONE SUPPORT FACILITATE THE CONTINUED IMPLEMENTATION & MAINTENANCE OF A COORDINATED ENTRY SYSTEM IN DENTON COUNTY. COORDINATED ENTRY IS ESSENTIALLY STREAMLINED ACCESS TO HOUSING ASSISTANCE RESOURCES VIA A COMMON INTAKE, ASSESSMENT & REFERRAL PROCESS. UWDC WAS KEY IN THE ESTABLISHMENT OF THIS PROCESS AT 8 AGENCIES ACROSS THE COUNTY SERVING PEOPLE EXPERIENCEING HOMELESSNESS & CONTINUES TO OVERSEE THE GOVERNANCE & 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 & PROMOTE SELF-SUFFICIENCY FOR FAMILIES ACROSS DENTON COUNTY. THIS FUND STRENGTHENS NONPROFITS THAT PROMOTE HOUSING STABILITY & ECONOMIC STABILITY THROUGH THEIR PROGRAMMING. THIS FUND ALSO SUPPORTS THE RISK MITIGATION ASPECT OF A LANDLORD OUTREACH INITIATIVE 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. THE FUND ALSO SUPPORTS DCHC'S EFFORTS TO CARRY OUT AN ANNUAL CENSUS OF PEOPLE EXPERIENCEING SHELTERED & UNSHELTERED HOMELESSNESS-THE POINT-IN-TIME COUNT. UWDC HOMELESSNESS INTIATIVES STAFF CONTRIBUTE MANY HOURS TO PLANNING, TRAINING, EXECUTION, & PRESENTATION OF POINT-IN-TIME COUNT DATA.

DOORS FOR DENTON COUNTY HOUSING NAVIGATION:

UWDC REVCEIVED FUNDING FROM THE CITIES OF DENTON & LEWISVILLE, ALONG WITH A PRIVATE DONOR, TO FUND A HOUSING NAVIGATOR. THIS POSITION SUPPORTS THE HOUSING SEARCH & PLACEMENT PROCESS FOR EXISTING HOUSING CASE MANAGERS, WHICH ALLOWS THEM TO PROVIDE

Name of the organization UNITED WAY OF DENTON COUNTY, INC.	Employer identification number 75-1251128
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Form 990, Part III, Line 4b - Program Service Accomplishments

MORE SUBSTANTIAL CASE MANAGEMENT & SUPPORTIVE SERVICES TO THEIR CLIENTS.

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 & 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 & THE LOCAL ECONOMY INFLUENCE & OFTEN STRESS THE PUBLIC & NONPROFIT HEALTH & HUMAN SERVICES.

OUTSIDE FACTORS ALSO HAVE A PROFOUND EFFECT IN DETERMINING THE LOCAL NEEDS. FEDERAL & 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 & 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 & HUMAN SERVICES BASED ON SOCIO-ECONOMIC TRENDS & LONG-STANDING HEALTH, HOUSING, & HUMAN SERVICE ISSUES.

DURING 2019-2020, UNITED WAY OF DENTON COUNTY UPDATED THE DATA AS WAS AVAILABLE. INFORMATION ABOUT UWDC'S ACCESSMENT OF DENTON COUNTY'S COMMUNITY NEED CAN BE FOUND AT <http://www.unitedwaydenton.org/Needs>.

PROJECT BLUEPRINT:

UWDC'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,

Name of the organization UNITED WAY OF DENTON COUNTY, INC.	Employer identification number 75-1251128
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Form 990, Part III, Line 4c - Program Service Accomplishments

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 & PASSION. IN 2019 UWDC GRADUATED 21 COMMUNITY VOLUNTEERS FROM THIS PROGRAM.

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

I&R RESEARCH:

THE INFORMATION AND REFERRAL LINE AT UNITED WAY OF DENTON COUNTY IS A HELPLINE DESIGNED TO GUIDE COMMUNITY MEMBERS IN CRISIS TO CRITICAL COMMUNITY RESOURCES. 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 CONTINUOUSLY WORKS 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. WE ALSO ENSURE THAT THE MOST UP TO DATE INFORMATION IS AVAILABLE WHEN A COMMUNITY MEMBER IN CRISIS CALLED 2-1-1 FROM DENTON COUNTY. UWDC EVALUATED ONGOING 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 PUBLISHES COMMUNITY RESOURCES AVAILABLE FOR BOTH THE PRIVATE AND PUBLIC SECTOR. THE DENTON COUNTY COMMUNITY SERVICES DIRECTORY AND MINI-DIRECTORY ARE PRODUCED IN PRINT EACH YEAR FOR DISTRIBUTION AND AVAILABLE AT UNITEDWAYDENTONCOUNTY.ORG.

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

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

INCREASED SOCIAL SUPPORT AND STABILITY OF CLIENTS.

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

For calendar year 2019 or other tax year beginning 4/01, 2019, and ending 3/31, 2020

2019

Department of the Treasury
Internal Revenue Service

► Go to 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).

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LANE DENTON, TX 76205</p>	<p>D Employer identification number (Employees' trust, see instructions.) 75-1251128</p> <p>E Unrelated business activity code (See instructions.) 531120</p>
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<p>C Book value of all assets at end of year <u>5,370,683.</u></p>	<p>F Group exemption number (See instructions.) ►</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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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 c Balance ►	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c.	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	272,871.	58,000.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	214,871.	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	272,871.	58,000.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		
20 Depreciation (attach Form 4562)	20	44,735.	
21 Less depreciation claimed on Schedule A and elsewhere on return	21 a	44,735.	21 b
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27		
28 Total deductions. Add lines 14 through 27	28		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		58,000.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31 Unrelated business taxable income. Subtract line 30 from line 29	31		58,000.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	32	58,000.
33	Amounts paid for disallowed fringes.	33	
34	Charitable contributions (see instructions for limitation rules).	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.	35	58,000.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	58,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	57,000.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	11,970.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	41	
42	Proxy tax. See instructions.	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions.	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.	45	11,970.

Part V Tax and Payments

46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	46 a	
b	Other credits (see instructions).	46 b	
c	General business credit. Attach Form 3800 (see instructions).	46 c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46 d	
e	Total credits. Add lines 46a through 46d.	46 e	0.
47	Subtract line 46e from line 45.	47	11,970.
48	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).	48	
49	Total tax. Add lines 47 and 48 (see instructions).	49	11,970.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51 a	Payments: A 2018 overpayment credited to 2019.	51 a	
b	2019 estimated tax payments.	51 b	9,892.
c	Tax deposited with Form 8868.	51 c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).	51 d	
e	Backup withholding (see instructions).	51 e	
f	Credit for small employer health insurance premiums (attach Form 8941).	51 f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total...	51 g	
52	Total payments. Add lines 51a through 51g.	52	9,892.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.	54	2,078.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

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

57	At any time during the 2019 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
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ 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 _____ Co-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: 9/19/20
 Check if self-employed
 PTIN: P00002755
 Firm's name: HANKINS, EASTUP, DEATON, TONN & SEAY
 Firm's EIN: 75-1333383
 Firm's address: 902 N LOCUST ST, DENTON, TX 76201
 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 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3				
4 a Additional section 263A costs (attach schedule)	4 a				Yes No
b Other costs (attach sch.)	4 b				
5 Total. 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	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). ▶

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	272,871.	44,735.	170,136.
(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)
(1)		100.0000 %	272,871.
(2)		%	
(3)		%	
(4)		%	
Totals ▶		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8. ▶		272,871.	214,871.

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)				
Totals			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)				
Totals		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)						
Totals		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 25.

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)						
Totals (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)						
Totals from Part I ▶						
Totals, Part II (lines 1– 5) ▶	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 26.

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

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

Commercial Building

Gardening.....	\$	8,130.
Insurance.....		5,641.
Management Fees.....		29,405.
Miscellaneous.....		4,995.
Interest.....		78,973.
Taxes.....		28,128.
Utilities.....		12,359.
SECURITY.....		2,505.
	Total	<u>\$ 170,136.</u>

**Rental Income Worksheet
Form 990**

Commercial Building

Gross Rental Income.....	\$	272,871.
Expenses		
Depreciation.....		44,735.
Gardening.....		8,130.
Insurance.....		5,641.
Interest.....		78,973.
Management Fees.....		29,405.
Miscellaneous.....		4,995.
Taxes.....		28,128.
Utilities.....		12,359.
SECURITY.....		2,505.
Total Expenses.....	\$	214,871.
Net Rental Income or Loss		\$ <u>58,000.</u>

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

	Program Services Total	Form 990	Source
Total Expenses	2,053,686.	2,053,686.	Part IX, Line 25, Col. B
Grants	0.	869,000.	Part IX, Lines 1-3, Col. B
Revenue	0.	2,100.	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
CONTRACTUAL SERVICES	190.	190.		
	73,404.	73,404.		
Total	<u>\$ 73,594.</u>	<u>\$ 73,594.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AWARDS	3,258.	1,556.		1,702.
Federal Income Tax	11,970.		11,970.	
IN KIND EXPENSE	10,000.	1,306.		8,694.
Postage and Shipping	15,018.	12,251.	763.	2,004.
SPECIAL EVENTS	6,672.	6,585.		87.