

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 4/01, 2016, and ending 3/31, 202017

2016

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

MARK MERKI

Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>2,388,439.</u>
2 a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	_____
4 a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Hankins, Eastup, Deaton, Tonn & Seay, PC, to enter my PIN 01826 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

75804933383
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 4/01, 2016, and ending 3/31, 2017

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LANE DENTON, TX 76205. D Employer identification number 75-1251128. E Telephone number (940) 566-5851. G Gross receipts \$ 2,488,227.

F Name and address of principal officer: Same As C Above. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: UNITEDWAYDENTON.ORG. H(c) Group exemption number.

K Form of organization: Corporation, Trust, Association, 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: THE MISSION OF UNITED WAY OF DENTON COUNTY, INC. (UWDC) IS TO IMPROVE THE LIVES IN DENTON COUNTY.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (48), 4 Number of independent voting members (48), 5 Total number of individuals employed (22), 6 Total number of volunteers (1,345), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (2,525,617 / 2,261,997), 9 Program service revenue (2,000 / 3,450), 10 Investment income (2,920 / 3,239), 11 Other revenue (87,045 / 119,753), 12 Total revenue (2,617,582 / 2,388,439).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (1,478,223 / 1,324,628), 14 Benefits paid (), 15 Salaries, other compensation (649,612 / 797,732), 16a Professional fundraising fees (), 16b Total fundraising expenses (348,736 /), 17 Other expenses (356,257 / 539,824), 18 Total expenses (2,484,092 / 2,662,184), 19 Revenue less expenses (133,490 / -273,745).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (2,791,682 / 2,615,211), 21 Total liabilities (304,308 / 401,582), 22 Net assets or fund balances (2,487,374 / 2,213,629).

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, MARK MERKI, Treasurer. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name Dan Tonn, Preparer's signature, Date 6/27/17, Check self-employed, PTN P00002755, Firm's name Hankins, Eastup, Deaton, Tonn & Seay, PC, CPA'S, Firm's address PO BOX 977 DENTON, TX 76202-0977, Firm's EIN 75-1333383, 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 [X]

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF DENTON COUNTY, INC. (UWDC) IS TO IMPROVE LIVES IN DENTON COUNTY. UWDC STRIVES TO BE THE LEADER IN IDENTIFYING COMMUNITY ASSETS AND NEEDS TO PROVIDE SOLUTIONS - MAKING DENTON COUNTY A BETTER PLACE TO LIVE AND WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? See Schedule 0

[X] Yes [] No

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

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

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 1,393,974. including grants of \$ 1,324,628.) (Revenue \$)

See Schedule 0

4b (Code:) (Expenses \$ 676,178. including grants of \$) (Revenue \$)

See Schedule 0

4c (Code:) (Expenses \$ 99,976. including grants of \$) (Revenue \$)

See Schedule 0

4d Other program services (Describe in Schedule O.) See Schedule 0

(Expenses \$ 23,348. including grants of \$) (Revenue \$)

4e Total program service expenses 2,193,476.

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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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	

BAA

Form 990 (2016)

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. <input type="text" value="2"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
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. <input type="text" value="22"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	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? <input type="checkbox"/>		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>		
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)? <input type="checkbox"/>		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> 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? <input type="checkbox"/>		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
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? <input type="checkbox"/>		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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? <input type="checkbox"/>		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
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? <input type="checkbox"/>		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 48 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 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, or 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	a The governing body?	X	
8 b	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 in 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	a The organization's CEO, Executive Director, or top management official.	X	
15 b	b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 UNITED WAY OF DENTON COUNTY 1314 TEASLEY LANE DENTON TX 76205 (940) 566-5851

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation on 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) JO ANN BALLANTINE CMP CHAIR	0.5 0	X		X				0.	0.	0.
(2) JOSH ASHFORD Director	0.5 0	X						0.	0.	0.
(3) LAURA BEHRENS Director	0.5 0	X						0.	0.	0.
(4) DERRELL BULLS, PH.D. Director	0.5 0	X						0.	0.	0.
(5) JOHN CABRALES Director	0.5 0	X						0.	0.	0.
(6) ROBIN FOX Director	0.5 0	X						0.	0.	0.
(7) TIM HARRIS Director	0.5 0	X						0.	0.	0.
(8) MICHAEL HEINES Director	0.5 0	X						0.	0.	0.
(9) RAY CROFF CMP CHAIR-ELECT	0.5 0	X		X				0.	0.	0.
(10) ASHLIE BAGLEY Director	0.5 0	X						0.	0.	0.
(11) MARIELLA CUDD Director	0.5 0	X						0.	0.	0.
(12) MARY CURTIS Director	0.5 0	X						0.	0.	0.
(13) MIKE BALL Director	0.5 0	X						0.	0.	0.
(14) NANCIE RODEMS Director	0.5 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Posit on (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) SHERI DRAGOO PAST BRD CHAIR	0.5 0	X		X			0.	0.	0.
(16) LYLE DRESHER BRD CHAIR-ELECT	0.5 0	X		X			0.	0.	0.
(17) ANDY EADS Director	0.5 0	X					0.	0.	0.
(18) CHUCK ENGLE Director	0.5 0	X					0.	0.	0.
(19) PATRICE FRISBY Director	0.5 0	X					0.	0.	0.
(20) RICHARD GODOY Director	0.5 0	X					0.	0.	0.
(21) SARAH BARBER Director	0.5 0	X					0.	0.	0.
(22) LINDA HOLLOWAY Director	0.5 0	X					0.	0.	0.
(23) LEE HOWELL Director	0.5 0	X					0.	0.	0.
(24) JACKIE JACKSON Director	0.5 0	X					0.	0.	0.
(25) KIT KING Director	0.5 0	X					0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							175,848.	0.	0.
d Total (add lines 1b and 1c)							175,848.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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 UNITED WAY OF DENTON COUNTY, INC.	Employer Identification number 75-1251128
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON GARRETT Director	0.5 0	X						0.	0.	0.
BRANDON MCCLESKEY CMP CHAIR-ELECT	0.5 0	X						0.	0.	0.
ERNIE MCCRAW Director	0.5 0	X						0.	0.	0.
SHERRI MCDADE Director	0.5 0	X						0.	0.	0.
GLEN MCKENZIE Director	0.5 0	X						0.	0.	0.
JANIE MCLEOD Director	0.5 0	X						0.	0.	0.
MARK MERKI Treasurer	0.5 0	X		X				0.	0.	0.
BETTYE MYERS, PH.D. Secretary	0.5 0	X		X				0.	0.	0.
MARK PULLAM Director	0.5 0	X						0.	0.	0.
ELLEN PAINTER Director	0.5 0	X						0.	0.	0.
ANDRE RHEAULT Director	0.5 0	X						0.	0.	0.
TERESA SATO Director	0.5 0	X						0.	0.	0.
GREGORY J. SAWKO BOARD CHAIR	0.5 0	X		X				0.	0.	0.
JAIME CARLIN Director	0.5 0	X						0.	0.	0.
PHOEBE HAMPTON Director	0.5 0	X						0.	0.	0.
JEFF WILLIAMS Director	0.5 0	X						0.	0.	0.
MALCOLM MCGUIRE Director	0.5 0	X						0.	0.	0.
JAMIE WILSON Director	0.5 0	X						0.	0.	0.
MICAH PAZOURECK Director	0.5 0	X						0.	0.	0.
ROBERT PLACIDO Director	0.5 0	X						0.	0.	0.
RANDY ROBINSON Director	0.5 0	X						0.	0.	0.

Department of the Treasury
Internal Revenue Service

Name of the Organization: **UNITED WAY OF DENTON COUNTY, INC.** Employer Identification number: **75-1251128**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
PATRICIA SHERMAN Director	0.5 0	X						0.	0.	0.	
DEBBIE SMATRESK Director	0.5 0	X						0.	0.	0.	
GARY HENDERSON CEO	40 0				X			103,884.	0.	0.	
VICKI SMITH CFO	40 0				X			71,964.	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 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)					
	1 f All other contributions, gifts, grants, and similar amounts not included above	2,261,997.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	2,261,997.				
Program Service Revenue	2 a PROJECT BLUEPRINT	3,450.	3,450.			
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	3,450.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	3,239.			3,239.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	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	a 176,042.				
		b Less: direct expenses	99,788.			
c Net income or (loss) from fundraising events		76,254.			76,254.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a SERVICE FEES		43,499.	43,499.			
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		43,499.				
12 Total revenue. See instructions		2,388,439.	46,949.	0.	79,493.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,324,628.	1,324,628.		
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	175,848.	105,724.	51,390.	18,734.
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	470,961.	360,095.	12,204.	98,662.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,871.	21,256.	3,739.	5,876.
9 Other employee benefits	71,289.	46,697.	7,331.	17,261.
10 Payroll taxes	48,763.	35,128.	4,800.	8,835.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,700.	10,205.	2,355.	3,140.
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.)	122,000.			122,000.
12 Advertising and promotion				
13 Office expenses	78,626.	56,794.	6,575.	15,257.
14 Information technology				
15 Royalties				
16 Occupancy	90,394.	72,970.	9,039.	8,385.
17 Travel	21,960.	17,275.	1,713.	2,972.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,798.	3,901.	545.	5,352.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,084.	37,471.	2,204.	4,409.
23 Insurance	5,283.	2,632.	1,216.	1,435.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Equipment Rental & Maintenance</u>	58,718.	50,834.	3,830.	4,054.
b <u>PRINTING</u>	42,677.	22,806.	1,386.	18,485.
c <u>Dues</u>	34,761.	21,854.	5,737.	7,170.
d <u>OTHER</u>	8,598.	538.	5,908.	2,152.
e All other expenses	7,225.	2,668.		4,557.
25 Total functional expenses. Add lines 1 through 24e	2,662,184.	2,193,476.	119,972.	348,736.
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	1,530,264.	1	1,196,585.
	2 Savings and temporary cash investments	1,138,474.	2	1,043,335.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,863.	4	9,436.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,428.	9	24,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 426,775.		
	b Less: accumulated depreciation	10b 179,069.	83,653.	10c 247,706.
	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	93,252.
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,791,682.	16	2,615,211.
Liabilities	17 Accounts payable and accrued expenses	304,308.	17	251,582.
	18 Grants payable		18	
	19 Deferred revenue		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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		304,308.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,300,480.	27	1,101,236.
	28 Temporarily restricted net assets	1,186,894.	28	1,112,393.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,487,374.	33	2,213,629.
	34 Total liabilities and net assets/fund balances	2,791,682.	34	2,615,211.

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Form 990 (2016)

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	2,388,439.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,662,184.
3	Revenue less expenses. Subtract line 2 from line 1	3	-273,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,487,374.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,213,629.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2016)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,639,882.	1,862,473.	2,017,147.	2,140,895.	2,087,672.	9,748,069.
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.	1,639,882.	1,862,473.	2,017,147.	2,140,895.	2,087,672.	9,748,069.
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).						753,757.
6 Public support. Subtract line 5 from line 4.						8,994,312.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4.	1,639,882.	1,862,473.	2,017,147.	2,140,895.	2,087,672.	9,748,069.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,779.	2,071.	3,087.	2,920.	3,239.	14,096.
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.						9,762,165.
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 2016 (line 6, column (f) divided by line 11, column (f)).	14	92.13 %
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	92.69 %
16a 33-1/3% support test—2016. 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.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2015. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. 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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2016. 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—2015. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u> --			
<u>2</u> --			
<u>3</u> --			
<u>4</u> --			
<u>5</u> --			
<u>6</u> --			

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
---	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

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

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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	152,931.			152,931.
b Buildings				
c Leasehold improvements				
d Equipment	273,844.		179,069.	94,775.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 247,706.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

N/A

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,388,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,388,439.
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	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,388,439.

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	2,662,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,662,184.
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	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,662,184.

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	GALA (event type)	GOLF TOURNAMEN (event type)	2 (total number)	(add column (a) through column (c))		
1	Gross receipts	58,844.	49,920.	67,278.	176,042.	
2	Less: Contributions					
3	Gross income (line 1 minus line 2)	58,844.	49,920.	67,278.	176,042.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	41,494.	13,406.	44,888.	99,788.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				99,788.
11	Net income summary. Subtract line 10 from line 3, column (d)				76,254.	

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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
	1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) RC sect on (if appl cable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuat on (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHERS/SISTERS 450 E JOHN CARPENTER FRWY IRVING, TX 75062	75-0800632		40,000.	0.			ASSIST WITH EXEMPT PURPOSE
(2) DENTON CHRISTIAN PRESCHOOL 1114 W UNIVERSITY DENTON, TX 76201	75-1316703		46,000.	0.			ASSIST WITH EXEMPT PURPOSE
(3) FRIENDS OF THE FAMILY PO BOX 640 DENTON, TX 76202	75-1734175		35,000.	0.			ASSIST WITH EXEMPT PURPOSE
(4) CITY/COUNTY DAY NURSERY 1603 PAISLEY DENTON, TX 76209	75-1285779		40,000.	0.			ASSIST WITH EXEMPT PURPOSE
(5) FRED MOORE CHILD CARE 821 CROSSTIMBERS DENTON, TX 76205	75-0971775		110,000.	0.			ASSIST WITH EXEMPT PURPOSE
(6) GIRL SCOUTS 6001 SUMMERSIDE DR DALLAS, TX 75252	75-1101571		16,000.	0.			ASSIST WITH EXEMPT PURPOSE
(7) HOPE, INC. PO BOX 50946 DENTON, TX 76206	75-2117176		100,000.	0.			ASSIST WITH EXEMPT PURPOSE
(8) PILOT POINT GOODFELLOWS PO BOX 1125 PILOT POINT, TX 76258	75-1829320		15,000.	0.			ASSIST WITH EXEMPT PURPOSE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 18
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Continuation Sheet for Schedule I (Form 990)

2016

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 1

Name of the organization UNITED WAY OF DENTON COUNTY, INC.	Employer identification number 75-1251128
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSVP 1400 CRESCENT, SUITE 3 DENTON, TX 76201	75-1959671		15,000.				ASSIST WITH EXEMPT PURPOSE
SPAN 1800 MALONE DENTON, TX 76201	75-1497010		51,000.				ASSIST WITH EXEMPT PURPOSE
CASA OF DENTON COUNTY PO BOX 2885 DENTON, TX 76202	75-2417472		35,000.				ASSIST WITH EXEMPT PURPOSE
AIDS SERVICES OF NORTH TEXAS 4210 MESA DRIVE DENTON, TX 76207	75-2252866		50,000.				ASSIST WITH EXEMPT PURPOSE
INTERFAITH MINISTRIES PO BOX 1744 DENTON, TX 76202	75-2442459		107,000.				ASSIST WITH EXEMPT PURPOSE
DAY STAY FOR ADULTS 4845 S I-35E, STE 100 DENTON, TX 76210	75-2480904		54,000.				ASSIST WITH EXEMPT PURPOSE
COMMUNITIES IN SCHOOLS PO BOX 295543 LEWISVILLE, TX 75029	75-2496426		110,000.				ASSIST WITH EXEMPT PURPOSE
SOUTHWESTERN DIABETIC FOUND. PO BOX 918 GAINESVILLE, TX 75077	75-2559765		24,000.				ASSIST WITH EXEMPT PURPOSE
CHILDREN ADVOCACY CENTER DC 1854 CAIN DRIVE LEWISVILLE, TX 76266	75-2559765		30,000.				ASSIST WITH EXEMPT PURPOSE
THE SALVATION ARMY PO BOX 1089 LEWISVILLE, TX 75067	75-0800648		40,000.				ASSIST WITH EXEMPT PURPOSE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

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

MENTAL HEALTH INITIATIVE-VETERANS

THE VETERANS WORKGROUP APPLIED FOR THE HEALTH AND HUMAN SERVICES COMMISSION TEXAS VETERANS AND FAMILY ALLIANCE (TV+FA) PILOT PROGRAM GRANT. THE TEAM WAS AWARDED FUNDING IN JUNE 2106. TWO DIRECT SERVICE, LMSW STAFF SERVE VETERANS AND THEIR FAMILIES THROUGH THEIR ROLE AT UWDC. THE VETERAN COMMUNITY NAVIGATOR TEAM, FUNDED THROUGH THE HHSC TV+FA GRANT, HAS SERVED 196 CLIENTS TO DATE.

UNITED WAY OF DENTON COUNTY, THROUGH COMMUNITY PARTNERSHIP AND PRIVATE DONORS, OPENED THE DENTON COUNTY VETERANS CENTER IN APRIL 2017. THE DENTON COUNTY VETERANS CENTER CO-LOCATES 10 VETERAN-SPECIFIC SERVICE PROVIDERS IN THE DENTON COUNTY COMMUNITY. THE VETERAN COMMUNITY NAVIGATOR TEAM OPERATES OUT OF THE DENTON COUNTY VETERANS CENTER.

Form 990, Part III, Line 2 - New Services

HOMELESSNESS INITIATIVE

DENTON COUNTY HOMELESSNESS LEADERSHIP TEAM

THE DENTON COUNTY HOMELESSNESS LEADERSHIP TEAM (DCHLT) CONVENED ON MAY 5, 2016. THE TEAM IS A 22-MEMBER APPOINTED QUASI-GOVERNMENTAL BODY TASKED WITH INCREASING ACCESS TO AFFORDABLE HOUSING AND IMPROVING THE COORDINATION OF HOMELESS SERVICES IN DENTON COUNTY. THE INITIATIVE GREW AS A RESULT OF DENTON MAYOR, CHRIS WATTS', HOUSING THE HOMELESS TASK FORCE. THE TASK FORCE CONVENED IN 2015 TO ADDRESS HOMELESSNESS IN THE CITY OF DENTON. RESULTING FROM THAT 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 UWDC FOR ITS COUNTY-WIDE REACH.

THE DCHLT IS COMPRISED OF 23 APPOINTEES AND 4 EX OFFICIO MEMBERS SERVING TWO YEAR TERMS FROM: DENTON COUNTY COMMISSIONERS COURT, MUNICIPAL GOVERNMENT, HEALTH CARE

Name of the organization

UNITED WAY OF DENTON COUNTY, INC.

Employer identification number

75-1251128

Form 990, Part III, Line 2 - New Services

PROVIDERS, HEALTH INSURANCE PROVIDERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT, NON-PROFITS, HOUSING AND HOMELESSNESS AGENCIES, AND OTHER COMMUNITY ORGANIZATIONS, IN ADDITION TO FOUR EX-OFFICIOS WHO SERVE IN AN ADVISORY CAPACITY (FROM THE CITY OF DENTON, THE DENTON COUNTY HOMELESS COALITION AND THE UWDC).

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

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

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

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

-COMMUNITY AWARENESS & CONNECTION

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

-INNOVATIVE SOLUTIONS AROUND AFFORDABLE HOUSING, ACCESS TO PRIMARY AND BEHAVIORAL HEALTH CARE SERVICES, ADEQUATE INCOME AND COORDINATED SERVICES.

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

THE DHCLT CONSISTS OF 4 WORKGROUPS INCLUDING: HOUSING, DATA, WORKFORCE DEVELOPMENT AND CONSUMER FEEDBACK. WORKGROUPS MEET ON EITHER A MONTHLY OR EVERY OTHER MONTH BASIS TO ADDRESS CONCENTRATED SYSTEMS-LEVEL CHANGE AND GENERATE RECOMMENDATIONS FOR THE DCHLT TO CONSIDER.

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

Name of the organization

Employer identification number

UNITED WAY OF DENTON COUNTY, INC.

75-1251128

Form 990, Part III, Line 2 - New Services

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, 2017 TWO CLIENTS HAVE BEEN IDENTIFIED AND ONE CLIENT HAS BEEN HOUSED. ADDITIONAL PERFORMANCE MEASURES FOR THE PROGRAM INCLUDE INCREASED INCOME, AND INCREASED SOCIAL SUPPORT AND STABILITY OF CLIENTS.

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

COMMUNITY INVESTMENT (PARTNER AGENCY GRANTS, AGENCY RELATIONS):

TWENTY 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 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

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MUST ANNUALLY VERIFY THEY ARE AN AGENCY IN GOOD STANDING AS AN IRS CODE SECTION 501(C)3 NON-PROFIT ORGANIZATIONS.

DURING 2016-2017 FUNDING YEAR, UWDC WAS ABLE TO DISTRIBUTE A TOTAL OF \$800,000 TO OUR 19 PARTNER AGENCIES.

THROUGH THESE PARTNERSHIPS, UWDC PARTNER AGENCIES WERE ABLE TO ASSIST MORE THAN 75,000 INDIVIDUALS AND FAMILIES IN DENTON COUNTY IN 2016.

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

UWDC CONDUCTED 10 TRAINING/NETWORKING MEETINGS FOR LOCAL FUNDED PARTNER AGENCIES THAT COVERED TOPICS SUCH AS COLLECTIVE IMPACT, PLANNED GIVING, ADVOCACY, COMMUNITY INITIATIVES AND COLLABORATION. THESE WERE ALL TOPICS THAT WERE REQUESTED NEEDS BY PARTNER AGENCY STAFF LEADERSHIP. PARTICIPATION RATES FOR THESE SERVICES BY OUR 19 PARTNER AGENCIES WERE 75%.

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COMMUNITY CAPACITY BUILDING (PRE-K, MENTOR DENTON, SCHOOL BASED COMMUNITY CENTERS, VITA, BANK ON DENTON, DC CITIZEN'S COUNCIL ON MENTAL HEALTH) :

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

-MUST ALIGN WITHIN AT LEAST 1 OF OUR 5 FOCUS AREAS: CHILDREN, FAMILIES, VETERANS, HOMELESS & HEALTH

-MUST ALIGN WITH OUR UWDC MISSION

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

-RESULTS MUST BE MEASURABLE

LOCAL PARTNERSHIPS INCLUDE UNIVERSITIES, NONPROFITS, LOCAL GOVERNMENT, FAITH BASED

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ORGANIZATIONS, BUSINESSES & LOCAL SCHOOL DISTRICTS. SUMMARIES OUR MAJOR

INITIATIVES/PROGRAMS ARE AS FOLLOWS:

EDUCATION INITIATIVES & GRANTS:

SANGER ISD IMPACT GRANT

THROUGH AN ONGOING GRANT TO SANGER INDEPENDENT SCHOOL DISTRICT FOR THE 2016-2017 SCHOOL YEAR, CHILDREN IN NEED RECEIVED BACKPACKS OF SCHOOL SUPPLIES, NEW CLOTHES & FOOD FOR THE WEEKENDS. THROUGH A COMMUNITY IMPACT GRANT OF \$17,500 UWDC WAS ABLE TO STRENGTHEN THE OFFICE OF THE HOMELESS LIAISON TO IMPROVE LIVES IN THE SANGER 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. READY ROSIE IS A 2 MINUTE VIDEO THAT IS EMAILED TO A PARENT OR CAREGIVER DAILY THAT MODELS AN ACTIVITY THAT CAN BE DONE WITH THEIR CHILD THAT WILL PREPARE THEM FOR SUCCESS WHEN THEY START KINDERGARTEN. SINCE ITS FIRST YEAR, READY ROSIE HAS SERVED OVER 6,000 STUDENTS IN THE PRE-KINDERGARTEN COALITION. 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"

MENTOR DENTON:

UNITED WAY OF DENTON COUNTY'S COMMUNITY NEEDS ASSESSMENT STATES THAT THERE ARE OVER 30,000 YOUTH IN DENTON COUNTY THAT ARE AT-RISK OF DROPPING OUT OF SCHOOL. MENTOR

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DENTON RESPONDS TO THIS GROWING POPULATION IN AN EFFORT TO MATCH EACH CHILD TO A QUALIFIED MENTOR.

MENTOR DENTON STANDS OUT AS A COLLABORATIVE EFFORT BETWEEN UNITED WAY OF DENTON COUNTY, DENTON INDEPENDENT SCHOOL DISTRICT, COMMUNITIES IN SCHOOLS, UNIVERSITY OF NORTH TEXAS, TEXAS WOMAN'S UNIVERSITY & OTHER LOCAL ORGANIZATIONS. THE INITIATIVE IS MADE POPULAR BY ITS "ONE KID. ONE HOUR A WEEK. ONE YEAR." SLOGAN WHICH SIGNIFIES ITS ONE YEAR GOAL TO HAVE 10,000 MENTORS EVERY YEAR BEGINNING IN FALL OF 2015. SINCE ITS INCEPTION IN AUGUST 2013, MENTOR DENTON HAS GATHERED THE SUPPORT OF OVER 1300 VOLUNTEERS AND NEARLY 500 MENTORS ASSIGNED TO STUDENTS IN DENTON COUNTY.

SCHOOL BASED COMMUNITY CENTERS:

SCHOOL BASED COMMUNITY CENTERS BRIDGE THE GAP OF TRANSPORTATION TO RESOURCES FOR PARENTS AND COMMUNITY MEMBERS IN THE NEIGHBORHOODS. AS A HUB FOR THE COMMUNITY, SCHOOL BASED COMMUNITY CENTERS IN DENTON COUNTY HAVE BEEN ACTIVE IN PROVIDING FREE IMMUNIZATIONS, HEALTH RESOURCES, COUNSELING CLASSES & FINANCIAL STABILITY RESOURCES. ADDITIONALLY, SCHOOL BASED COMMUNITY CENTERS ACT AS A COMFORTABLE & RECOGNIZABLE PLACE FOR COMMUNITY MEMBERS TO MEET, LEARN & VOLUNTEER. THERE ARE CURRENTLY THREE SCHOOL BASED COMMUNITY CENTERS IN DENTON COUNTY.

THE FINANCIAL STABILITY INITIATIVES & GRANTS:

IN 2007, UNITED WAY OF DENTON COUNTY LAUNCHED A NEW INITIATIVE TO PROMOTE FINANCIAL STABILITY AMONG LOW-TO-MODERATE INCOME FAMILIES & INDIVIDUALS IN DENTON COUNTY. THIS INITIATIVE HAS CONTINUED & GROWN IN 2017.

FINANCIAL STABILITY INITIATIVE - VITA:

THROUGH THE VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM, UNITED WAY OF DENTON COUNTY OPERATES FREE TAX-PREPARATION SITES FOR LOW-TO-MODERATE INCOME WORKERS, EDUCATING FILERS ON THE EARNED INCOME TAX CREDIT & THE CHILD TAX CREDIT, & OFFERING CHOICES OF HOW TO INVEST THEIR REFUNDS TO BENEFIT THE FINANCIAL HEALTH OF THEIR

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FAMILIES. VITA SITES ARE LOCATED IN DENTON, SANGER, CORINTH, JUSTIN, LEWISVILLE, PILOT POINT AND LITTLE ELM, & ARE STAFFED BY IRS CERTIFIED VOLUNTEERS WHO ARE TRAINED SPECIFICALLY TO OFFER FREE TAX PREPARATION.

DURING THE 2017 TAX PREPARATION SEASON THE UWDC VITA PROGRAM WAS ABLE TO PROVIDE 181 FREE TAX PREPARATION SESSIONS, AT 9 DIFFERENT SITES, OVER A PERIOD OF THREE MONTHS. DURING THIS TIME VOLUNTEERS PREPARED & SUBMITTED 1,401 TAX RETURNS. ALSO, CLIENTS WHO PREFERRED TO PREPARE THEIR OWN TAX RETURNS WERE REFERRED TO MYFREETAXES.COM WHERE INDIVIDUALS & FAMILIES WHO EARN \$64,000 OR LESS CAN ELECTRONICALLY FILE THEIR OWN RETURN FOR FREE. IN DENTON COUNTY, 54 RETURNS WERE PREPARED & FILED THROUGH MYFREETAXES.COM.

THE IRS ESTIMATES THAT THE AVERAGE OUT-OF-POCKET COST INCURRED BY TAXPAYERS TO PREPARE & SUBMIT THEIR RETURNS IS \$273 PER RETURN. BASED ON THIS CALCULATION, THE UNITED WAY OF DENTON COUNTY VITA PROGRAM SAVED RESIDENTS ROUGHLY \$382,473 IN TAX PREPARATION ALONE. DURING THE 2017 TAX PREPARATION SEASON, VOLUNTEER TAX PREPAREERS FOUND OVER \$657,988 IN EARNED INCOME TAX CREDITS AND HAD \$2,045,576 IN FEDERAL REFUNDS ISSUED.

FINANCIAL STABILITY INITIATIVE - BANK ON DENTON COUNTY:

BANK ON DENTON COUNTY IS A COLLABORATIVE PARTNERSHIP BETWEEN UWDC, LOCAL GOVERNMENT, & COMMUNITY MAINSTREAM FINANCIAL SERVICE PROVIDERS INCLUDING, BB&T, CHASE BANK, CAPITAL ONE BANK, POINT BANK, PROSPERITY BANK, SANGER BANK, SYNERGY BANK, FIRST CONVENIENCE BANK, FIRST STATE BANK, FIRST UNITED BANK, INDEPENDENT BANK, NORTHSTAR BANK OF TEXAS, INWOOD NATIONAL BANK, MERIDIAN BANK TEXAS, DATCU CREDIT UNION, WELLS FARGO, & ACCESSBANK TEXAS, COMMITTED TO PROVIDING BUDGETING TOOLS & FINANCIAL EDUCATION TO UNBANKED AND UNDERBANKED HOUSEHOLDS IN DENTON COUNTY & ENCOURAGING PARTICIPATION IN MAINSTREAM FINANCIAL SERVICES. UNBANKED HOUSEHOLDS ARE CHARACTERIZED AS HAVING NO CHECKING OR SAVINGS ACCOUNT. UNDERBANKED HOUSEHOLDS ARE

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THOSE CHARACTERIZED AS HAVING AN ACCOUNT, BUT CONTINUING TO RELY ON ALTERNATIVE FINANCIAL SERVICES, LIKE CHECK-CASHING SERVICES, PAYDAY LOANS, RENT-TO-OWN AGREEMENTS OR PAWN SHOPS. ACCORDING TO FDIC DATA, 1 IN 4 LOW TO MODERATELY LOW INCOME HOUSEHOLDS IN DENTON ARE NOT PARTICIPATING IN MAINSTREAM FINANCIAL SERVICES RESULTING IN FINANCIAL LEAKAGE FROM THE HOUSEHOLD. THE PURPOSE OF BANK ON DENTON COUNTY IS TO PROVIDE CRITICAL FINANCIAL EDUCATION & ACCESS TO MAINSTREAM FINANCIAL SERVICES TO LOW & MODERATELY LOW INCOME FAMILIES & INDIVIDUALS. IN ITS THIRD YEAR OF OPERATION, BANK ON DENTON COUNTY HAS CONDUCTED 82 WORKSHOPS WITH 519 PARTICIPANTS. FINANCIAL STABILITY INITIATIVE - FINANCIAL COACHING:

IN 2016, UNITED WAY OF DENTON COUNTY LAUNCHED A NEW INITIATIVE TO IMPROVE FINANCIAL WELL-BEING IN LOW TO MODERATELY LOW INCOME INDIVIDUALS AND FAMILIES. FINANCIAL COACHING IS A CLIENT-DRIVEN PROCESS IN WHICH INDIVIDUALS AND FAMILIES WORK WITH TRAINED COACHES TO REACH PERSONALIZED GOALS RELATED TO IMPROVING THEIR FINANCIAL WELL-BEING. FINANCIAL COACHING HAS BEEN INTEGRATED INTO BANK ON AND VITA TO FURTHER ENHANCE THOSE INITIATIVES, WHILE SIMULTANEOUSLY IMPROVING CLIENT OUTCOMES. FOR EXAMPLE, FINANCIAL COACHING HELPS VITA CLIENTS USE THEIR TAX REFUND TO ACHIEVE REALISTIC FINANCIAL GOALS LIKE REDUCING DEBT AND SAVING MONEY. BANK ON WILL BE UTILIZED TO CONNECT UNBANKED AND UNDERBANKED FINANCIAL COACHING AND VITA CLIENTS TO LOWER COST MAINSTREAM FINANCIAL SERVICES. THIS INTEGRATED SERVICE, CLIENT-FOCUSED, MODEL WILL REPLACE THE TRANSACTIONAL MODEL WHERE INTERACTION WITH CLIENTS ENDED WHEN A TAX RETURN WAS FILED OR A BANK ON WORKSHOP WAS COMPLETE. FINANCIAL COACHING IS A RELATIONAL, POTENTIALLY LONG-TERM APPROACH TO EMPOWERING CLIENTS TO ACHIEVE THEIR FINANCIAL GOALS.

MENTAL HEALTH:

DENTON COUNTY BEHAVIORAL HEALTH LEADERSHIP TEAM (DCBHLT)

DCBHLT CONVENED ON JUNE 11, 2015 AS A RESULT OF THE FORMAL RECOMMENDATION MADE BY

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MEADOWS MENTAL HEALTH POLICY INSTITUTE TO ADVOCATE AND FACILITATE FOR SYSTEM LEVEL CHANGE IN THE BEHAVIORAL HEALTH SYSTEM IN DENTON COUNTY. THE RECOMMENDATION WAS MADE AFTER A YEAR OF FACT FINDING THROUGH THE DENTON COUNTY CITIZENS COUNCIL ON MENTAL HEALTH (DCCCMH).

THE TEAM IS COMPRISED OF 31 APPOINTEES AND 3 EX OFFICIO MEMBERS SERVING TWO YEAR TERMS FROM: DENTON COUNTY COMMISSIONERS COURT, MUNICIPAL GOVERNMENT, HEALTH CARE PROVIDERS, HEALTH INSURANCE PROVIDERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT, NON-PROFITS, HOUSING, AND OTHER COMMUNITY ORGANIZATIONS, IN ADDITION TO THREE EX-OFFICIOS WHO SERVE IN AN ADVISORY CAPACITY.

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

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

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

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

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

MENTAL HEALTH INITIATIVE-VETERANS

SEE CONTINUATION SCHEDULE O, PAGE 1

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COMMUNITY EDUCATION (PROJECT BLUEPRINT, COMMUNITY NEEDS ASSESSMENT) :

COMMUNITY NEEDS ASSESSMENT:

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

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

IN MARCH 2012, UNITED WAY OF DENTON COUNTY PUBLISHED A NEEDS ASSESSMENT FOR DENTON COUNTY, AND CONTINUES TO UPDATE THE DATA ON AN ANNUAL BASIS, OR AS NEW DATA BECOMES AVAILABLE.

PROJECT BLUEPRINT:

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

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

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EACH MODULE TAUGHT IS PRESENTED BY AN EXPERT IN THAT FIELD, WITH ATTENDANCE REQUIREMENTS AND GROUP EXERCISES. EACH GRADUATE OF PROJECT BLUEPRINT IS PLACED FOR SERVICE WITH UWDC OR INTRODUCED TO AN AGENCY THAT MATCHES THEIR INTERESTS AND PASSION. IN 2016 UWDC GRADUATED 24 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 TO THE RIGHT ORGANIZATION THAT CAN BEST MEET THEIR NEED. ON AVERAGE, THE HELPLINE RECEIVES 25-30 CALLS A WEEK. IN ADDITION, DENTON COUNTY IS SERVED BY 2-1-1, A SERVICE MANDATED BY THE FEDERAL COMMUNICATION COMMISSION (FCC) TO HAVE THE NUMBER ACCESSIBLE FOR COMMUNITY INFORMATION AND REFERRAL 24 HOURS A DAY, SEVEN DAYS A WEEK. UWDC IS CURRENTLY WORKING IN PARTNERSHIP WITH 2-1-1 TEXAS TO BUILD A STRONGER RELATIONSHIP BETWEEN THE ORGANIZATIONS AND ENSURING WE HAVE THE BEST INFORMATION AVAILABLE TO DENTON COUNTY RESIDENTS. UWDC ALSO HAS ADDITIONAL PUBLISHED RESOURCES AVAILABLE TO BOTH THE PRIVATE AND PUBLIC SECTOR. THE DENTON COUNTY COMMUNITY SERVICES DIRECTORY AND MINI-DIRECTORY ARE PRINTED EACH YEAR BY UWDC AND DISTRIBUTED TO LOCAL COMMUNITY ORGANIZATIONS.

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

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

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

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