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Foi	- 990 - T	[E	xempt Organization (and proxy ta		siness Income der section 6033		rn	OMB No 1545-0687
	P	For cale	ndar year 2018 or other tax year begin				20 .	୬ଲ1⊈
Doe	artment of the Treasury		► Go to www.irs.gov/Form990			_		<u> </u>
	mal Revenue Service	▶Do	not enter SSN numbers on this form				(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if		T T T T T T T T T T T T T T T T T T T		ame changed and see instruction			oyer identification number
	address changed						(Empl	oyees' trust, see instructions)
BE	xempt under section	1	UNITED WAY OF CENTR	AL (OKLAHOMA, INC.			
X	501(C)O3)	Print	Number, street, and room or suite no				73-0	589829
-	408(e) 220(e)	or					E Unrei	ated business activity code
1	408A 530(a)	l ı Ahe	1444 NW 28TH STREET				(See in	istructions)
-	529(a)	}	City or town, state or province, countr	y, and	ZIP or foreign postal code		1	
СB	ook value of all assets		OKLAHOMA CITY, OK 7.	3106	5			
a	end of year	F Gro	up exemption number (See instruct	ions.)	>		• •	
	30,098,659.		ck organization type X 501			c) trust	401(a)	trust Other trust
H			nization's unrelated trades or busine					(or first) unrelated
	rade or business her	-					•	than one, describe the
			end of the previous sentence, cor	nolete		•		·
	rade or business, the		·		, ,			
			corporation a subsidiary in an affili	ated o	roup or a parent-subsidiary	controlled group?		▶ Yes X No
			dentifying number of the parent cor			3		
	he books are in care			<u> </u>		ne number ▶ (4	05)523	3-3518
Pa	rt I Unrelated	Trade o	or Business Income		(A) Income	(B) Expen		(C) Net
	Gross receipts or s					· · · · · · · · · · · · · · · · · · ·		
b	·		c Balance	1c				
2			ule A, line 7)	2				
3	-	•	2 from line 1c	3				
4 a			tach Schedule D)	4a				
ь			Part II, line 17) (attach Form 4797)	4b				
c			usts	4c				
5			an S corporation (attach statement)	5				
6	Rent income (Sche	edule C) .		6				
7			come (Schedule E)	7				
8	Interest, annuities, royali	ties, and ren	its from a controlled organization (Schedule F)	8				
9	Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt a	activity in	come (Schedule I)	10				
11	Advertising income	e (Schedu	ıle J) [11				
12	Other income (See	e instructi	ions; attach schedule) [12				
13	Total. Combine line	es 3 thro	ugh 12	13	0.			
Pa			aken Elsewhere (See instru				xcept fo	or contributions,
	deductions	s must l	be directly connected with the	e ur	related business inco	me.)	- 	
14	•		irectors, and trustees (Schedule K).			<u></u>	. 14	
15	Salaries and wages			·	RECEIVED		. 15	
16	Repairs and mainte	enance		1 1		ed	. 16	
17	Bad debts		ee instructions)	8	· · SE.P. 1 2. 2019 · ·	8	. 17	
18	Interest (attach sch	hedule) (s	ee instructions)	<u> </u>		孙·····	. 18	
19	Taxes and licenses		ee instructions for limitation rules) .		OCOENTIE	<u> </u>	. 19	
20						.]	. 20	···-
21			562)			<u> </u>	_	
22			on Schedule A and elsewhere on ret				22b	
23								
24			ompensation plans					
25								
26			chedule I)				1	
27			nedule J)					
28			hedule)					
29			14 through 28					
30			income before net operating l					
31		_	loss arising in tax years beginning					
32_	Unrelated business	taxable	income Subtract line 31 from line 3	30			. 32	

For Paperwork Reduction Act Notice, see instructions.

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Form	990-T (20	D18)		Page 2
Par	t III	Yotal Unrelated Business Taxable Income	· · · · · · · · · · · · · · · · · · ·	
33	Tótal (of unrelated business taxable income computed from all unrelated trades or businesses (see		
		ions)	33	
34	Amoun	s paid for disallowed fringes	34	
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see		_
		ions)	35	
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
30		33 and 34	36	
27		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
37	•	ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	<u> </u>	
38		e smaller of zero or line 36	38	0.
Dor		Tax Computation	30	
		tations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
39		Taxable at Trust Rates. See instructions for tax computation Income tax on	39	
40			40	
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy t	ax. See instructions	41	
42		ive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·		
43		Noncompliant Facility Income. See instructions		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par		Tax and Payments		
		tax credit (corporations attach Form 1118, trusts attach Form 1116)		
		redits (see instructions)		
		business credit Attach Form 3800 (see instructions)		
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		
е		edits. Add lines 45a through 45d	1	
46		t line 45e from line 44	46	
47		ces Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48		x. Add lines 46 and 47 (see instructions)	48	0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Paymer	its A 2017 overpayment credited to 2018		
		stimated tax payments		
		osited with Form 8868		
		organizations Tax paid or withheld at source (see instructions)		
		withholding (see instructions)		
		or small employer health insurance premiums (attach Form 8941) 50f		
g	Other cr	edits, adjustments, and payments Form 2439		
	F	orm 4136 Other Total ▶ 50g		
51	•	ayments. Add lines 50a through 50g	51	<u>_</u>
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52	
53		. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	-	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the	e amount of line 54 you want Credited to 2019 estimated tax	55_	
Par		Statements Regarding Certain Activities and Other Information (see instructions		<u>, , , , , , , , , , , , , , , , , , , </u>
56		time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	,
	here 🕨			X
57	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
		see instructions for other forms the organization may have to file		
<u>58</u>	Enter th	e amount of tax-exempt interest received or accrued during the tax year > \$		A b -11-4 :
_	l to	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bile, confect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge ar	nd belief, it is
Sigr) 		y the IRS discuss	this return
Here		<u> </u>	h the preparer sho	
	S		instructions)? X Yes	No
D-:-'		Print/Type preparer's name Preparer's signature Date Check		
Paid		JEANETTE VERRELLI Jeanette Verrello 9/5/2019 self-el	mployed P0074	
Prep	arer Only		EIN ► 44-0160	
<u></u>	Oilly	Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254 Phone		
167			Form 99	0-T (2018)

F 000 T (2048)	ONTIED	W/11 OI	CENTRAL	ORDAHOLIA	, INC.		, 5	0589829	Pa
Form 990-T (2018) Schedule A - Cost of Go	ode Sold F		d of myonton	, valuation 1					
		ter metho					6	_	-
1 Inventory at beginning of ye	` 					ar			
-2 Purchases						old. Subtract line			
3 Cost of labor						iter here and in			-
4a Additional section 263A co	1 1								
(attach schedule)			8			section 263A (v		•	Yes
b Other costs (attach schedul	· · · · · · · · · · · · · · · · · · ·			h		or acquired for		, , , ,	
5 Total. Add lines 1 through									
Schedule C - Rent Income	(From Real P	roperty a	ind Persona	I Property	Leased V	With Real Prope	rty)		
(see instructions)									
Description of property				_		<u> </u>			
(1)						_			
(2)			_						
(3)	 .								
(4)									
	2. Rent recei	ed or accru	ıed			1			
(a) From personal property (if the page of the for personal property is more than 50%)		percent	From real and pe tage of rent for pe or if the rent is ba	ersonal property	perty exceeds in columns 2(a) and 2(b) (attach sche				
(1)	·								
(2)									
(3)									
(4)									
Total		Total		_		(b) T -4-1 de de de de			
(c) Total income. Add totals of co	` ' '	•				(b) Total deduction Enter here and or Part I, line 6, colui	page 1		
Schedule E - Unrelated De			ee instruction:	s)		<u> </u>			
			2. Gross inc		3 [Deductions directly cor			le to
1. Description of debi	l l			cable to debt-financed		debt-finance	(b) Other deductions		-1:000
			prop	property		ht line depreciation ich schedule)	(attach schedule)		
(1)									
(2)									
(3)									
(4)			 	_					
4. Amount of average acquisition debt on or allocable to debt-financed	5. Average adjust of or alloca debt-financed	ole to	6 Col 4 div		7. Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column		f column
property (attach schedule)	(attach sche		by colu	ımn 5		2 2 001011/11 07		3(a) and 3(l	b))
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			•			re and on page 1, ne 7, column (A)	Ente	r here and o	n page (

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Page 4

Schedule F-Interest, Annu	uities, Royaltie						tions (se	e instructio	ns)	<u> </u>
,		Exer	npt Co	ontrolled Org	ganızatı	ons _			_	
Name of controlled organization	2 Employer identification num	Dei		lated income instructions)		of specified included i		of column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)					_					
(2)						_				
(3)			_	<u> </u>						
(4)										
Nonexempt Controlled Organia	zations	<u> </u>	•							
7. Taxable Income	8. Net unrelated (loss) (see instruc	I .	9 Total of specified 10 Part of column included in the payments made granization's			ontrolling		Deductions directly nnected with income in column 10		
(1)										
(2)										
(3)	<u> </u>									_
(4)				•						
Totals					▶	Ente Part	r here and on I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount o		<u> </u>			et-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)			
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, o								_	Enter here and on page 1 Part I, line 9, column (B)
Totals			Th	an Advanti	aine le					
Schedule I – Exploited Exe	2. Gross unrelated business income from trade or business	3. Expen directl connected productio unrelate business in	ses ly I with on of ed	4. Net incomfrom unrelated or business 2 minus column scolumn	ne (loss) ed trade (column umn 3) ompute	5 Gro from a is not	ss income ctivity that unrelated ss income	6 Exper attributat column	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
		-				_				<u> </u>
(1)				-						
(2)				ļ						-
(3)				1						
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,	,				<u> </u>		Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	come (see instr	ructions)		1					_	L-
Part I Income From Peri			onsol	idated Bas	is					
art income i rom i en	Culcula Repoi		011301	Tuate a Das	,,,					1
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	ı	rculation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				7						
(4)			-	7						
Fotals (carry to Part II, line (5))										

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

1 Name of periodical	2. Gross advertising	3-Direct	4 Advertising gain or (loss) (col 2 minus col 3) If	5Circulation	6. Readership costs	7. Excess readership costs (column 6 minus-column 5,-bii
	income	•	a gain, compute cols 5 through 7			column 4)
(1)		<u> </u>				
(2)					_	
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.