

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **United Way of Lamar County**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. Box 1**  
 City or town, state or province, country, and ZIP or foreign postal code: **Paris TX 75461**

**D** Employer identification number: **75-0886453**

**E** Telephone number: **903-784-6642**

**F** Name and address of principal officer:  
**Jenny Wilson**  
**2340 Lamar Avenue**  
**Paris TX 75460**

**G** Gross receipts \$: **585,160**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **LamarCountyUW.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1986**

**M** State of legal domicile: **TX**

**H(c)** Group exemption number: \_\_\_\_\_

**Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>The mission of the United Way of Lamar County is to effectively generate, organize and distribute resources to help meet our communities' evolving human needs focusing on the areas of education, income and health.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	200	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 452,962	Current Year: 558,329
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,969	26,816
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,002	15
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	464,933	585,160
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	685,990
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	114,577	91,631
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25) <b>30,356</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,058	61,219
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	867,625	655,619	
19	Revenue less expenses. Subtract line 18 from line 12	-402,692	-70,459	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 973,663	End of Year: 806,378
	21	Total liabilities (Part X, line 26)	600,772	503,946
	22	Net assets or fund balances. Subtract line 21 from line 20	372,891	302,432

**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: **Jenny Wilson** Date: \_\_\_\_\_  
 Executive Director  
 Type or print name and title

Print/Type preparer's name: **J. Todd Duren, CPA** Preparer's signature: \_\_\_\_\_ Date: **06/05/18** Check  if self-employed PTIN: **P00348979**

Firm's name: **Paul T. Wells, CPA** Firm's EIN: **75-1672556**  
**1323 Lamar Ave Ste D**  
 Firm's address: **Paris, TX 75460** Phone no.: **903-785-8481**

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