

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">UNITED AGAINST HUMAN TRAFFICKING</p>		D Employer identification number <p align="center">26-1103492</p>
	Doing business as		E Telephone number <p align="center">713-874-0290</p>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>6671 SOUTHWEST FREEWAY, SUITE 220</p>		
	City or town, state or province, country, and ZIP or foreign postal code <p>HOUSTON TX 77074</p>		G Gross receipts\$ 913,738
	F Name and address of principal officer: <p>WENDY FONG 6671 SOUTHWEST FREEWAY, SUITE 220 HOUSTON TX 77074</p>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.UAHT.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2007	M State of legal domicile: TX

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HUMAN TRAFFICKING THROUGH AWARENESS, EDUCATION & OUTREACH.		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	496,068	913,727
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	496,068	913,738
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)	369,131	467,059
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 69,585		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,853	272,393
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	469,984	739,452
19 Revenue less expenses. Subtract line 18 from line 12	26,084	174,286	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	55,440	235,087
	21 Total liabilities (Part X, line 26)	0	5,361
	22 Net assets or fund balances. Subtract line 21 from line 20	55,440	229,726

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 8-19-19
	TIMEKA WALKER Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name GREGORY L. RAPP, CPA	Preparer's signature	Date 8-19-19	Check <input type="checkbox"/> if self-employed	PTIN P01082954
	Firm's name SHEFFIELD, TRACKWELL & RAPP, LLC	Firm's EIN 27-2581114		Phone no. 713-974-4660	
	Firm's address 2700 RESEARCH FOREST DR. STE 125 THE WOODLANDS, TX 77381				

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