Form 990-T (2018)

Exempt Organization Business Income Tax Return 3 2 7

Check box if name changed and see instructions)

07/01, 2018, and ending 06/30, 2019

501(c) trust

Employer identification number

Unrelated business activity code

Other trust

(Employees' trust, see instructions.)

75-6005352

(See instructions)

900099

401(a) trust

If only one, complete Parts I-V If more than one, describe the

Describe the only (or first) unrelated

(and proxy tax under section 6033(e))

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

UNITED WAY OF METROPOLITAN DALLAS, INC

Number, street, and room or suite no. If a P.O. box, see instructions

City or town, state or province, country, and ZIP or foreign postal code

first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional

For calendar year 2018 or other tax year beginning

1800 N. LAMAR STREET

Group exemption number (See instructions)

Check organization type ► X 501(c) corporation

DALLAS, TX 75202

H Enter the number of the organization's unrelated trades or businesses

Name of organization (

Form **990-T**

Department of the Treasury Internal Revenue Service

B Exempt under section

X 501(C)(23)

C Book value of all assets

44,510,523.

408(e)

408A

529(a)

at end of year

Check box if

address changed

220(e)

530(a)

trade or business here ▶NONE

Print

Туре

200	Total Unrelated Business Taxable Income							
		т т						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1						
	instructions)	33	 					
34	Amounts paid for disallowed fringes	34						
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see							
	instructions)	35						
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum							
30	of lines 33 and 34	20						
	(LV		1,000.					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.					
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1 1	_					
	enter the smaller of zero or line 36	38	0.					
Par	t IV Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	 					
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on							
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40						
			·····					
41	Proxy tax. See instructions							
42	Alternative minimum tax (trusts only)							
43	Tax on Noncompliant Facility Income. See instructions	43	······································					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44						
Par	t V Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a							
	Other credits (see instructions)]						
	General business credit. Attach Form 3800 (see instructions)	1 i						
	General business credit. Attach Form 3000 (see instituctions)	1						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1.5						
е	Total credits. Add lines 45a through 45d		·····					
46	Subtract line 45e from line 44							
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47						
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.					
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,							
	Payments A 2017 overpayment credited to 2018							
UUA	2018 estimated tax payments	1						
	Tax deposited with Form 8868	1 1						
C		1						
d	Foreign organizations Tax paid or withheld at source (see instructions) 60d	i i						
е	Backup withholding (see instructions)	1						
f	Credit for small employer health insurance premiums (attach Form 8941)	1 [
g	Other credits, adjustments, and payments Form 2439	1						
	Form 4136 Other Total ▶ 50g]						
51	Total payments. Add lines 50a through 50g	61	1,800.					
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	62	•					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	· · · · · · · · · · · · · · · · · · ·					
	765	54	1,800.					
54		65	1,800.					
56	Enter the amount of line 54 you want Credited to 2019 estimated tax	1 7 7	1,000.					
Pai	t VI Statements Regarding Certain Activities and Other Information (see instructions		- 1x 1x					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	ay have	to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country					
	here		X					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	ian trust	x X					
٠.		.g u uu.						
E 0	If "Yes," see instructions for other forms the organization may have to file							
58	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	nest of m	knowledge and heliaf if in					
٠.	true correct and complete Declaration of pressarer (other than taxpayer) is based on all information of which preparer has any knowledge							
Sig	Ma	y the 1	RS discuss this return					
Her		th the	preparer shown below					
	Signature of officer Date Title (se	e instructio	ns)? X Yes No					
	Print/Type preparer's name Preparer's signature 1 Date Check	k if	PTIN					
Paid		employed	P00556798					
	parer Firm's name GRANT THORNTON LLP		36-6055558					
Use Only Firm's address ▶ 100 E. WISCONSIN AVE., MILWAUKEE, WI 53202 Phone no. 414-289-8200								

Sch	edule A - Cost of Go	ods	Solo	. Enter metho	d of invent	огу '	valuation	>						
1	Inventory at beginning of ye	ar .	1			6	Inventory	at end of ye	ar	6				
2	Purchases	[2			7			old. Subtract line					
3	Cost of labor	[3				6 from	line 5 Er	nter here and in					
4a	Additional section 263A cos						Part I, line	2		7				
	(attach schedule)	14	la		İ	8			section 263A (w	ith re	espect to	Yes	No	
ь	Other costs (attach schedule		lb				property	produced	or acquired for	resa	le) apply			
5	Total. Add lines 1 through 4	⁻′ • ⊨	5	· · · · · · · · · · · · · · · · · · ·					<u> </u>			•	x	
	edule C - Rent Income	(Fron	n Re	al Property a	nd Perso	nal							·	
1. De	escription of property						-"-							
(1)	1													
(2)														
(3)	<u> </u>				······································									
(4)									.					
~/		2	Rent	received or accru	red									
				1				/d th	2(a) Dadwatiana di	rantlu a		tha inac		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				percen	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)	· ·				-									
(2)														
(3)		•												
(4)					,			· · · · · · · · · · · · · · · · · · ·						
Total				Total	1		•					•		
(o) T	otal income. Add totals of col and on page 1, Part I, line 6,			nd 2(b) Enter					(b) Total deduction Enter here and on Part I, line 6, column	page 1				
	edule E - Unrelated De				ee instructi	ons')		***					
					2. Gross	inco	me from or bt-financed		Deductions directly con debt-finance	ed prop	erty			
Description of debt-financed property					property				ht line depreciation ach schedule)		b) Other dedu (attach sched			
(1)					ļ									
(2)					<u> </u>									
(3)								ļ						
(4)														
4. Amount of average 5. Average adjuste acquisition debt on or allocable to debt-financed debt-financed pro			allocable to anced property	4				mn 2 v column 6) (column 6		Allocable ded mn 6 x total o 3(a) and 3(of colum			
	property (attach schedule)		(апас	h schedule)			%							
(1)														
(2)							%							
3)							%							
(4)							<u>%</u>							
								Enter he	re and on page 1, ne 7, column (A).	Ente Part	r here and o t I, line 7, col	n page umn (E	1, 3).	
Total	9						▶		•					

Schedule i — Interest, Anni	aides, Royaldes		Exempt Controlled Organizations (see instructions)									
Name of controlled organization	2. Employer identification numb	eı į	3. Net unrelate (loss) (see inst		ľ		ied included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)			•									
(2)												
(3)					ļ							
(4)			•		İ		•					
Nonexempt Controlled Organi	zations									 		
7. Taxable Income	8. Net unrelated in (loss) (see instruc	I		Total of specifical ayments made		inc	Part of columi uded in the conization's gros	ontrolling		I. Deductions directly nected with income in column 10		
(1)												
(2)									<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(3)	<u> </u>											
(4)							Id columns 5		.	dd columns 6 and 11		
Totals	ncome of a Sec	tion 501(c	. <u></u> .)(7),			Pa	er here and on it I, line 8, colu	ımn (A)	•	ter here and on page 1, rt I, line 8, column (B)		
1. Description of income	2. Amount of	income		3. Deduction directly contact (attach sci	nected			et-asides schedule)	\dashv	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)			 									
(2)			+				·· ···	·	-+			
(3) (4)	 		+						-			
Totals ▶ Schedule I – Exploited Exc	Enter here and Part I, line 9, o	olumn (A)	er Th	an Advert	ising Ir	come	(see instri	uctions)		Enter here and on page 1, Part I, line 9, column (8)		
1. Description of exploited activity	2. Gross direct connect product from trade or unrel		directly nected with oduction of interested		Net income (loss) om unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		enses able to in 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)												
(2)												
(3)												
(4)		·										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ırt I,		-					Enter here and on page 1, Part II, line 26		
Totals ▶ Schedule J-Advertising Ir	icome (see instr	uctions)		1						1		
Part I Income From Per			onsol	idated Ba								
1. Name of periodical	2. Gross advertising income 3. Direct advertising		4. Adver		tising ss) (col ol 3) If mpute		Circulation income	6. Reade	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
/1)	-					ļ		 		1		
(1)	-			┨.				 		⊣ . !		
(2)	+			1		ļ		 		-		
(4)				1						7		
Totals (carry to Part II, line (5))												
Tours (ourly to Fait II, line (5))	<u></u>					<u> </u>	.	<u>, L , , , </u>		Form 990-T (2018)		

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

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2 through / on a	line-by-line basi:	S.)				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	·					
(3)						
(4)						
Totals from Part I ▶			_	<i>'</i>	, }	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			4			
Schedule K - Compensatio		irectors, and Tr	ustees (see insti	ructions)		
1. Name		Title	3. Percent of time devoted to business	Compensation attributable to unrelated business		
(1)				%		
(2)				%		
(3)				%		

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