Form

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For the	he 2019 <u>calendar year, or tax year beginning</u>	, and ending					
В	Check if	applicable: C Name of organization			D Employe	r identification number		
	Address	change United Ag	gainst Human Traffickin	g				
$\overline{\Box}$	Name ch	Doing business as			7 26-1	103492		
Ц	Marrie Cr	Number and street (or P.O. box if mail is not deli-		Room/suite	E Telephor	e number		
	Initial ret				713-	<del>874-0290</del>		
	Final ret		or foreign postal code					
	terminat	Houston	TX 77074		<b>G</b> Gross red	eipts\$ 1,116,125		
	Amende	f Name and address of principal officer:			0.000.00			
	Applicati	ion pending Wendy Fong		H(a) Is this a	group return for	subordinates? Yes X No		
		6671 Southwest Fre	oway Suito 220	H(h) Are all s	ubordinates inc	luded? Yes No		
						(see instructions)		
		Houston	TX 77074		o, allacira list	(see instructions)		
_I	Tax-exe		(insert no.) 4947(a)(1) or 527					
J	Websit	e:▶ www.uaht.org			xemption numb	er		
K	Form of	organization: X Corporation Trust Association	Other >	L Year of formation:	2007	M State of legal domicile: TX		
P	art I	Summary						
	1	Briefly describe the organization's mission or mos	st significant activities:					
é		TO END HUMAN TRAFFICKING TH	ROUGH EDUCATING THE CO	MMUNITY, PR	EVENTI	NG		
anc		EXPLOITATION, AND EMPOWERIN						
Ĕ								
Activities & Governance	_	Observation of the second of t						
Ö	1	Check this box ▶ if the organization discontin		than 25% of its net	1 - 1	10		
oð "		Number of voting members of the governing body			3	12		
ië.	4	Number of independent voting members of the go	overning body (Part VI, line 1b)		4	12		
≅	5	Total number of individuals employed in calendar	year 2019 (Part V, line 2a)		5	20		
\ct	6	Total number of volunteers (estimate if necessary	")			70		
•	7a	Total unrelated business revenue from Part VIII, o	column (C), line 12		7a	0		
	b	Net unrelated business taxable income from Form	n 990-T. line 39		7b	0		
			, , , , , , , , , , , , , , , , , , ,	Prior Y		Current Year		
d)	8	Contributions and grants (Part VIII, line 1h)		91	3,727	1,116,116		
Revenue	9	Drogram contine revenue (Dert \/III line 2a)		<b>I</b>	, , , , ,	0		
Ve		Investment income (Part VIII, column (A), lines 3,	4 and 7d)		11	9		
Re	10	Other assessment (Deet VIII) as heavy (A) lines 5,	4, and 7d)					
		Other revenue (Part VIII, column (A), lines 5, 6d,			0 500	0		
		Total revenue – add lines 8 through 11 (must equ			.3,738	1,116,125		
		Grants and similar amounts paid (Part IX, column				0		
		Benefits paid to or for members (Part IX, column (						
S	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)	46	765,929			
us(	16a	Professional fundraising fees (Part IX, column (A)	, line 11e)			0		
Expenses	b	Professional fundraising fees (Part IX, column (A) Total fundraising expenses (Part IX, column (D), I	ine 25) ▶ 117.631	•				
Ã	17	Other expenses (Part IX, column (A), lines 11a–1	1d 11f_24e)	27	2,393	355,680		
		Total expenses. Add lines 13–17 (must equal Par		73	9,452	1,121,609		
					4,286			
- 60	19	Revenue less expenses. Subtract line 18 from line	e 12 <sub></sub> ,	Beginning of C				
Net Assets or Fund Balances	20	Total assets (Bart V. line 16)			5,087			
SSe Bala	20	Total assets (Part X, line 16)				331,156		
et /	21	Total liabilities (Part X, line 26)			5,361	41,914		
-		Net assets or fund balances. Subtract line 21 from	1 line 20	. 22	9,726	289,242		
<u> P</u>	art II	Signature Block						
Ur	nder pe	enalties of perjury, I declare that I have examined this re	eturn, including accompanying schedules an	nd statements, and to	the best of r	ny knowledge and belief, it is		
tru	ie, corr	rect, and complete. Peclaration of preparer (other than o	officer) is based on all information of which p	preparer has any kno	wledge.			
		Inm. Ill						
Sig	ın	Signature of officer			Date			
He		Timeka Walker	P.s.	cutive Di				
пе	16	Type or print name and title	EXE	scutte Di	recto	<u>r</u>		
		Ja Francisco Camerona Pagarago Camero	Dronosodo eignot:	T <sub>2</sub>				
De!		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid		Gregory L. Rapp, CPA			self-em	ployed P01082954		
	parer		ackwell & Rapp, LLC		Firm's EIN ▶	27-2581114		
Use	Only	2700 Research	Forest Dr. Ste 125					
		Firm's address > The Woodlands			Phone no.	713-974-4660		
May	the IF	RS discuss this return with the preparer shown abo				Yes No		

orm 990 (2019) United Against Human Trafficking 26-1103492	Page <b>2</b>
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III	A
I Briefly describe the organization's mission: TO END HUMAN TRAFFICKING THROUGH EDUCATING THE COMMUNITY, PREVE	NTING
EXPLOITATION, AND EMPOWERING SURVIVORS.	NIIIIG
EXPLOITATION, AND EMPOWERING SURVIVORS.	
*	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
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.	
la (Code: ) (Expenses \$ 299,079 including grants of \$ ) (Revenue \$	
HOMELESS YOUTH AND ADULTS, INCARCERATED INDIVIDUALS AND UNDERSE COMMUNITIES. UAHT OUTREACH PROGRAMS FOCUS ON BRINGING RESOURCES INDIVIDUALS IN THE COMMUNITY TO INCREASE THE IDENTIFICATION OF VICTIMS. THESE PROGRAMS ALSO FOCUS ON EDUCATING YOUTH IN SCHOOL CENTERS AND EDUCATING DAY LABORERS ON THE SIGNS OF HUMAN TRAFFI	TO TRAFFICKING S, DETENTIC CKING.
- (	
4b (Code: )(Expenses \$ 225,636 including grants of \$ ) (Revenue \$ EDUCATION IS AN ESSENTIAL ASPECT OF HOW UAHT ADDRESSES THE HUMA TRAFFICKING PROBLEM IN ORDER FOR VICTIMS TO BE RESCUED, MORE COPROFESSIONALS NEED TO HAVE A GREATER UNDERSTANDING OF THE ISSUE IDENTIFY A POTENTIAL VICTIM. UAHT EDUCATES THE COMMUNITY THROUG TRAFFICKING 101 PRESENTATIONS, ENGAGING THE COMMUNITY DURING HEAFFICKING AWARENESS MONTH AND TRAINING KEY FRONT-LINE PROFESS AS LAW ENFORCEMENT, HEALTH CARE PROVIDERS, SOCIAL WORKERS, EDUCE 911 CALL-TAKERS AND OTHERS WHO ARE IN THE BEST POSITION TO COME CONTACT WITH A VICTIM OF HUMAN TRAFFICKING.	MMUNITY AND HOW TO H HUMAN UMAN IONALS SUCH ATORS, EMS
4c (Code: ) (Expenses \$ 150,544 including grants of \$ ) (Revenue \$ UAHT IS PASSIONATE ABOUT PROTECTING THE NEXT GENERATION FROM HUTRAFFICKING. THROUGH OUR YOUTH HUMAN TRAFFICKING PREVENTION PROSTUDENTS LEARN THAT TRAFFICKING DOESN'T JUST HAPPEN OVERSEAS, BETHEIR OWN BACKYARDS. THIS PROGRAM EQUIPS MIDDLE SCHOOL AND HIGH STUDENTS WITH THE SKILLS TO STAY SAFE. AFTER OUR PREVENTION PROLEARN HOW TO IDENTIFY A TRAFFICKER, AVOID RECRUITMENT, AND STAY	GRAMS, UT OFTEN II SCHOOL GRAM, YOUTI
ONLINE.	
•	011001100110
LI Other recovery and items (Departite on Schodule O.)	
d Other program services (Describe on Schedule O.) (Expenses \$ 190,065 including grants of \$ ) (Revenue \$	)
(Expenses \$ 190,065 including grants of \$ ) (Revenue \$ see Total program service expenses ▶ 865,324	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	37	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	
3	condidates for public office? If "Voc." complete Schodule C. Port I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		Λ
•	election in effect during the tay year? If "Yes " complete Schodule C. Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Λ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	441		37
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		_X_
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
-	reported in Part V. line 162 If "Vae." complete Schodule D. Part IV	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		37
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
10		4.6		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		_X_
1.7	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		_X_
. 5	Part VIII lines to and 9x2 If "Van" complete Schodule C. Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-42
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019) United Against Human Trafficking 26-1103492 Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b 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 24c 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? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a  $\mathbf{X}$ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I ..... 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part 28 IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 or IV, and Part V, line 1  $\mathbf{x}$ 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  $\mathbf{x}$ 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 2 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....

Form 990 (2019)

Form 990 (2019) United Against Human Trafficking 26-1103492

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Statements Regarding Other Mo I migs and Tax Comphanic (Commucu)		Tv	I NI
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return  2a 20			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>a</b> L	1	v
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		X
22	Did the exemplestion have unrelated hydrone area income of 04 000 common during the cond	0-		v
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a		X
4a			+	-
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial account)			х
b	If "Vee " onter the name of the foreign country			A
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (I			
5a	Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?			x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		+	X
C	If "Vac" to line 50 or 5h, did the organization file Form 9996 T2	<b>5</b> -	+	
6a			+	
oa	arganization caligit any contributions that were not tay deductible as shorttable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ва	<del> </del>	
D	gifts were not tax deductible?	e h		
7	Organizations that may receive deductible contributions under section 170(c).	<u>6b</u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and assistant provided to the marray	70		
b	If "Vog " did the organization notify the depart of the value of the goods or coming wayided?	76		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		+	
·		7c		
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a		1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	and a second property of the second property	8		
9	Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or chareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14k		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
			-	

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

<u> </u>	tion A. Governing Body and Management				Vac	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	12		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	14				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
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?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
3	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was to	iled?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
<i>,</i> u	and a supplied of the property			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
v	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e year b	by the follow	wing:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	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 on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Interi	nal Reve	nue Co	de.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
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?			10b		
11a				11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	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	on?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
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?			16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest	policy, and	b		
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and	ecords	<b>&gt;</b>			
	imeka Walker 6671 Southwest Freeway, No. 2	20				
Н	ouston TX 770		71	.3-87	4 - 0	290

Form 990 (2019) U	Inited	Against	Human	Trafficking	26-1103492
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# 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

- 1a 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. See instructions for the order in which to list the persons above.

Check this box if neither the org					ganiz	zatioi	n co	mpensated any current of	ficer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	c, unle	Pos heck ss pe	rson irecto	than of the structure o	n an tee)	(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
(1)Timeka Walker	52.00									
Executive Director	0.00			x				86,042	0	0
(2) Krystal Daniell										
	2.00									
Member, Board of Dir				X				8,390	0	0
(3) Abnet-Tesegai-H										
Member, Board of Dir	2.00			x				0	0	0
(4) Eric Bartz	0.00								U	0
Vice Chair, Board of				x				0	0	0
(5)Michelle Bresse										
Member, Board of Dir				х				0	0	0
(6) Caroline Vetter Treasurer, Board of	ling, CI 2.00 0.00	A		x				o	0	0
(7)Monica de La Ce										
Member, Board of Dir	2.00			х				0	0	0
(8)Wendy Fong	0.00									
Chair, Board of Dire	2.00 0.00			х				0	0	0
(9) Angela Kohl										
member, Board of Dir	2.00 0.00			x				0	0	0
(10)Nick Longo										
member, Board of Dir	2.00 0.00			х				0	0	0
(11)LJ Moody	0 00									
Member, Board of Dir	2.00 0.00			x				0	0	0

Part VII Section A. Office	ers, Directors, T	rust	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o	n an tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) Radhika Raj	endra 2.00									
Member, Board of D		-	_	X				0	0	0
(13) Annie Wade Member, Board of D	2.00 ir 0.00			x				0	0	0
1b Subtotal							<b>&gt;</b>	94,432		
d Total (add lines 1b and 1 2 Total number of individuals reportable compensation f	c)s (including but no	t limi	ted t				abo	94,432 ove) who received more the		
3 Did the organization list ar employee on line 1a? If "Y	es," complete Sch	edul	e J f	or su	ch ir	ndivid	dual	l`		Yes No
4 For any individual listed or organization and related o	rganizations great	er th	an \$	150,	0007	? If "Y	es,'	" complete Schedule J for	such	4 X
individual	ne 1a receive or a	ccrue "Yes	e cor	nper mple	isati	on fr	om a	any unrelated organization	n or individual	
Section B. Independent Contr	actors									
Complete this table for you compensation from the organical compensation.	ganization. Report	com	pens	a ind	eper n for	the	t col cale	endar year ending with or t	within the organization's ta	ax year.
Name	(A) and business address						-	Descri	(B) otion of services	(C) Compensation
2 Total number of independe	ont contractors (:-	olud:	na h	ut no	t lim	uited	to th	nose listed above) who		
2 Total number of independence received more than \$100,0	000 of compensati	on fr	om t	he o	rgan	izati	on D	• wild	0	

Pa	art V	/III Statem Check i	ent o	of Revenue	ntains	a resr	onse o	or no	te to any line in	this Part VIII		
		<u> </u>	1 001	104410 0 001	Italiio	, u 100h	501100 0		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2a b c d		esentsentsentsentsentributi , gifts, groot include s include s 1a—1	ons) rants, led above  d in lines 1a-1f  f			529,6 586,4 39,1	485 L40 ▶	1,116,116			sections 512-514
	ı	All other progra  Total. Add lines	2a-2	f				<b>&gt;</b>				
	3 4 5	Investment inco other similar am Income from inv Royalties	ounts estme	)ent of tax-exem	pt bond	d procee	ds	•	9			9
	6a b	Gross rents Less: rental expenses	6a 6b	(i) Real			Personal					
	d 7a	Rental inc. or (loss)  Net rental incon Gross amount from sales of assets	6c ne or ( 7a	loss)			ii) Other	<b>&gt;</b>				
Other Revenue		other than inventory Less: cost or other basis and sales exps. Gain or (loss)	7b 7c									
Other F	d	Net gain or (loss Gross income fror (not including \$ of contributions re	s) n fundr	aising events				<b>b</b>				
	С	See Part IV, line 1 Less: direct exp Net income or (I Gross income from	enses oss) f	rom fundraising	8a 8b events	s		<b>&gt;</b>				
	С	See Part IV, line 1 Less: direct exp Net income or (I Gross sales of i	enses oss) fi	rom gaming act	9a 9b ivities			<b>&gt;</b>				
	С	returns and allow Less: cost of go Net income or (I	ods so	old	10a 10b rentory			D Cods				
Miscellaneous Revenue	11a b c						Business	Code				
Mis		All other revenu	е									
		Total. Add lines						<b></b>				
	12	Total revenue.	See ir	structions					1,116,125	0	0	9

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 (B) Program service expenses (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 8,604 25,812 51,624 trustees, and key employees 86,040 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 58,828 23,323 Other salaries and wages ..... 573,018 490,867 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 45,528 7,218 2,776 55,522 51,349 42,107 6,675 2,567 Payroll taxes \_\_\_\_\_ 10 Fees for services (nonemployees): 11 Management Legal 8,690 1,437 10,643 516 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion ..... 3,759 1,123 2,636 12 22,078 18,027 2,981 1,070 Office expenses 13 Information technology ..... 14 Royalties 15 2,229 46,021 6,214 37,578 Occupancy 16 31,158 30,070 301 787 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 185 185 Depreciation, depletion, and amortization 22 148 3,051 2,491 412 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 42,234 5,027 18,164 65,425 Contractor Services 2,376 49,053 6,624 40,053 IT/Website 35,560 10,356 45,916 Event Supplies 5,400 39,140 11,109 22,631 Expenses - In Kind e All other expenses 11,475 39,251 21,760 6,016 117,631 865,324 138,654 1,121,609 Total functional expenses. Add lines 1 through 24e 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 ▶ if following SOP 98-2 (ASC 958-720)

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year					
	1	Cash—non-interest-bearing			148,387	1	183,848					
	2	Savings and temporary cash investments		L	50,336	2	10,670					
	3	Pledges and grants receivable, net				3						
	4	Accounts receivable, net		21,814	4	129,530						
	5	Loans and other receivables from any current or form	er officer, dire	ector,								
		trustee, key employee, creator or founder, substantial										
		controlled entity or family member of any of these per	sons			5						
	6	Loans and other receivables from other disqualified p										
sts		under section 4958(f)(1)), and persons described in s			6							
Assets	7	Notes and loans receivable, net			7							
⋖	8	Inventories for sale or use	L		8							
	9	Prepaid expenses and deferred charges				9	472					
1		Land, buildings, and equipment: cost or other				1000						
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	13,251								
	b	Less: accumulated depreciation	10b	12,230	1,206	10c	1,021					
1	11	Investments—publicly traded securities				11						
- 1	12	Investments—other securities. See Part IV, line 11			12							
- 1			Investments—program-related. See Part IV, line 11									
- 1		Intangible assets			10.044	14						
- 1	15	Other assets. See Part IV, line 11			13,344	15	5,615					
_		Total assets. Add lines 1 through 15 (must equal line			235,087	16	331,156					
- 1	17	Accounts payable and accrued expenses			5,361	17	4,515					
	18	Grants payable			18							
	19	Deferred revenue		19								
- 13	20 21	Tax-exempt bond liabilities	/ of Cob odulo	· <u>·</u> ·····		20						
L		Escrow or custodial account liability. Complete Part IV		<sup>ы</sup>		21						
tië	22	Loans and other payables to any current or former off trustee, key employee, creator or founder, substantial		250/								
Liabilities		controlled entity or family member of any of these per				22						
. ا <u>۳</u>	22	Secured mortgages and notes payable to unrelated the	ird partice			23						
	24	Unsecured notes and loans payable to unrelated third	nartice			24						
		Other liabilities (including federal income tax, payable				24						
		parties, and other liabilities not included on lines 17-2										
		of Schedule D				25	37,399					
	26	Total liabilities. Add lines 17 through 25			5,361	26	41,914					
$\neg$		Organizations that follow FASB ASC 958, check h										
Š		and complete lines 27, 28, 32, and 33.										
<u>a</u>   <u>a</u>	27	Net assets without donor restrictions			229,726	27	224,242					
8 2	28					28	65,000					
ן מ		Organizations that do not follow FASB ASC 958,	heck here									
[		and complete lines 29 through 33.										
0 2	29	Capital stock or trust principal, or current funds			29							
age 1	30	Paid-in or capital surplus, or land, building, or equipme	aid-in or capital surplus, or land, building, or equipment fund									
AS	31	Retained earnings, endowment, accumulated income	or other fund	ls		31						
Net Assets or Fund Balances		Total net assets or fund balances			229,726	32	289,242					
- 3	33	Total liabilities and net assets/fund balances			235,087	33	331,156					

Form **990** (2019)

Forn	1 990 (2019) United Against Human Trafficking 26-1103492			Pag	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12		
3	Revenue less expenses. Subtract line 2 from line 1	3			484
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	29,	726
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 on Schedule O)	9	6	55,0	000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	28	39,2	242
Pa	art 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3=	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				or ground and grow
Ja	Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

DAA

### 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.

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

United Against Human Trafficking

Employer identification number

26-1103492 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.) 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, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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, 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Page 2

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.)

Sec	tion A. Public Support			A STATE OF THE PROPERTY OF THE	and the second s	the second secon	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	357,585	407,635	496,068	913,727	1,116,116	3,291,131
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3  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	357,585	407,635	496,068	913,727	1,116,116	3,291,131
	shown on line 11, column (f)						34,176
6	Public support. Subtract line 5 from line 4.						3,256,955
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	357,585	407,635	496,068	913,727	1,116,116	3,291,131
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37	11		11	9	68
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,291,199
12	Gross receipts from related activities, etc	. (see instructions)				12	
13	First five years. If the Form 990 is for th	10 To					
500	organization, check this box and stop he stion C. Computation of Public S		ntage				
14	Public support percentage for 2019 (line			mn (f))		14	98.96%
15	Public support percentage for 2019 (infe			(1)/		15	98.14%
	33 1/3% support test—2019. If the orga			e 13. and line 14 i	s 33 1/3% or more		
100	box and <b>stop here.</b> The organization qua						<b>&gt;</b> X
b	33 1/3% support test—2018. If the orga				e 15 is 33 1/3% or	more, check	
	this box and <b>stop here</b> . The organization						▶ □
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization mee	ets the "facts-and-o	circumstances" tes	st, check this box a	and <b>stop here.</b> Ex	plain in	
	Part VI how the organization meets the "t	facts-and-circumsta	ances" test. The c	organization qualifi	es as a publicly si	upported	. $\square$
	organization						▶ ∐
b	10%-facts-and-circumstances test—2	<b>018.</b> If the organiza	ation did not chec	k a box on line 13,	16a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m						
40	supported organization	lid not about a boy	on line 12, 16-	16h 17a ar 17h -	hock this boy son		
18	Private foundation. If the organization of instructions						

Part III

(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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕒 📗	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						<b>p</b>
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
С	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, check this box and stop her				5	501(c)(3)	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line 8			umn (f))		15	%
16	Public support percentage from 2018 Sch	edule A, Part III, I	line 15				%
Sec	tion D. Computation of Investment	ent Income P	ercentage				
7	Investment income percentage for 2019 (I			13, column (f))		17	%
8	Investment income percentage from 2018	Schedule A, Par	t III, line 17			18	%
9a	33 1/3% support tests—2019. If the orga						
	17 is not more than 33 1/3%, check this be		_			2-1 Unate a 1000.	
b	33 1/3% support tests—2018. If the orga						
	line 18 is not more than 33 1/3%, check the			•			AND RESIDENCE AS ADDRESS AND A
20	Private foundation. If the organization di	a not check a box	k on line 14, 19a, i	or 190, check this	pox and see inst	uctions	

Schedule A (Form 990 or 990-EZ) 2019 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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	ulle A (Form 990 or 990-EZ) 2019 Officed Against Hullan Trailicking 26-1103	492		Page 5
Pa	rt IV Supporting Organizations (continued)	т		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	5		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Seci	tion 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? If "No," describe in <b>Part VI</b> 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.	_ 1		
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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C 4	supervised, or controlled the supporting organization.	2		
Sect	tion 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)? 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).	1.		
Sect	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	s).	
		-		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 United Against Human Tra			3492 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying true			
instructions. All other Type III non-functionally integrated supporting organizat	ions must com	plete Sections A throug	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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	1.00		
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 <b>Part VI</b> ):			
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			

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

Schedule A (Form 990 or 990-EZ) 2019

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990 or 990-EZ) 2019 United Against Human Trafficking 26-1103492 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 **b** From 2015. e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: **a** Excess from 2015 ..... **b** Excess from 2016 ..... c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

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.)
•	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

United Against Human Trafficking

Employer identification number

26-1103492

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.							
Special Rules								
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the stions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of(1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the literary, or educations	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.							
contributor, during the contributions totaled in during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the sto this organization because it received nonexclusively religious, charitable, etc., contributions re during the year							
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 ocertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization

United Against Human Trafficking

Employer identification number 26-1103492

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. National Christian Foundation Person 1.... Payroll 3214 Tangley Road 50,000 Noncash Houston TX 77005 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.  $\mathbf{X}$ Houck Family Foundation Person 2... Payroll 8811 Westheimer, 20B \$ 50,000 Noncash TX 77063 Houston (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Slaughter Foundation Person 3 7825 Park Place Blvd Payroll \$ 40,000 Noncash Houston TX 77087 (Complete Part II for noncash contributions.) (d) (c) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** George Foundation Person 4 215 Morton St **Payroll** \$ 25,000 Noncash TX 77469 Richmond (Complete Part II for noncash contributions.) (d) (c) (a) Name, address, and ZIP + 4 Type of contribution Total contributions No. Lululemon 5 Person 1818 Cornwall Ave Payroll \$ 70,000 Noncash Vancouver . V6J 1C7 (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 6 Houston Endowment, Inc Person 600 Travis, ste 6400 Payroll \$ 100,000 Noncash Houston TX 77002 (Complete Part II for noncash contributions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

200-000-000	nited Against Human Trafficking		26-1103492
Pa	art I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" o		T
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t		
	funds are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.	n Form 000 Part IV/ line 7	
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or ed		
	Protection of natural habitat	Preservation of a certified I	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а			. 2a
b			2b
	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 7/2		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	nization during the
	tax year ▶		
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic me		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ea	asements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above satisf		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	CONTRACTOR STATE OF THE PROPERTY OF THE PROPER	
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements tr	iat describes the
D.	organization's accounting for conservation easements.	rt Historical Tracerras or Ot	han Cincilan Assats
Г	art III Organizations Maintaining Collections of All Complete if the organization answered "Yes" o		nei Siiniai Assets.
12	If the organization elected, as permitted under FASB ASC 958, not to		lance sheet works
Iu	of art, historical treasures, or other similar assets held for public exhil		
	service, provide in Part XIII the text of the footnote to its financial state		and or public
b	If the organization elected, as permitted under FASB ASC 958, to rep		ce sheet works of
	art, historical treasures, or other similar assets held for public exhibiti		
	provide the following amounts relating to these items:	e, suddation, or research in furtherance	55 5. Fabile 66. ¥166,
			•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures,		
2	following amounts required to be reported under FASB ASC 958 rela		, provide tile
_	The state of the s		*
a	Revenue included on Form 990, Part VIII, line 1		\$

Sche	edule D (Form 990) 2019 United 1	<u>Against H</u> um	<u>an Traffic</u>	king 26	-1103492	Page 2
	rt III Organizations Maintain	ing Collections	of Art, Historica	l Treasures, c	or Other Similar As	sets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	rds, check any of the	following that make	se significant use of its	
а	Public exhibition	d	Loan or exchange pr	ogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's	s collections and expla	ain how they further t	he organization's e	exempt purpose in Part	
	XIII.					
5	During the year, did the organization solic	it or receive donation	s of art, historical trea	asures, or other sir	milar	
	assets to be sold to raise funds rather tha		part of the organizat	ion's collection?		Yes No
Pa	art IV Escrow and Custodial A					
	Complete if the organizat 990, Part X, line 21.					ount on Form
1a	Is the organization an agent, trustee, cust					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part	(III and complete the	following table:		<u></u>	
						Amount
С	Beginning balance					
d	Additions during the year					
	Distributions during the year					
f	Ending balance				1f	
	Did the organization include an amount o					
	If "Yes," explain the arrangement in Part	(III. Check here if the	explanation has bee	n provided on Par	: XIII	
Pa	irt V Endowment Funds.		" 000	D = 4 IV / E = - 4	0	
	Complete if the organizat					T ()=
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four years back
	Beginning of year balance			-		
	Contributions					
С	Net investment earnings, gains, and			1		
	losses					
	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
	Administrative expenses			1		
	End of year balance		l	To)) hold oo:		
	Board designated or quasi-endowment		ice (iine 1g, column (	a)) Held as.		
	Permanent endowment					
	Term endowment ▶ %	)				
C	The percentages on lines 2a, 2b, and 2c	should equal 100%				
32	Are there endowment funds not in the pos		zation that are held a	and administered f	or the	
Ja	organization by:	ssession of the organi	zation that are held t	ina aamimiotoroa i		Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
h	(ii) Related organizations  If "Yes" on line 3a(ii), are the related orga	nizations listed as red	uired on Schedule R	?		
	Describe in Part XIII the intended uses of					
	art VI Land, Buildings, and Ed		downlone rundo.			
1 0	Complete if the organizat		es" on Form 990	Part IV. line 1	1a. See Form 990.	Part X. line 10.
	Description of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value
	10000	(investment)		ner)	depreciation	
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment			5,697	4,771	926
	Other			7,554	7,459	95
	Add lines 1a through 1e (Column (d) mu		art X column (B) line		•	1.021

DAA

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 United Against Human Traffic	king 26-11034	92	Page <b>4</b>
100	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	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	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		5	
	rt XII Reconciliation of Expenses per Audited Financial State		per R	eturn.
1 4	Complete if the organization answered "Yes" on Form 990		po	otarii.
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
		2a		
	Donated services and use of facilities	2b		
	Prior year adjustments	2c	-	
ر: د	Other losses	2d		
	Other (Describe in Part XIII.)		- 20	
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1	.hh	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	-	
	Other (Describe in Part XIII.)		۱ , ا	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	
	rt XIII Supplemental Information.	IV lines the and the Dest V line	4. Dort	V line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		4, Part	A, lifte
; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional information.		
- 2020	man a man a s an a s and a state a s a s a s a s a s a s a s a s a s a			
1010***				
	<u></u>			

Schedule D (F	Form 990) 2019	United	Against	Human	Trafficking	26-1103492	Page <b>5</b>
Part XIII	Suppleme	ntal Informa	ation (continu	ed)	Trafficking		
			1				
economic testes of Diffet A. A.							

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

**Open To Public** 

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

United Against Human Trafficking 26-1103492 Part I Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art — Works of art 1 Art — Historical treasures ...... 2 Art — Fractional interests ...... 3 Books and publications ..... 4 5 Clothing and household Cars and other vehicles ..... 6 Boats and planes ..... 7 Intellectual property ..... 8 Securities — Publicly traded .... 9 10 Securities — Closely held stock 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous ..... 12 13 Qualified conservation contribution - Historic structures ..... 14 Qualified conservation contribution — Other ..... Real estate — Residential ...... 15 Real estate — Commercial ..... 12 **FMV** X 16 Real estate — Other ..... 17 Collectibles ..... 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens ..... 23 Archeological artifacts ..... 24 39,140 FMV X Other ►( .....) 25 **FMV** 26 Other ▶( .....) 27 Other ▶( .....) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

Schedule M (Fo	Supplemental Information. the organization is reporting or a combination of both. Als	Provide the information Part I, column (b), t	on required by Part the number of contri	ibutions, the number of	Page <b>2</b> 3, and whether items received,
Schedu	ıle M - Supplementa	l Information			
ALL NO	ONCASH CONTRIBUTION	S WERE ONE TI	ME DONATIONS	EXCEPT FOR TH	E FOLLOWING
REAL E	ESTATE - COMMERCIAL	(RENT), VOLU	NTEER TRAINI	NG INTERNS, EV	ENT
SUPPLI	IES, & ACCOUNTING S	ERVICES.			
		•••••			
					*******
					*************
					******

#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-1103492

Department of the Treasury Internal Revenue Service Name of the organization

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

United Against Human Trafficking Form 990, Part III, Line 4d - All Other Accomplishments REAL TALK IS A TRAUMA-INFORMED SUPPORT GROUP, WHICH ENGAGES TEENS AND ADULTS WHO HAVE ALREADY EXPERIENCED TRAUMA OR TRAFFICKING AND ARE VULNERABLE TO RECRUITMENT AND (RE)VICTIMIZATION. THE HOUSTON RESCUE AND RESTORE COALITION HARNESSES THE COLLECTIVE DESIRE OF HOUSTON NON-PROFITS, BUSINESSES, LAW ENFORCMENT HOSPITALS, AND MORE TO WORK TOGETHER STRATEGICALLY AND EFFECTIVELY TO END HUMAN TRAFFICKING Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE BOARD OF DIRECTORS HAS A LEGAL AND FINANCE COMMITTEE THAT INCLUDES 2 OF THE DIRECTORS. THIS COMMITTEE REVIEWS ALL LEGAL AND FINANCIAL DOCUMENTS INCLUDING THE 990 AND REPORTS BACK TO THE FULL BOARD ABOUT THEIR REVIEW. IF THEY DEEM IT NECESSARY (OR IF IT IS REQUIRED BY THE BY-LAWS) THE COMMITTEE WILL FORWARD INFORMATION TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND POSSIBLE VOTE ON ACTION TO BE TAKEN. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE BOARD OF DIRECTORS REVIEW AND APPROVE THE CONFLICT OF INTEREST POLICY FOR THE ORGANIZATION. IN ADDITION, EACH DIRECTOR MUST SIGN A CONFLICT OF INTEREST DISCLOSURE DOCUMENT ON AN ANNUAL BASIS WHERE THEY MUST DISCLOSE ANY POTENTIAL CONFLICTS THEY MAY HAVE. THE POLICY AND DICCLOSURE DOCUMENT IS REVIEWED BY THE CHAIR OF THE BOARD AND IF ANY CONFLICTS ARISE THOSE ARE DEALT WITH BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. Form 990, Part VI, Line 15a - Compensation Process for Top Official

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization

Employer identification number

United Against Human Trafficking

26-1103492

THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR THAT CONSISTS
,
OF CONDUCTING A SURVEY OF THE STAFF, KEY STRATEGIC PARTNERS, EACH MEMBER OF
THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. THE DATA FROM THE SURVEY
IS COMPILED IN ORDER TO OBTAIN A COMPLETE SNAPSHOT OF THE PERFORMANCE OF
THE EXECUTIVE DIRECTOR. A REPORT OF THE RESULTS IS SHARED WITH THE ENTIRE
BOARD WHO THEN DECIDES ON AREAS OF STRENGTHS AND IMPROVEMENTS. A FINAL
DOCUMENT OF THE BOARD'S DECISIONS ARE DEVELOPED ALONG WITH AN ACTION AND
ANY SALARY ADJUSTMENTS THEY DEEM APPROPRIATE. WHEN THE BOARD CONSIDERS AN
INCREASE IN COMPENSATION THEY TAKE INTO CONSIDERATION THE PERFORMANCE
REVIEW AS WELL AS CURRENT DATA THAT IS AVAILABLE BOTH NATIONALLY AND
LOCALLY FOR EXECUTIVE DIRECTOR COMPENSATION IN THE NON-PROFIT SECTOR.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN
ADDITION, SOME ITEMS SUCH AS OUR FINANCIAL STATEMENTS ARE ALSO UPLOADED TO
AN OUTSIDE WEBSITE LIKE GUIDESTAR.ORG THAT IS AVAILABLE FOR ACCESS BY THE
PUBLIC.
Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Temp. Restricted Net Assets \$ 65,000

Name(s) shown on return

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

United Against Human Trafficking 26-1103492 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.... Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ......... Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Property subject to section 168(f)(1) election \_\_\_\_\_\_ 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) 185 17 MACRS deductions for assets placed in service in tax years beginning before 2019 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ... Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property 27.5 yrs. MM Residential rental property MM S/L 27.5 yrs. MM S/L Nonresidential real property MM Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year 30 yrs. MM C d 40-year 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 185 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....