

Return of Organization Exempt From Income Tax

2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C UNITED WAY OF LAMAR COUNTY
P.O. BOX 1
PARIS, TX 75461

D Employer identification number
75-0886453

E Telephone number
(903) 784-6642

G Gross receipts \$ 755,379.

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
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: ▶ LAMARCOUNTRYUW.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986 **W** State of legal domicile: TX

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	1
	6 Total number of volunteers (estimate if necessary).....	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 622,175.	Current Year 603,311.
	9 Program service revenue (Part VIII, line 2g).....		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	42,715.	8,760.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	21,532.	105,370.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	686,422.	717,441.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	507,797.
14 Benefits paid to or for members (Part IX, column (A), line 4).....			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		60,454.	60,455.
16a Professional fundraising fees (Part IX, column (A), line 11e).....			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,846.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		61,269.	55,937.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	629,520.	630,191.	
19 Revenue less expenses. Subtract line 18 from line 12.....	56,902.	87,250.	
Not Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 865,583.	End of Year 903,882.
	21 Total liabilities (Part X, line 26).....	499,000.	430,500.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	366,583.	473,382.

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: _____
 MIHIR PANKAJ PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEBRA WILDER, CPA Preparer's signature: *Debra Wilder* Date: 8/20/2021 Check if self-employed PTIN: P01310721

Firm's name: ▶ MCCLANAHAN AND HOLMES, LLP, CPA Firm's EIN: ▶ 75-0946514
 Firm's address: ▶ 304 WEST CHESTNUT DENISON, TX 75020 Phone no. (903) 465-6070

May the IRS discuss this return with the preparer shown above? See instructions. Yes No