

Dallas Office 8343 Douglas Avenue Suite 400 Dallas, Texas 75225 214.393.9300 Main whitleypenn.com

United Way of Tarrant County 1500 North Main Street No. 200 Fort Worth, TX 76164

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by February 16, 2016.

A copy of the return is enclosed for your files. We suggest that you retain this copy for a minimum of three years.

Whitley Penn, LLP



Dallas Fort Worth Houston

## IRS e-file Signature Authorization for an Exempt Organization

			5			
year 2014, or fiscal year beginning	${\sf JUL}$	1	, 2014, and ending	JUN	30	,20 15

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	► Information about Form 8879-EO and its ins	structions is at www.irs.gov/form887	9eo
Name of exempt organization			Employer identification number
UNITED WAY OF	TARRANT COUNTY		**-***8360
Name and title of officer TIM MCKINNEY, PRESIDENT AND	PRESIDENT AND CEO CEO	·	
Part I Type of I	Return and Return Information (Whole Dol	lars Only)	
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and en a, below, and the amount on that line for the return b ank (do not enter -0-). But, if you entered -0- on the re	eing filed with this form was blank, the	en leave line <b>1b, 2b, 3b, 4b,</b> or <b>5b,</b>
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Pa	art VIII, column (A), line 12)	1b 32,784,193.
2a Form 990-EZ check he	re <b>b</b> Total revenue, if any (Form 990	)-EZ, line 9)	2b
3a Form 1120-POL check		line 22)	
4a Form 990-PF check he	re b Tax based on investment inco	ome (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here		e 3c or Part II, line 8c)	
Part II Declarat	ion and Signature Authorization of Offic	er	
the date of any refund. If a debit) entry to the financial return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a organization's consent to entry the desired and the selected and the selec	f receipt or reason for rejection of the transmission, (pplicable, I authorize the U.S. Treasury and its desig institution account indicated in the tax preparation stitution to debit the entry to this account. To revoke an 2 business days prior to the payment (settlement) copayment of taxes to receive confidential information apersonal identification number (PIN) as my signature electronic funds withdrawal.	nated Financial Agent to initiate an ele software for payment of the organizati a payment, I must contact the U.S. T ) date. I also authorize the financial ins on necessary to answer inquiries and r	ectronic funds withdrawal (direct ion's federal taxes owed on this reasury Financial Agent at stitutions involved in the resolve issues related to the
Officer's PIN: check one	•		76164
X I authorize WH	ITLEY PENN LLP	to	o enter my PIN 76164 Enter five numbers, but
	ERO firm name		do not enter all zeros
is being filed wit	on the organization's tax year 2014 electronically file n a state agency(ies) regulating charities as part of th the return's disclosure consent screen.		
indicated within	he organization, I will enter my PIN as my signature of this return that a copy of the return is being filed with her my PIN on the return's disclosure consent scree	n a state agency(ies) regulating chariti	
Officer's signature		Date	
Part III   Certifica	tion and Authentication		
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN.	75414276102 do not enter all zeros	<b>_</b>
	neric entry is my PIN, which is my signature on the 2 g this return in accordance with the requirements of is Returns.		
ERO's signature		Date ▶	
	ERO Must Retain This For	m - See Instructions	

### EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public Inspection

_	ו טו נוופ	and the calculation of tax year beginning 000 1, 2014 and	enuing C	ON 30, 2013	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		**_*	**8360
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Final return/		200	(817	)258-8000
_	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	49,471,370.
F	Ameno return	FORT WORTH, IX 70104		H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: TIM MCKINNEY  SAME AS C ABOVE		for subordinates	
_				H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) ce: ► WWW.UNITEDWAYTARRANT.ORG	or 527	┥,,	list. (see instructions)
				H(c) Group exemption	
	art I		L Year	of formation: 1922	M State of legal domicile: TX
P		Summary	MDDOW	7 T T T T T C T A C D C	CC OUD
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${ t TO}$ II DIVERSE COMMUNITIES BY:	MPKOVE	LIVES ACRO	AUU CC
rna	2	Check this box  if the organization discontinued its operations or dispose	sed of more	e than 25% of its net a	ssets.
٥ و	3	Number of voting members of the governing body (Part VI, line 1a)		3	37
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			37
Se		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			124
į		Total number of volunteers (estimate if necessary)			4743
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		30,418,167.	32,198,760.
Revenue		Program service revenue (Part VIII, line 2g)		514,478.	533,896.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,227.	44,245.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,819.	7,292.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,047,691.	32,784,193.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		24,560,691.	25,575,429.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,113,741.	6,117,841.
Expenses	16a	Professional fundraising foos (Part IV, column (A), line 11a)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (A), line 25)   2,017,68	84.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,971,456.	2,998,080.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,645,888.	
		Revenue less expenses. Subtract line 18 from line 12		-2,598,197.	
or Ses				eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		36,036,331.	34,277,816.
ASS	21	Total liabilities (Part X, line 26)		7,875,212.	7,380,366.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		28,161,119.	26,897,450.
P	art II	Signature Block			
Unc	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
Sig	ın	Signature of officer		Date	
He		TIM MCKINNEY, PRESIDENT AND CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CURTIS MAXFIELD CURTIS MAXFIELD		if self-employ	P00445178
	parer	Firm's name WHITLEY PENN LLP	L	Firm's EIN	**-***3478
	Only	Firm's address 1400 WEST 7TH STREET, STE. 400		Tim o Life	
	•	FT. WORTH, TX 76102		Phone no (8	17)259-9100
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110 110 110 1	X Yes No

		-***8360	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:  TO MAKE TARRANT COUNTY A PLACE WHERE CHILDREN, INDIVIDUALS	& FAMILI	ES
	THRIVE, WHERE NEIGHBORS CARE FOR EACH OTHER & WHERE PEOPLE		
	IMPROVE THE LIVES ACROSS OUR DIVERSE COMMUNITIES BY: PRIOR	ITIZING	
	NEEDS IN EDUCATION, INCOME & HEALTH, FORMING INNOVATIVE &		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes." describe these new services on Schedule O.		140
3	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.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10 , 490 , 483 • including grants of \$9 , 215 , 334 • ) (Revenue \$ AGENCY ALLOCATIONS :		)
	UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS MORE THA	N 66 PROG	RAMS
		MONITORIN	
	AND CAREFUL EXAMINATION OF PROGRAM OUTCOMES, UNITED WAY DE		
	SPECIFIC LEVEL OF FUNDING FOR EACH OF THESE PROGRAMS, BASE		
	FUNDS AVAILABLE THROUGH THE ANNUAL UNITED WAY CAMPAIGN.	D ON TOTA	. <u>U</u>
	FUNDS AVAIDABLE THROUGH THE ANNUAL UNITED WAT CAMPAIGN.		
	OVER 58 PROGRAMS		
	TOTAL NUMBER OF AGENCIES: 42		
	TOTAL NUMBER OF UNDUPLICATED SERVICES: 381,570		
4b	(Code:) (Expenses \$ 5,505,334 • including grants of \$ 5,199,810 • ) (Revenue \$		)
	COMMUNITY IMPACT INITIATIVES:		
	UNITED WAY OF TARRANT COUNTY CREATES AND FINANCIALLY SUPPO	RTS A SMA	LL
	NUMBER OF COMPREHENSIVE INITIATIVES THAT ADDRESS TOP COMMU	NITY	
	PROBLEMS. THESE INITIATIVES ARE DESIGNED TO ADDRESS ROOT	CAUSES OF	
	SIGNIFICANT SOCIAL ISSUES AND TO AFFECT COMMUNITY CHANGE.	IN FY 20	15,
	THERE WERE 3 INITIATIVES: EDUCATION, INCOME, AND HEALTH.		-
40	(Code: ) (Expenses \$ 4,935,096. including grants of \$ 2,955,908.) (Revenue \$		1
70	AREA AGENCY ON AGING:		—— <i>'</i>
	UNITED WAYS AREA AGENCY ON AGING (AAA) IS ONE OF 28 AAAS I	N TEXAS	
	SUPPORTED BY STATE AND FEDERAL FUNDS OF OLDER ADULTS SERVI		CF.
	FUNDS ARE AUTHORIZED BY THE OLDER AMERICANS ACT AND THE TE		
	LEGISLATURE. LOCAL VOLUNTEERS IN TARRANT COUNTY PLAN FOR		
	NEEDED AND DISTRIBUTE FUNDS FOR PROGRAMS. UNITED WAYS AAA		
	HELPS TO PROMOTE EMPOWERMENT, INDEPENDENCE AND DIGNITY FOR		
	AND THEIR CAREGIVERS AND HAS PROVEN TO HELP THEM REMAIN IN	THEIR HO	MES
	FOR AS LONG AS POSSIBLE.		
	TOTAL NUMBER OF PROGRAMS: 21		
	TOTAL NUMBER OF UNDUPLICATED SERVICES: 55,768		

8,204,377.) (Revenue \$

534,675.)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 10, 105, 801 ⋅ including grants of \$ 8

4e Total program service expenses > 31,036,714 ⋅

## Form 990 (2014) UNITED WAY OF TARRANT COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule 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, 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		X
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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," complete Schedule D,		v	
	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 of its total	446		x
	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 of its total	11b		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
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		Х
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 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 for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <sub>3,7</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-2	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del>                                     </del>
ט	100 to into 200, and the organization attaon a copy of its addition infantolar statements to this feturit:	_00		

## Form 990 (2014) UNITED WAY OF TARRANT COUNTY Part IV Checklist of Required Schedules (continued)

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated 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," carnive lines 24b through 24d and complete Schedule K. If "No", go to line 25s 24a  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former befores, director, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II  25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions;  27d A analty member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedu				Yes	No
22 IX  23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Part I and III and	21		21	x	
Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III.  22 IX  23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV.  24 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 through 24d and complete Schedule K If "No", go to line 25a  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d  28 Section 501(2)3, 501(c)4), and 501(c)(2)0 organizations. Out the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a  28 bits 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 spore froms 90 or 9902-27 If "Yes," complete Schedule L, Part I 25b  29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27  29 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28b  29 A A current or former officer, director, trustee, or key employee?	22	<del>-</del>			
23 Did the organization answer "Yes" to Part VII, Section A, Inio 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to the year, that was issued after December 31, 2002" If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  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 through 24d and complete Schedule K. If "No", go to line 25a  25a Section 501(c/3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person 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 transaction with a disqualified person during the year? [7 Yes," complete Schedule L. Part I [25a]  b Is the organization aware that the 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 sprior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part II [25a]  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, circlerots, rutsees, key employees, highest compensated employees, or disqualided persons? If "Yes," complete Schedule L, Part II [25b]  25c Did the organization propried a grant or other assistance to an officer, director, trustee, key employees, or disqualided persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions? If "Yes," compl			22	Х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 through 24d and complete Schedule K. If "No", go to time 25a 24a 24b b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization ware 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person? If "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV Did the or	23				
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 through 24d and complete Schedule K. If "No", go to line 25a  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 1  25a  25 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of unity the year? If "Yes," complete Schedule L, Part I 25a  25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27  26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27  27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28  28 A current or former officer, director, trustee, or key employee (ir Yes," complete Schedule L, Part IV 28  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 30  30 Did the organization or loughed sched					
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of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through a	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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	38				
Note. All Form 990 filers are required to complete Schedule 0		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) UNITED WAY OF TARRANT COUNTY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming					
	(gambling) winnings to prize winners?			1c	X			
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	124					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	·	5b		X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions c	or gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X		
				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		 I	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year					37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Λ.		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e					
_	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.			0-				
				9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	100						
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b						
		100						
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	114						
D	amounts due or received from them.)	11b						
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u> 	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l					
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
а	Note. See the instructions for additional information the organization must report on Schedule O.			.oa				
h	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						
c	Enter the amount of reserves on hand	13c						
	Did the consideration and the constant of the independence of the constant of		<u> </u>	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b				
	, , , , , , , , , , , , , , , , , , , ,							

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  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 in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The Has the organization have local chapters, branches, or affiliates?  In Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization's exempt purposes?  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  The organization have a written document retention and destruction policy?  The organization have a written document rete						
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 37	<u>'</u>				
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		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
		6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
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 in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
		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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
		12a	X			
		12b	Х			
С						
	in Schedule O how this was done	12c	Х			
13		13	Х			
14		14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
		15a	X			
b		15b	Х			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7		
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial			
	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 records:					
	BENTON CLARK - (817)258-8010 1500 NORTH MAIN STREET STE 200 FORT WORTH TX 76164					

### Part VII 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.

Leck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l ge		((	<b>C)</b>		iout	(D)	(E)	(F)
Name and Title	Average		not cl	heck		than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	or director	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		ee ee	nbens		(W-2/1099-MISC)		organization and related
	below	Individual trustee	Institutional trustee	L	Key employee	st cor	 			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) SCOTT SPIKER	1.00							_		_
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(2) TOMMY LAWLER	1.00							_	_	_
VICE CHAIR, TREASURER, AUDIT & FINAN		Х		Х				0.	0.	0.
(3) JEAN WALLACE	1.00								_	
VICE CHAIR, BENEFITS AND COMPENSATIO		Х		Х				0.	0.	0.
(4) JAMES POWELL	1.00								_	
VICE CHAIR, GOVERNANCE COMMITTEE		Х		Х				0.	0.	0.
(5) MARK NURDIN	1.00									
VICE CHAIR, STRATEGIC PLANNING COMMI	1 00	Х		Х				0.	0.	0.
(6) RICHARD CASAREZ	1.00									
VICE CHAIR, DIVERSITY COMMITTEE CHAI	1 00	Х		X				0.	0.	0.
(7) TERRY ALMON	1.00									
VICE CHAIR, COMMUNITY DEVELOPMENT CO	1 00	Х		X				0.	0.	0.
(8) BRAD FORSBERG	1.00							•	•	•
VICE CHAIR, ANNUAL CAMPAIGN CHAIR	1 00	Х		Х				0.	0.	0.
(9) DR. MARCELO CAVAZOS	1.00							0		•
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(10) GREGORY C FOX	1.00							•		•
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(11) BRIAN GUTIERREZ	1.00	,,						0	0	0
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(12) BOWIE HOGG	1.00	,,						0	•	0
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(13) SHARON LEITE	1.00	,,						_	0	0
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(14) ALICE PUENTE	1.00	, .						_	0	0
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(15) BECKY D TUCKER	1.00	, .						_	0	0
EXECUTIVE COMMITTEE	1 00	Х						0.	0.	0.
(16) DOROTHY HYNSON-WILLIAMS	1.00	\ <sub>V</sub>						_	_	^
BOARD MEMBER	1.00	Х	$\vdash$		_			0.	0.	0.
(17) PATRICIA GLEASON-WYNN	1.00	Х						0.	0.	_
BOARD MEMBER		Λ						<u> </u>	0.	0.

Form **990** (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) TIM SMITH	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(19) WALTER AMAYA BOARD MEMBER	1.00	х						0.	0.	0.
(20) MONA BAILEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) DAN BERCE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) C COREY FICKES BOARD MEMBER	1.00	х						0.	0.	0.
(23) SHANNON FLETCHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) ANDREE FRENCH GRIFFIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) BRIDGET HALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) SUSAN HALSEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Sub-total							<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	830,173.	0.	108,756.
d Total (add lines 1b and 1c)								830,173.	0.	108,756.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
BALCOM AGENCY, 1500 BALLINGER AT RIO GRANDE, FORT WORTH, TX 76102	ADVERTISING	258,393.
LANG BUILDERS 1910 REDWOOD STREET, ARLINGTON, TX 76014	CONSTRUCTION	171,350.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

Part VII Section A. Officers, Directors	WAY OF TA								ees (continued)	0300
(A)	(B)		. <del>,</del>	(C		g.ı	JJ1	(D)	(E)	(F)
Name and title	Average hours	(cl		Posi all t	ition		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SCOTT HICKSON	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0
(28) REGINALEA STURNS-KEMP	1.00	x						0.	0.	0
BOARD MEMBER	1 00	Λ						0.	0.	0
(29) GREG LANHAM	1.00	X						0.	0.	0
BOARD MEMBER (30) MARK MCCLENDON	1.00	^						0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0
(31) BETTINA MAUNZ	1.00			$\vdash$				0.	0.	0
BOARD MEMBER	1,00	x						0.	0.	0
(32) DAVID D PARKER	1.00								•	
BOARD MEMBER		Х						0.	0.	0
(33) RICHARD PIERCE	1.00									
BOARD MEMBER		Х						0.	0.	0
(34) SCOTT D RYAN PHD	1.00									
BOARD MEMBER		Х						0.	0.	0
(35) CHARLOTTE HOLM TEKLITZ	1.00									
BOARD MEMBER		Х						0.	0.	0
(36) CRAIG S WALL	1.00									
BOARD MEMBER		Х						0.	0.	0
(37) DAVID WEBB	1.00								•	_
BOARD MEMBER	40.00	Х						0.	0.	0
(38) TIM MCKINNEY	40.00	-		,				254 476	0	20 012
PRESIDENT & CEO	40.00			Х				254,476.	0.	29,913
(39) JAMES B CLARK	40.00	-		$ _{X} $				181,078.	0.	22,906
EXEC VP & CFO (40) CASSIE MCOUITTY	40.00			^				101,070.	0.	22,900
SENIOR VP & CDO	40.00	1		$ \mathbf{x} $				114,399.	0.	16,034
(41) BEVERLY BOYD	40.00							111/3330	0.	10,001
CORPORATE SECRETARY		1		x				58,933.	0.	4,902
(42) MARILYN JONES	40.00									
SENIOR VP		1		x				116,467.	0.	17,808
(43) MIKE PRICE	40.00							,		-
EMPLOYEE						Х		104,820.	0.	17,193
		<u> </u>	<u> </u>					020 172		100 750
Total to Part VII, Section A, line 1c								830,173.		108,756

Form 990 (2014)
Part VIII

VIII	Statement of Revenue	

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	376,673.				
ìrar		Membership dues						
S, G	С	Fundraising events						
ar /		Related organizations						
inil		Government grants (contribut		10,877,953.				
rion		All other contributions, gifts, gran						
the		similar amounts not included above	ve   <b>1f</b>	20,944,134.				
	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<b>&gt;</b>	32,198,760.			
				Business Code				
Program Service Revenue	2 a	SERVICE CENTER RENTAL		531120	526,969.	526,969.		
	b	PROGRAM AND WORKSHOP F	EES	900099	6,927.	6,927.		
	С							
ar eve	d							
90 E	е							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			533,896.			
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		▶	40,893.			40,893.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties	·	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	·	<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	16,690,529					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	6,046	-2,694.				
		Net gain or (loss)			3,352.			3,352.
enue	8 a	Gross income from fundraising including \$	g events (not of					
Other Rever		contributions reported on line	1c). See					
P.		Part IV, line 18	6	a				
Ě	b	Less: direct expenses	ا	o				
Ŭ	С	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	6	a				
	b	Less: direct expenses	I	o				
		Net income or (loss) from gam		<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold	I	ــــــاد				
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenu		Business Code				
		SALE OF RESOURCE GUIDE		900099	3,355.			3,355.
		MISCELLANEOUS INCOME		900099	3,158.			3,158.
		SALE OF T-SHIRTS		900099	779.	779.		
		All other revenue			m			
		Total. Add lines 11a-11d		Г	7,292.	E24 655	-	F0 750
	12	<b>Total revenue</b> . See instructions.		🕨 🛭	32,784,193.	534,675.	0	50,758.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21	24,777,101.	24,777,101.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	798,328.	798,328.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	852,320.	316,576.	283,082.	252,662.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,214,180.	2,783,464.	555,099.	875,617.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	285,161.	158,718.	73,413.	53,030.
9	Other employee benefits	378,125.	235,388.	38,231.	104,506.
10	Payroll taxes	388,055.	249,315.	53,021.	85,719.
11	Fees for services (non-employees):				
а	Management	442,719.	238,401.	85,161.	119,157.
b	Legal				
С	Accounting	101,392.		101,392.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1.5			
12	Advertising and promotion	167,669.	60.015	449.	167,220.
13	Office expenses	83,455.	60,015.	13,780.	9,660.
14	Information technology				
15	Royalties	0.60 0.00	615 440	140 100	444 202
16	Occupancy	868,883.	617,442.	140,138.	111,303.
17	Travel	71,776.	49,003.	2,293.	20,480.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	000 001	140 544	60.000	<u> </u>
19	Conferences, conventions, and meetings	279,891.	142,544.	67,078.	70,269.
20	Interest	240 754	150 604	A1 7C2	20 200
21	Payments to affiliates	240,754.	159,684.	41,763.	39,307.
22	Depreciation, depletion, and amortization	89,193.	37,594.	44,762.	6,837.
23	Insurance	3,325.		3,325.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	262 412	224 210	22 412	15 700
a	BUILDING UPKEEP AND MAI	263,413.	224,218.	23,413.	15,782.
b	TELEPHONE	139,218.	109,037.	14,743.	15,438.
С	PRINTING AND PUBLICATIO	84,485.	31,450.	3,051.	49,984.
d	MISCELLANEOUS	80,439.	5,551.	73,600.	1,288.
	All other expenses	81,468.	42,885. 31,036,714.	19,158.	19,425.
25	Total functional expenses. Add lines 1 through 24e	34,691,350.	31,030,/14.	1,636,952.	2,017,684.
26	<b>Joint costs.</b> 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)				F 000 (004.4)

## Form 990 (2014) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,164,401.	2	2,876,905.
	3	Pledges and grants receivable, net			8,322,483.	3	7,841,645.
	4	Accounts receivable, net			1,974,846.	4	1,786,773.
	5	Loans and other receivables from current and former officers, directors,			, .		,
	-	trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section	-	•			
		employers and sponsoring organizations of sec					
δ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				1,364,854.	9	614,516.
	10a	Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	517,345.			
	b	Less: accumulated depreciation	-	316,858.	216,754.	10c	200,487.
	11	Investments - publicly traded securities			8,225,753.	11	6,414,658.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	14,767,240.	15	14,542,832.		
	16	Total assets. Add lines 1 through 15 (must equ	36,036,331.	16	34,277,816.		
	17	Accounts payable and accrued expenses	1,569,961.	17	1,677,010.		
	18	Grants payable		18			
	19	Deferred revenue			2,876,722.	19	2,280,515.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of	2 400 500		2 400 041
		Schedule D			3,428,529.	25	3,422,841. 7,380,366.
	26				7,875,212.	26	7,380,366.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			15,113,880.		14 620 210
au	27	Unrestricted net assets	12,547,114.	27	14,628,219. 11,769,106.		
Ва	28	Temporarily restricted net assets	500,125.	28	500,125.		
Fund Balances	29			2) abadı bara 🔊	500,125.	29	300,123.
		Organizations that do not follow SFAS 117 (A	SC 958	ы, спеск nere 🟲 📖			
Š		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			28,161,119.	32	26,897,450.
_	33	Total net assets or fund balances			36,036,331.	33	34,277,816.
	34	Total liabilities and net assets/fund balances			JU, UJU, JJI.	34	J#, 4//, 010.

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2						19.
5	Net unrealized gains (losses) on investments	5		1:	3,9	36.
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 in Schedule O)	9		62	9,5	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26,	89'	7,4	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	О.				
2a	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	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?		;	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
			F	orm	990	(2014)

### **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number \*\*-\*\*\*8360

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in <b>sect</b> i							
3		A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·	ection 170	γьγ1γΔγii	i)		
4	Ħ	A medical research organiz					-	the hospital's name	
7		city, and state:	ation operated in 60	njanotion with a noopita	1 40001160	3 111 000010	ii ii o(b)( i)(i-)(iii). Liitoi	the hoopital o hame,	
_			or the benefit of a co	llogo or university owne	d or opera	tod by a g	avaramantal unit dagarik	and in	
5		An organization operated for		mege of difficersity owner	u or opera	ted by a gi	overninental unit descrit	Jeu III	
_			section 170(b)(1)(A)(iv). (Complete Part II.)						
6	v	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C							
8	Н	A community trust describe							
9		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
40		See section 509(a)(2). (Cor			-f-t- 0		00(-V4)		
10	Н	An organization organized a	•	•	•			•	
11		An organization organized a	•	•	-		•		
		more publicly supported or						check the box in	
		lines 11a through 11d that	• •			-	<del>_</del>		
а			•	•	•				
		the supported organization		• • • • • • • • • • • • • • • • • • • •	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. <b>You must o</b>							
b			•					•	
		control or management o			same perso	ons that co	ontrol or manage the sup	рропеа	
		organization(s). You mus				dia a codula co		- 4	
С		☐ Type III functionally inte					• •	ea with,	
		its supported organization							
d		☐ Type III non-functionally	= ::				• • • • • •		
		that is not functionally int	-		•			iveriess	
_		requirement (see instruct	•	· ·					
е		☐ Check this box if the orga					ттурет, туреті, туретіі		
	Ente	functionally integrated, or er the number of supported of							
,		vide the following information							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
		organization		(described on lines 1-9	listed i	n your	support (see	other support (see	
				above or IRC section	Yes	No	Instructions)	Instructions)	
				(see instructions))	1.00				
[nta									

### Part II 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.)

Se	ction A. Public Support		·	,			
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(-,	(-7	(-, : -	(-,, : -	(-,	(-7
	membership fees received. (Do not						
	include any "unusual grants.")	32319822.	30484718.	30022078.	30418167.	32198760.	155443545
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3	32319822.	30484718.	30022078.	30418167.	32198760.	155443545
5	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 shown on line 11,						1664070
_	column (f)						1664879. 153778666
	Public support. Subtract line 5 from line 4.						<u> </u>
	ndar year (or fiscal year beginning in)	(=) 0010	(h) 0011	(=) 0010	(4) 0010	(-) 0014	(f) Total
		(a) 2010 32319822.	30484718	30022078	30418167	(e) 2014 32198760	(f) Total 155443545
	Amounts from line 4  Gross income from interest,	32317022.	30404710.	50022070:	30410107.	52150700	133443343
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	65,989.	27,501.	39,804.	18,691.	40,893.	192,878.
a	Net income from unrelated business	00,7000	27,0020	33,0010	20,0520	20,0300	23270701
Ŭ	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.)	3,648.	27,150.	4,954.	9,528.	6,513.	51,793.
11	<b>Total support.</b> Add lines 7 through 10						155688216
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Pub						
	Public support percentage for 2014 (					14	98.77 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	98.78 %
16a	33 1/3% support test - 2014. If the	•		•		•	
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qua						
17a	7a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets t						e ▶□
10	organization meets the "facts-and-cir						
10	<b>Private foundation.</b> If the organization	on ala not check a	DUX UITIME 13, 16	a, 100, 1/a, 0r 1/1	o, check this box a	and see mstruction	ıs <b>&gt;</b> 🗀

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	slow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and		,,==::	,,	,,====	,,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		-	-		+	
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization	e first second thi	rd fourth or fifth t	l	00 501(c)(2) organi	zation
17	check this box and stop here	-			•	on 50 r(c)(3) organi.	
Se	ction C. Computation of Publi						
	Public support percentage for 2014 (li			column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inves						, - , - , - , - , - , - , - , - , - , -
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	zation	<b>&gt;</b>
ł	o 33 1/3% support tests - 2013. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	ported organization	· <b>&gt;</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** 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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** 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.
- c 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.
- 5a 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 <code>part VI</code>, 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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**.
  - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
  - c Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** 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		
ı	_		
	3a		
L	3b		
-	3с		
-	4a		
L	4b		
	4c		
	5a		
-	5b		
-	5с		
Ļ	6		
	7		
	8		
	9a		
	9b		
1	0.0		
	9с		
Ī			
	10a		
f	.ou		
	10b		
n 99	0 or 99	0-EZ)	2014

1 Has the organization accepted a gift or contribution from any of the following persons?	Par	rt IV   Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (b) above?  c A 35% controlled writhy of a person described in (b) a (b) above?!! "Yes" to a, b, or c, provide detail in part V.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "No" describe in part V, in the organization of directors or trustees at all times during the tax year? If "No" describe in part V, in the organization of a person directors or trustees are all times during the care organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization other than the supported organization organization other than the supported organization organization of the supported organization other than the supported organization organization other than the supported organization organization of the supported organization of the supported organization of the supported organization organization organization organization organization.  2 Did the organization organization organization or trustees of each of the organization is directors or trustees of each of the organization is supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization organiza		•		Yes	No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (b) above?  c A 35% controlled writhy of a person described in (b) a (b) above?!! "Yes" to a, b, or c, provide detail in part V.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "No" describe in part V, in the organization of directors or trustees at all times during the tax year? If "No" describe in part V, in the organization of a person directors or trustees are all times during the care organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization other than the supported organization organization other than the supported organization organization of the supported organization other than the supported organization organization other than the supported organization organization of the supported organization of the supported organization of the supported organization organization organization organization organization.  2 Did the organization organization organization or trustees of each of the organization is directors or trustees of each of the organization is supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization organiza	11	Has the organization accepted a gift or contribution from any of the following persons?			
below, the governing body of a supported organization?  A Atailly member of a pesson described in (a) by (b) above?  A 35% controlled entity of a pesson described in (a) by (b) above?! "Yes" to a, b, or o, provide detail in part VI.  Section B. Type I Supporting Organizations  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 is directors or trustees at all times during the tax year? If "No," describe in part VI, how the supported organizations have the power to controlled the organizations activities. If the organization had more than one supported organization, describe his the organization of a part VI, how the supported organization of grains and vivals conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization is and vivals organization of the third organization of the third than the supported organization is part VI, how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportine organization of part VI ("No," describe in part VI how control or controlled the supportine organization organi	а				
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current 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					
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
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					
Sect	ion 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						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anization (see			

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	t V │ Type Ⅱ	II Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distribut			,	Current Year
1	Amounts paid to				
2	Amounts paid to	o perform activity that directly furthers exemp	ot purposes of supported		
	organizations, ir	n excess of income from activity			
3	Administrative e	expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to	o acquire exempt-use assets			
5	Qualified set-as	ide amounts (prior IRS approval required)			
6	Other distribution	ons (describe in <b>Part VI</b> ). See instructions.			
7		istributions. Add lines 1 through 6.			
8		attentive supported organizations to which the	he organization is responsive	e	
		in Part VI). See instructions.			
9		nount for 2014 from Section C, line 6			
10	Line 8 amount of	divided by Line 9 amount			
			(i)	(ii)	(iii)
3ecti	ion E - Distribut	ion Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
				Pre-2014	Amount for 2014
		nount for 2014 from Section C, line 6			
2		ons, if any, for years prior to 2014			
		use required-see instructions)			
3	EXCess distribu	tions carryover, if any, to 2014:			
<u>a</u> b					
C					
d					
	From 2013				
	Total of lines 3a	a through e			
		erdistributions of prior years			
		l distributable amount			
		2009 not applied (see instructions)			
j		otract lines 3g, 3h, and 3i from 3f.			
4		r 2014 from Section D,			
	line 7:	\$			
а	Applied to unde	erdistributions of prior years			
b	Applied to 2014	distributable amount			
С	Remainder. Sub	otract lines 4a and 4b from 4.			
5	Remaining under	erdistributions for years prior to 2014, if			
	any. Subtract lin	nes 3g and 4a from line 2 (if amount			
		ro, see instructions).			
6	•	erdistributions for 2014. Subtract lines 3h			
	and 4b from line				
	instructions).				
7		utions carryover to 2015. Add lines 3j			
	and 4c.				
8	Breakdown of li	ne /:			
<u>a</u>					
<u>b</u>					
	Evenes from 20	13			
	Excess from 20 Excess from 20				
_	しんしじょう ロリローとり	17			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information. (See instructions).

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2014

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ALCON	4,778,643.	1,664,879.
Fotal Excess Contributions to Schedule A, Part II, Line 5		1,664,879.

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

UNITED WAY OF TARRANT COUNTY

OMB No. 1545-0047

Name of the organization

Employer identification number

\*\*-\*\*\*8360

Organization type (check one):			
Filers of	:	Section:	
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	,	s 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 instructions.	
General	Rule		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special	Rules		
X	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.	
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.	
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively executions totaling \$5,000 or more during the year	

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** 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 Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### UNITED WAY OF TARRANT COUNTY

\*\*-\*\*\*8360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
1	ALCON LABORATORIES, INC 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$1,178,754.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.	

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2014)}}{\mbox{Name of organization}}$ Employer identification number

### UNITED WAY OF TARRANT COUNTY

\*\*-\*\*\*8360

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number \*\*-\*\*\*8360 UNITED WAY OF TARRANT COUNTY religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Exclusively religious, charitable, etc., contributions to organizations described in section of (e), in (e), the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

**Employer identification number** \*\*-\*\*\*8360

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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education)  □ Preservation of a historically important land area  □ Protection of natural habitat  □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  ■ Total number of conservation easements  2 a  1 Total acreage restricted by conservation easements  2 b  1 C Number of conservation easements on a certified historic structure included in (a)  2 c  2 d  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  4 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Does the organization have a written policy regarding the periodic monitoring conservation easements during the year ▶  5 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Does the organization have a written policy regarding the per	Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
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 of grants from (during year) 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization is property, subject to the organization's exclusive legal control? 7 Or charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring importance in the property of the donor or donor advisor, or for any other purpose conferring importance in the property of the donor or donor advisor, or for any other purpose conferring importance in the property of the donor or donor advisor, or for any other purpose conferring importance in the property of the donor or donor advisor, or for any other purpose conferring important land area personal or dear for public use (e.g., recreation or doucation) Preservation of a for public use (e.g., recreation or doucation) Preservation of a certified historic structure Preservation of a natural habitat Preservation of page page 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements so a certified historic structure included in (a)  b Total acreage restricted by conservation easements and a certified historic structure included in (a)  c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year and the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year and the National Register in the Nation		organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization informal ignaritees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors, or for any other purpose conferring impermisable private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements be to be organization (check all that apply).  1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements  2 Total number of conservation easements and extiffed historic structure included in (a)  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of econservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easements			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization informal ignantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal ignantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  1 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements  2 Total number of conservation easements  3 Total acreage restricted by conservation easements  4 Total acreage restricted by conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  7 Anount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$  8 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year \$  8 Does each conservation easement reported on line 2(d) above salisy the requirements of section 1700)(4)(4)(9) Preservation easements.  2 Total III Total preservation easements that describes the organization in saces the dor p	1	Total number at end of year		
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are 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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space   Complete lines 2 a through 2 di the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2a	2			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of natural habitat □ Preservation of a conservation easement on the last day of the tax year.  2 Complete lines 2st through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements ■ 2b 2c	3	Aggregate value of grants from (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of natural habitat □ Preservation of a conservation easement on the last day of the tax year.  2 Complete lines 2st through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements ■ 2b 2c	4	Aggregate value at end of year		
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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(y) of conservation easements held by the organization (check all that apply).  Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protestion of pen space  2 Complete lines 2 at through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 6/17/06, and not on a historic structure listed in the National Register  Number of ostates where property subject to conservation easement is located ly year \( \bar{\text{year}} \)  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the periodic monitoring conservation easements during the year \( \bar{\text{year}} \)  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \( \bar{\text{year}} \)  8 Does the other hours devoted to monitoring, inspecting, and enforcing conservation easements that describes the organization assements of expenses incurred in monitoring, inspecting, and enforcing conservation easements that describes the organization assements.  1 Part XIII, describe how the organization reports conservation	5			ed funds
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 donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(y) of conservation easements held by the organization (check all that apply).  Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protestion of pen space  2 Complete lines 2 at through 2 of if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 6/17/06, and not on a historic structure listed in the National Register  Number of ostates where property subject to conservation easement is located ly year \( \bar{\text{year}} \)  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the periodic monitoring conservation easements during the year \( \bar{\text{year}} \)  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \( \bar{\text{year}} \)  8 Does the other hours devoted to monitoring, inspecting, and enforcing conservation easements that describes the organization assements of expenses incurred in monitoring, inspecting, and enforcing conservation easements that describes the organization assements.  1 Part XIII, describe how the organization reports conservation			-	
for charitable puryases and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of a conservation easement on the last day of the tax year.   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   A Total number of conservation easements   2a	6			
Part				
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements □ Held at the End of the Tax Yea 2a □ Total acreage restricted by conservation easements □ Conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register □ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► □ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► □ Number of states where property subject to conservation easement is located ► □ Number of states where property subject to conservation easement is located ► □ Number of states where property subject to conservation easements is holds? □ Yes □ Note of Staff and volunteer house devoted to monitoring, inspecting, and enforcing conservation easements during the year ► □ Number of states where property subject to a property of the periodic monitoring conservation easements during the year ► □ Number of states where property subjecting, and enforcing conservation easements during the year ► □ Number of states where property on his periodic monitoring inspection, and enforcing conservation easements during the year ► □ Number of Staff and volunteer house devoted to monitoring, inspecting, and enforcing conservation easements du		• •		
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<ul> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included in Form 990, Part VIII, line 1  Sequence included i</li></ul>				
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the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items:  (i) Revenue included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included in Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public exi	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
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(i) Revenue included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included in Form 990, Part VIII, line 1		relating to these items:	·	•
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a Revenue included in Form 990, Part VIII, line 1	-			· · ·
	а			<b>&gt;</b> \$
b / 100cto included in 1 on 1 000, 1 art /				

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of	its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's exe	empt purpose in F	Part XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		Yes No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the organizatio	n answered "Yes" to	Form 990, Part I	V, line 9, or
	Is the organization an agent, trustee, custodi		liary for contribution	s or other assets no	t included	
ıu						Yes No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			163 140
b	ii res, explain the arrangement in Fart Alli	and complete the lo	llowing table.			Amount
^	Reginning balance				1c	Amount
	Additions during the year					
	Additions during the year					
f	Distributions during the year					
	Ending balance  Did the organization include an amount on Fe					Yes No
	If "Yes," explain the arrangement in Part XIII.		•		,	1e5
	t V Endowment Funds. Complete i					
	2 Indextillers and complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
10	Beginning of year balance	14,456,182.	12,430,036.		10,861,01	
b	Contributions	50,492.	363,029.		509,72	
		388,642.	2,274,572.		8,03	
	Net investment earnings, gains, and losses	606,544.	611,455.		377,12	
	Grants or scholarships	000,544.	011,455.	155,551.	377,12	2. 433,030.
е	Other expenditures for facilities					
	and programs					
	Administrative expenses	14,288,772.	14 456 192	12 420 026	11 001 65	0 10 061 010
_	End of year balance			12,430,036.	11,001,65	8. 10,861,018.
2	Provide the estimated percentage of the curr	rent year end balanc 85.89		a)) neid as:		
	Board designated or quasi-endowment ►  Permanent endowment ► 3.50		_%			
	1 difficilit diffaditificilit	<u>%</u>				
С	Temporarily restricted endowment   1					
_	The percentages in lines 2a, 2b, and 2c should be a sh	•				
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	<u></u>
	by:					Yes No
	(i) unrelated organizations					
	(ii) related organizations					
	If "Yes" to 3a(ii), are the related organizations					3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pai	t VI Land, Buildings, and Equipm		D . W	5 000 D 11	" 10	
	Complete if the organization answere		1			
	Description of property	(a) Cost or of basis (investm	' '	1 , ,	Accumulated epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements	277 , !			165,567.	112,003.
d	Equipment	239,'	775.		151,291.	88,484.
e	Other					
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	<b>&gt;</b>	200,487.

Part VII	Investments -	Other	Securities.

Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

## Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEGACY I FUND	8,686,295.
(2) LEGACY II FUND	2,846,842.
(3) WOMEN'S LEADERSHIP FUND	846,613.
(4) BARNETT SHALE FUND	1,435,966.
(5) 457 PLAN ASSETS	253,085.
(6) ALEXIS DE TOCQUEVILLE	473,056.
(7) DEPOSIT	975.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>▶</b> 14,542,832.

### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DUE TO DESIGNATED ORGANIZATIONS	3,101,180.	
(3)	ACCRUED POST-RETIREMENT BENFITS	321,661.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,422,841.	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI	Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return.

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per R	eturr	າ.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	26,829,119.
2	Amour	ts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	13,936.		
b	Donate	d services and use of facilities	2b			
С	Recove	eries of prior year grants	2c			
d	Other (	Describe in Part XIII.)	2d	388,648.		
е	Add lin	es <b>2a</b> through <b>2d</b>			2e	402,584.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	26,426,535.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b	6,357,658.		
		es <b>4a</b> and <b>4b</b>			4c	6,357,658.
5	Total re	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	32,784,193.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total e	xpenses and losses per audited financial statements			1	28,092,788.
2	Amour	ts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	d services and use of facilities	2a			
b	Prior ye	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (	Describe in Part XIII.)	2d			_
е	Add lin	es <b>2a</b> through <b>2d</b>			2e	0.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	28,092,788.
4	Amour	ts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b	6,598,562.		
С	Add lin	es <b>4a</b> and <b>4b</b>			4c	6,598,562.
5	Total	vnenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)			5	34 691 350.

### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4:

\$12,272,428 OF BOARD DESIGNATED FUNDS UNDERWRITES A PORTION OF UNITED

### WAY'S OPERATING COSTS.

\$1,516,219 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS.

\$500,125 FOR PERMANENT ENDOWMENT.

### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF JUNE 30, 2015, ORGANIZATION'S TAX YEARS 2012 TO 2014 REMAIN SUBJECT TO EXAMINATION.

Schedule D (Form 990) 2014 UNITED WAY OF TARRANT COUNTY	**-***8360 Page <b>5</b>
Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
OTHER CHANGES IN ASSETS HELD BY OTHERS	388,648.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED FUNDS	6,357,658.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED FUNDS	6,703,436.
PENSION PLAN ADJUSTMENT	-104,874.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,598,562.
-	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization  UNITED WA	Y OF TARE	RANT COUNTY					Employer identification number **-**8360
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?					sistance, and the selec	
Part II Grants and Other Assistance to	•				anization answered "\	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	i	<del> </del>	1 '		(f) Method of	T	T
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
24/7 REO SERVICES 208 NORTH MEADOWVIEW DRIVE							
WAXAHACHIE, TX 76165	**-***6070	501(C)(3)	5,807.	0.			DONOR DESIGNATION
6 STONES MISSION NETWORK 209 NORTH INDUSTRIAL BLVD., #241 BEDFORD, TX 76021	**-***9 <b>4</b> 32	501(C)(3)	16,222.	0.			DONOR DESIGNATION
	7102		10,222.				PROVIDES SUPPORT AND
ACH - CHILD & FAMILY SERVICES 1424 SUMMIT AVENUE FORT WORTH, TX 76102	**-***8140	501(C)(3)	159,652.	0.			EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL
AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111	**-***9336	501(C)(3)	64,074.	0.			PROMOTING HEALTH AND HEALING - CLIENT INTERVENTION AND CASE MANAGEMENT
AIRLINE AMBASSADORS INTL 1500 MASS AVENUE NW, #648 WASHINGTON, DC 90036	**-***9444	501(C)(3)	7,213.	0.			DONOR DESIGNATION
ALAMO AREA COUNCIL OF GOVERNMENTS 8700 TESORO DR., STE 700 SAN ANTONIO, TX 78217	**-***7491	I .	428,731.	0.			DONOR DESIGNATION
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in the	he line 1 tahle				<b>▶</b> 165.

Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Scho	edule I (Form 990), Pa I	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION OF NORTH							PROVIDES SENIOR SUPPORT
CENTRAL TEXAS - 2630 WEST FREEWAY,							AND CARE TO PREVENT
SUITE 100 - FORT WORTH, TX 76102	**-***4152	501(C)(3)	489,198.	0.			SENIOR ISOLATION
ALZHEIMER'S ASSOCIATION GREATER DALLAS CHAPTER - 3001 KNOX STREET #200 - DALLAS, TX 75205	**-***1194	501(C)(3)	6,545.	0.			DONOR DESIGNATION
AMERICAN CANCER SOCIETY 3301 WEST FREEWAY			·				
FORT WORTH, TX 76107	**-***8491	501(C)(3)	19,250.	0.			DONOR DESIGNATION
AMERICAN CANCER SOCIETY, INC 8900 CARPENTER FREEWAY DALLAS, TX 75247	**-***8491	501(C)(3)	16,023.	0.			DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD, #100							
DALLAS, TX 75244	**-***3797	501(C)(3)	5,145.	0.			DONOR DESIGNATION
AMERICAN HEART ASSOCIATION TARRANT COUNTY - 2630 WEST FREEWAY, SUITE 250 - FORT WORTH, TX 76102	**-***3797	501(C)(3)	6,801.	0.			DONOR DESIGNATION
AMERICAN RED CROSS - MILITARY ASSISTANCE - 1515 SOUTH SYLVANIA -							
FORT WORTH, TX 76111	**-***6605	501(C)(3)	9,878.	0.			DONOR DESIGNATION
AMERICAN RED CROSS - CHISHOLM							PROVIDES CLIENT INTERVENTIONS AND CASE
TRAIL CHAPTER - 1515 SOUTH							MANAGEMENT. PROVIDES
SYLVANIA - FORT WORTH, TX 76111	**-***6605	501(C)(3)	114,784.	0.			DISASTER RELIEF AND
AMERICA'S CHARITIES P.O. BOX 79570							
BALTIMORE, MD 21279	**-***7207	501(C)(3)	5,911.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC OF GREATER TARRANT COUNTY 1051 HASKELL STREET, #106 FORT WORTH, TX 76107	**-***8945	501(C)(3)	22,569.	0.			PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL
ARLINGTON ISD 1141 WEST PIONEER PARKWAY ARLINGTON, TX 76013	**-***0119	GOVERNMENT	245,000.	0.			EARLY LEARNING INITIATIV
ARLINGTON LIFE SHELTER 325 WEST DIVISION STREET ARLINGTON, TX 76011	**-***5099	501(C)(3)	6,145.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS 2020 NORTH PEARL STREET DALLAS, TX 75201	**-***0632	501(C)(3)	90,387.	0.			PROVIDES ADULT/CHILD SURROGATE PROGRAMS
BIRDVILLE ISD 6125 EAST BELKNAP STREET HALTOM CITY, TX 76117	**-***1339	GOVERNMENT	309,000.	0.			EARLY LEARNING INITIATIV
BOY SCOUTS OF AMERICA CIRCLE TEN COUNCIL - 8605 HARRY HINES BLVD - DALLAS, TX 75235	**-***0615	501(C)(3)	7,975.	0.			PROVIDES SOCIAL DEVELOPMENT PROGRAM FOR CHILDHOOD BOYS
BOY SCOUTS OF AMERICA LONGHORN COUNCIL - P.O. BOX 54190 - HURST, TX 76054	**_***7377	501(C)(3)	153,894.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUB OF ARLINGTON 608 NORTH ELM ARLINGTON, TX 76011	**-***6644	501(C)(3)	157,944.	0.			DONOR DESIGNATION
BOYS & GIRLS CLUBS OF GREATER FORT WORTH, INC 3218 EAST BELKNAP - FORT WORTH, TX 76111	**_***8785	501(C)(3)	153,833.	0.			PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BRAZOS VALLEY COUNCIL OF							
GOVERNMENTS - P.O. BOX 4128 -							
BRYAN, TX 77805	**-***2020	501(C)(3)	70,920.	0.			DONOR DESIGNATION
BRIDGESWORK							
2708 RIVER FOREST COURT							
BEDFORD, TX 76021	**-***8104	501(C)(3)	20,362.	0.			DONOR DESIGNATION
BRIDGEWORKS LLC							
P.O. BOX 1637							
SONOMA, CA 95476	**-***3425	501(C)(3)	19,310.	0.			DONOR DESIGNATION
							PROVIDES SCHOOL AGE CHII
CAMP FIRE USA FIRST TEXAS COUNCIL,							CARE. ALSO PROVIDES
INC - 2700 MEACHAM BLVD - FORT							CREATIVE SOLUTIONS TO
WORTH, TX 76137	**-***1201	501(C)(3)	72,931.	0.			CONNECT FAMILIIES
CANCER CARE SERVICES							PROVIDES FINANCIAL
623 SOUTH HENDERSON							ASSISTANCE FOR HEALTHCAR
FORT WORTH, TX 76104	**-***5511	501(C)(3)	187,411.	0.			NEEDS
·							INCREASING
CATHOLIC CHARITIES							SELF-SUFFICIENCY-FINANCI
P.O. BOX 15610							ASSISTANCE AND
FORT WORTH, TX 79119	**-***8769	501(C)(3)	634,175.	0.			EMPLOYMENT; PROMOTING
CATHOLIC CHARITIES ARCHDIOCESE OF							
CHICAGO - 721 NORTH LASALLE -							
CHICAGO, IL 60654	**-***0821	501(C)(3)	5,418.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF DALLAS							
9461 LBJ FREEWAY							
DALLAS, TX 75243	**-***5221	501(C)(3)	10,876.	0.			DONOR DESIGNATION
CENTER FOR PUBLIC POLICY							
7020 EASY WIND DRIVE, #200 AUSTIN, TX 78752	**-***8197		5,281.	0.			DONOR DESIGNATION

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CENTER OF HOPE							
P.O. BOX 190							
WEATHERFORD, TX 76086	**-***2501	501(C)(3)	10,093.	0.			DONOR DESIGNATION
CHILD CARE ASSOCIATES TARRANT							
COUNTY - 3000 EAST BELKNAP, 3RD							PROVIDES EARLY CHILDHOOI
FLOOR - FORT WORTH, TX 76111	**-**7601	501(C)(3)	110,819.	0.			DEVELOPMENT PROGRAMS
							PROVIDES PEDIATRIC
CHILD STUDY CENTER, INC.							MEDICAL SERVICES,
1300 W LANCASTER							PSYCHOLOGICAL SERVICES,
FORT WORTH, TX 76102	**-***9536	501(C)(3)	147,021.	0.			DENTAL SERVICES, AND
CHRIST'S HAVEN FOR CHILDREN							
P.O. BOX 467							
KELLER, TX 75248	**-***4673	501(C)(3)	17,127.	0.			DONOR DESIGNATION
			11,121.				INCREASING
CITY OF FORT WORTH							SELF-SUFFICIENCY-FINANCI
LA GRAN PLAZA #2200, 4200 SOUTH FRE	1						ASSISTANCE AND
FORT WORTH, TX 76115	**-***0528	GOVERNMENT	202,500.	0.			EMPLOYMENT; PROMOTING
CITY OF HOUSTON DEPT OF HEALTH &							
HUMAN SVCS - 8000 N STADIUM DRIVE,	**-***1164	GOVERNMENT	410 522	0.			DONOR DESIGNATION
3RD FLOOR - HOUSTON, TX 77054	1104	GOVERNMENT	410,523.	0.			DONOR DESIGNATION
CITY KITCHEN							
2317 BLUE SMOKE COURT NORTH							
FORT WORTH, TX 76105	**-***4821	501(C)(3)	9,383.	0.			DONOR DESIGNATION
CLC - COMMUNITY LEARNING CTR							
555 NORTH GRANTS LANE							
FORT WORTH, TX 76108	**-***6735	501(C)(3)	75,000.	0.			DONOR DESIGNATION
GOLGENI DEND GENEEL FOR							
COASTAL BEND CENTER FOR INDEPENDENT LIVING - 1537 SEVENTH							
THREE PROPERT PIATING - TOO! SEAFMILE		1	1		l		1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	appraisal, other)		
							PROVIDES CASE MANAGEMENT
COMMUNITIES IN SCHOOLS							FOR CHILDREN AND THEIR
6707 BRENTWOOD STAIR RD, STE 510							FAMILIES, AS WELL AS
FORT WORTH, TX 76112	**-***1238	501(C)(3)	137,835.	0.			SUPPORT IN THEIR
COMMUNITY COUNCIL OF GREATER							
DALLAS - 1349 EMPIRE CENTRAL BLVD.							
#400 - DALLAS, TX 75247	**-***0631	501(C)(3)	848,721.	0.			HEALTH LITERACY
COMMUNITY ENRICHMENT CENTER							L
6250 NE LOOP 820	++ +++1604	E01/G)/2)	0.5.00	0			PROVIDES ADULT LITERACY
FORT WORTH, TX 76180	**-***1694	501(C)(3)	97,699.	0.			PROGRAMS
COMMUNITY FOUNDATION							
306 W 7TH STREET, #850							
FORT WORTH, TX 76102	**-***7767	501(C)(3)	50,483.	0.			DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES FED							
200 NORTH GLEBE ROAD, #801							
ARLINGTON, VA 22203	**-***9036	501(C)(3)	21,134.	0.			DONOR DESIGNATION
COOK CHILDREN'S MEDICAL CTR.							
801 SEVENTH AVENUE							
FORT WORTH, TX 76104	**-***1646	501(C)(3)	29,429.	0.			DONOR DESIGNATION
CORNERSTONE ASSISTANCE NETWORK							
3500 NOBLE AVENUE	**-***7646	E01/G)/3)	5 346	•			DONOR REGIONATION
FORT WORTH, TX 76111		501(C)(3)	5,346.	0.			DONOR DESIGNATION
COUNTY OF TARRANT							
100 WEATHERFORD, RM 506							
FORT WORTH, TX 76196	**-***1170	GOVERNMENT	62,000.	0.			VETERANS GRANT
CROWLEY ISD							
512 PEACH STREET	++ +++	504 (5) (5)		_			
CROWLEY, TX 76036	**-***7307	501(C)(3)	94,126.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	O S O O Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CSH - CORPORATION FOR SUPPORTIVE HOUSING - 61 BROADWAY, #2300 - NEW YORK, NY 10006	**-***0232	501(C)(3)	19,850.	0.			DONOR DESIGNATION
DAY RESOURCE CENTER FOR THE HOMELESS - ATTN: BRUCE FRANKEL, 1415 EAST LANCASTER AVENUE - FORT WORTH, TX 76102	**-***7809	501(C)(3)	247,256.	0.			HOMELESSNESS GRANT
DENTAL HEALTH FOR ARLINGTON P.O. BOX 1542 ARLINGTON, TX 76004	**-***7366	501(C)(3)	76,110.	0.			RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES. AS WELL AS TH
DOLLYWOOD FOUNDATION 1020 DOLLYWOOD LANE PIGEON FORGE, TN 37863	**-***8105	501(C)(3)	24,721.	0.			FUNDING FOR BOOKS FOR IMAGINATION LIBRARY
EARTH SHARE OF TEXAS 1301 SOUTH I-35, #314 AUSTIN, TX 78741	**-***7643	501(C)(3)	8,733.	0.			DONOR DESIGNATION
EASTER SEALS NORTH TEXAS 1424 HEMPHILL STREET FORT WORTH, TX 76104	**-***7419	501(C)(3)	492,616.	0.			PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO
EXTENDED GRACE HOME HEALTHCARE 1605 BRANCHVIEW COURT KELLER, TX 76248	**-***1266	501(C)(3)	27,768.	0.			DONOR DESIGNATION
FAMILY PATHFINDERS OF TARRANT COUNTY - P.O. BOX 470869 - FORT WORTH, TX 76147	**-***3384	501(C)(3)	331,886.	0.			PROVIDES ASSET DEVELOPMENT FOR CLIENTS
FIRST COMMAND EDUCATIONAL FDN. 1 FIRST COMMAND PLAZA FORT WORTH, TX 76109	**-***3894	501(C)(3)	6,934.	0.			DONOR DESIGNATION

Schedule I (Form 990) ONTIED WA	I OF IAK	CAN'I COUNTI					0300 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONDOS UNIDOS DE PUERTO RICO							
P.O. BOX 191914							
SAN JUAN, PUERTO RICO, PUERTO RICO							
00919	**-***9222	501(C)(3)	8,732.	0.			DONOR DESIGNATION
FORT WORTH HOUSING AUTHORITY P.O. BOX 430 FORT WORTH, TX 76101	**-***1818	501(C)(3)	672,952.	0.			HOMELESSNESS GRANT
-							
FORT WORTH ISD  100 NORTH UNIVERSITY DRIVE, #SW204							EARLY GRADE READING PROGRAMS, MIDDLE SCHOOL
FORT WORTH, TX 76107	**-***1613	GOVERNMENT	1,216,718.	0.			INITIATIVE
EOINDAMION COMMINITATES							INCREASING
FOUNDATION COMMUNITIES							SELF-SUFFICIENCY-FINANCIA ASSISTANCE AND
3036 SOUTH FIRST STREET, STE. 200 AUSTIN, TX 78704	**-***3260	501(C)(3)	457,784.	0.			EMPLOYMENT; PROMOTING
MODITA, IN 70704	3200	501(0)(3)	437,704.				EMI BOTMENT, TROMOTTING
FRANCISCAN RENEWAL MINISTRIES OF TEXAS - 1003 E TERRELL AVE - FORT							
WORTH, TX 76104	**-***9531	501(C)(3)	10,059.	0.			DONOR DESIGNATION
FSG INC 500 BOYLSTON STREET, #600 BOSTON, MA 02116	**-***6974	501(C)(3)	16,850.	0.			DONOR DESIGNATION
GALAXY COUNSELING CENTER 1025 SOUTH JUPITER ROAD							
GARLAND, TX 75042	**-***0664	501(C)(3)	5,076.	0.			DONOR DESIGNATION
GIRL SCOUTS OF TEXAS 4901 BRIARHAVEN							
FORT WORTH, TX 76109	**-***8162	501(C)(3)	46,182.	0.			DONOR DESIGNATION
GIRLS INCORPORATED TARRANT CTY 2820 MATLOCK RD							PROVIDES SCHOOL AGE CHILD
ARLINGTON, TX 76015	**-***4683	501(C)(3)	83,605.	0.			CARE
TREETINGTON, IN 70013	1 4003	Po+(C/(J/	1 03,003.	1 .			P111111

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL IMPACT							
P.O. BOX 409616							
ATLANTA, GA 30384	**-***3585	501(C)(3)	16,293.	0.			DONOR DESIGNATION
GOODWILL INDUSTRIES OF FORT WORTH							
P.O. BOX 15520							
FORT WORTH, TX 76119	**-***8393	501(C)(3)	64,905.	0.			DONOR DESIGNATION
GRACE AFTER FIRE							
P.O. BOX 185804							
FORT WORTH, TX 76181	**-***7936	501(C)(3)	25,000.	0.			DONOR DESIGNATION
GRAPEVINE RELIEF & COMMUNITY							
EXCHANGE - P.O. BOX 412 -							PROVIDES DIABETIC
GRAPEVINE, TX 76099	**-***5702	501(C)(3)	117,369.	0.			EDUCATION
GRIEFINE, IN 70033	3702	501(0)(3)	117,303.	0.			EDUCATION
GUARDIANSHIP SERVICES, INC.							
P.O. BOX 11481							
FORT WORTH, TX 76110	**-***9419	501(C)(3)	114,129.	0.			HEALTH LITERACY
H I S BRIDGE BUILDERS							
2075 WEST COMMERCE STREET	**-***6111	501(C)(3)	7 250	0.			DONOR DESIGNATION
DALLAS, TX 75208		501(C)(3)	7,250.	0.			DONOR DESIGNATION
HAPPY HILL FARM ACADEMY HOME							
STAR ROUTE BOX 56							
GRANBURY, TX 76048	**-***6530	501(C)(3)	5,483.	0.			DONOR DESIGNATION
HEART OF CENTRAL TX INDEPENDENT							
LIVING - 222 EAST CENTRAL AVENUE -							
BELTON, TX 76513	**-***9804	501(C)(3)	110,517.	0.			DONOR DESIGNATION
HELPING RESTORE ABILITY							
4300 BELTWAY PLACE, #130							
ARLINGTON, TX 76018	**-***2334	501(C)(3)	24,759.	0.			DONOR DESIGNATION

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HOME HELPERS SUITE 106 #326990, HIGHWAY 287 NORT	**-***4250	501(C)(3)	10,726.	0.			DONOR DESIGNATION
HULEN STREET BAPTIST CHURCH 7100 SOUTH HULEN STREET FORT WORTH, TX 76133	**-***5028	501(C)(3)	8,290.	0.			DONOR DESIGNATION
JEWISH FEDERATION FORT WORTH 4049 KINGSRIDGE ROAD FORT WORTH, TX 76109	**_***8797	501(C)(3)	38,970.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES
JUNIOR ACHIEVEMENT OF CHISHOLM TRAIL - 6300 RIDGLEA PLACE, #400 - FORT WORTH, TX 76116	**-***4915	501(C)(3)	6,718.	0.			DONOR DESIGNATION
LENA POPE HOME 3131 SANGUINET STREET FORT WORTH, TX 76107	**-***3583	501(C)(3)	126,195.	0.			PROVIDES DAY TREATMENT CENTER AND CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPOR
LIFE INC/DISABILITY CONNECTION 8240 BOSTON AVE LUBBOCK, TX 79423	**-***7835	501(C)(3)	97,020.	0.			DONOR DESIGNATION
MEALS ON WHEELS, INC OF TARRANT COUNTY - 320 SOUTH FREEWAY - FORT WORTH, TX 76104	**-***8798	501(C)(3)	1,846,270.	0.			TRANSPORTATION VOUCHERS HOME DELIVERED MEALS & PARTICIPANT ASSESSMENT, HEALTHY IDEAS, CLP.
MEDCO MEDICAL SUPPLY 10305 ROUND UP LANE #100 HOUSTON, TX 77064	**_***3385	501(C)(3)	18,241.	0.			DONOR DESIGNATION
MEDLINE INDUSTRIES P.O. BOX 121080 DALLAS, TX 75312	**-***6612	501(C)(3)	71,128.	0.			DONOR DESIGNATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) Eliv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
							PROVIDES PEER SUPPORT
MENTAL HEALTH AMERICA OF TARRANT							THROUGH CRISIS
COUNTY - 3136 WEST 4TH STREET -	** ***	504 (5) (3)	50.056				INTERVENTION AND CASE
FORT WORTH, TX 76107	**-***3834	501(C)(3)	58,856.	0.			MANAGEMENT, MENTAL HEALTI
MENTAL HEALTH CONNECTION OF							
TARRANT COUNTY - 3131 SANGUINET							
STREET - FORT WORTH, TX 76107	**-***9610	501(C)(3)	14,207.	0.			DONOR DESIGNATION
WIND OF BIDDING GOVERN							
MHMR OF TARRANT COUNTY							
P.O. BOX 2603 FORT WORTH, TX 76113	**-***0731	501(C)(3)	481,041.	0.			DONOR DESIGNATION
FORT WORTH, TA 70113	- 0731	501(0)(3)	401,041.	· ·			DONOR DESIGNATION
MHMR VISIONS							
3840 HULEN STREET, #516							
FORT WORTH, TX 76107	**-***0731	501(C)(3)	5,000.	0.			DONOR DESIGNATION
VID 018110 DD 00111101 0011800							
MID CITIES PREGNANCY CENTER							
8251 BEDFORD EULESS ROAD, #220	**-***8774	501(C)(3)	9,603.	0.			DONOR DESIGNATION
NORTH RICHLAND HILLS, TX 76180	- 6774	501(C)(3)	3,003.	0.			DONOR DESIGNATION
MISSION ARLINGTON/METROPLEX							
210 WEST SOUTH STREET							
ARLINGTON, TX 76010	**-***4962	501(C)(3)	21,664.	0.			DONOR DESIGNATION
NATIONAL DIAPER BANK							
129 CHURCH STREET, #611							
NEW HAVEN, CT 06510	**-***3935	501(C)(3)	5,000.	0.			DONOR DESIGNATION
	3333		3,000.	• •			PROVIDES CLIENT
NATIONAL MULTIPLE SCLEROSIS							INTERVENTION AND CASE
2105 LUNA ROAD #390							MANAGEMENT TO THOSE WITH
CARROLLTON, TX 75006	**-***3731	501(C)(3)	19,745.	0.			OR FAMILIES DEALING WITH
NORTH TEXAS AREA COMMUNITY HEALTH							
CENTERS - 2100 NORTH MAIN STREET -	44 44	504 (5) (5)		_			
FORT WORTH, TX 76164	**-***7989	501(C)(3)	93,333.	0.			DONOR DESIGNATION

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OUTREACH HEALTH SERVICES							
269 WEST RENNER PARKWAY							
RICHARDSON, TX 75080	**-***0392	501(C)(3)	26,807.	0.			DONOR DESIGNATION
PANHANDLE COMMUNITY SERVICES							
P.O. BOX 32150							
AMARILLO, TX 79120	**-***9423	501(C)(3)	47,045.	0.			DONOR DESIGNATION
							PROVIDES FAMLIY LIFE
PARENTING CENTER							EDUCATION, CHILD ABUSE
2928 WEST FIFTH ST							PREVENTION, CRISIS
FORT WORTH, TX 76107	**-***4254	501(C)(3)	121,969.	0.			INTERVENTION AND CASE
							PROVIDES SHELTER CARE.
PRESBYTERIAN NIGHT SHELTER T.C							RECEIVED PART OF THE
P.O. BOX 2645							HOMELESSNESS GRANT TO
FORT WORTH, TX 76113	**-***5591	501(C)(3)	280,928.	0.			PROVIDE CASE MANAGEMENT
PROJECT AMISTAD							
P.O. BOX 26807							
EL PASO, TX 79926	**-***1796	501(C)(3)	353,844.	0.			DONOR DESIGNATION
,							
PROJECT HANDUP							
1110 POST OAK PL							
WESTLAKE, TX 76262	**-***5496	501(C)(3)	6,872.	0.			DONOR DESIGNATION
PURPLE ROSE CARE SERVICES							
3732 MILLSWOOD DRIVE							
IRVING, CA 75062	**-***5233	501(C)(3)	8,135.	0.			DONOR DESIGNATION
	3233		5,133.	0.			
READING & RADIO RESOURCE							
2007 RANDALL STREET							
DALLAS, TX 75201	**-***0816	501(C)(3)	7,394.	0.			DONOR DESIGNATION
DDD							
REBUILDING TOGETHER METRO CHICAGO							
P.O. BOX 641250	** ****	E01/G)/3)	40 822	2			DONOR REGIGNATION
CHICAGO, IL 60664	**-***3312	bot(C)(3)	10,732.	0.			DONOR DESIGNATION

		MANI COUNTI					0300 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES CLIENT
RECOVERY RESOURCE COUNCIL							INTERVENTION AND CASE
2700 AIRPORT FREEWAY							MANAGEMENT, GENERAL DRUG
FORT WORTH, TX 76111	**-***5093	501(C)(3)	270,668.	0.			AND ALCOHOL EDUCATION
RIGHT AT HOME 4215 WEST PIPELINE ROAD							
EULESS, TX 76040	**-***6672	501(C)(3)	20,555.	0.			DONOR DESIGNATION
	33,2		20,000:				PROVIDES EMERGENCY CRISIS
SAFEHAVEN OF TARRANT COUNTY							SHELTER, TRANSITIONAL
1100 HEMPHILL STREET #303							LIVING ARRANGEMENTS,
FORT WORTH, TX 76104	**-***0281	501(C)(3)	379,339.	0.			PREGNANCY/PARENTING TEENS
							PROVIDES A FORT WORTH ANI
SALVATION ARMY							ARLINGTON SHELTER,
P.O. BOX 2333							EMERGENCY ASSISTANCE, ANI
FORT WORTH, TX 76113	**-***0678	501(C)(3)	501,987.	0.			SHELTER CARE. RECEIVED
GGORD & WILTER MUNOPING MOGRETAL							
SCOTT & WHITE MEMORIAL HOSPITAL							EVALUATION GENVIGEG FOR
ATTN: JEREMY RAY, 2401 SOUTH 31ST STEMPLE, TX 76508	**-***6904	501(C)(3)	64,166.	0.			EVALUATOR SERVICES FOR HEALTH IMPACT GRANTS
TEMPLE, 1X 70300	- 0904	501(0)(3)	04,100.	0.			HEADIN IMPACI GRANIS
SCOTTISH RITE HOSPITAL							
2222 WELBORN ST							
DALLAS, TX 75219	**-***8178	501(C)(3)	26,221.	0.			DONOR DESIGNATION
							NUTRITION EDUCATION,
SENIOR CITIZEN SERVICES OF TARRANT							PHYSICAL FITNESS, MATTER
COUNTY - 1400 CIRCLE DRIVE, #300 -							OF BALANCE CLASSES,
FORT WORTH, TX 76119	**-***1339	501(C)(3)	1,692,901.	0.			CONGREATE MEALS, HEALTHY
GIGWLE GELL DIGENGE AGGOG							DDOMIDEG GIGNIE GELI
SICKLE CELL DISEASE ASSOC.							PROVIDES SICKLE CELL
P.O. BOX 570817	**-***6650	E01/G)/3)	17 107				DISEASE EDUCATIONAL
DALLAS, TX 75357-0817		501(C)(3)	17,187.	0.			PROGRAM
SOCIAL SOLUTIONS							
425 WILLIAMS COURT #100							
BALTIMORE, MD 21220	**-***7149	501(C)(3)	27,804.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
SOMETHING MAAGIC FOUNDATION							
4333 AMON CARTER BLVD MD 5195							
FORT WORTH, TX 76155	**-***3709	501(C)(3)	10,765.	0.			DONOR DESIGNATION
SOUTH PLAINS COMMUNITY ACTION							
P.O. BOX 610							
LEVELLAND, TX 79336	**-***0219	501(C)(3)	128,464.	0.			HEALTH LITERACY
			-				
SOUTH TX DEVELOPMENT COUNCIL							
1002 DICKY LANE							
LAREDO, TX 78044	**-***6921	501(C)(3)	203,168.	0.			HEALTH LITERACY
							RUNS CAMP SWEENEY WHIC
SOUTHWESTERN DIABETIC FND							PROVIDES A RESIDENTIAL
P.O. BOX 918	** ***						DIABETIC LIFE SKILLS
GAINESVILLE, TX 76241	**-***2547	501(C)(3)	49,310.	0.			TRAINING PROGRAM FOR
SPCA OF TEXAS							
2400 LONE STAR DRIVE							
DALLAS, TX 75212	**-***6660	501(C)(3)	5,152.	0.			DONOR DESIGNATION
		501(0)(3)	3,132.				DONOR DEDICIONITION
SPECIAL HEALTH RESOURCES FOR TEXAS							
INC P.O. BOX 2709 - LONGVIEW,							
TX 75606-2709	**-***5203	501(C)(3)	253,128.	0.			DONOR DESIGNATION
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105	**-***6012	501(C)(3)	18,402.	0.			DONOR DESIGNATION
THINGS OF GREAT WAY WAS THE GUS							
STARCARE SPECIALTY HEALTH SYS							
ATTN: KAY PIPPIN, P.O. BOX 2828	++ +++=	501/61/31	44 561	•			DOMOR PROTOST
LUBBOCK, TX 79408	**-***7691	501(C)(3)	44,521.	0.			DONOR DESIGNATION
SUBIACO ACADEMY							
405 N SUBIACO AVE							
SUBIACO, AR 72865	**-***2488	501(C)(3)	6,393.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION - MARGO LUCERO - 5005 LBJ FREEWAY, #250 - DALLAS, TX							
75244	**-***4652	501(C)(3)	17,824.	0.			DONOR DESIGNATION
TARRANT AREA FOOD BANK 2600 CULLEN ST FORT WORTH, TX 76107	**-***2473	501(C)(3)	10,203.	0.			DONOR DESIGNATION
TARRANT COUNTY CHALLENGE INC 226 BAILEY, SUITE 105 FORT WORTH, TX 76107	**-***6450	501(C)(3)	22,604.	0.			PROVIDES PLANNING AND ADVOCACY FOR THOSE CONFRONTED WITH SUBSTANCE ABUSE.
TARRANT COUNTY COLLEGE 1500 HOUSTON STREET FORT WORTH, TX 76102	**-***7475		165,000.	0.			INCREASING SELF-SUFFICIENCY-FINANCIA ASSISTANCE AND EMPLOYMENT; PROMOTING
TARRANT COUNTY HOMELESS COALITION P.O. BOX 471638 FORT WORTH, TX 76147-1406	**-***1643	501(C)(3)	244,208.	0.			RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE COORDINATION, TRAINING, AND TECHNICAL
TARRANT COUNTY YOUTH COLLABORATION 6707 BRENTWOOD STAIR RD FORT WORTH, TX 76112	**-***1497	501(C)(3)	11,250.	0.			DONOR DESIGNATION
TARRANT LITERACY COALITION P.O. BOX 123537 FORT WORTH, TX 76124	**-***1487	501(C)(3)	42,322.	0.			THE COALITION IS DEDICATED TO ADVANCING THE ABILITY OF ADULTS TO READ, WRITE, SPEAK,
TEXAS RE-ENTRY SERVICES 3001 RACE STREET FORT WORTH, TX 76111	**-***6876	501(C)(3)	27,645.	0.			HOMELESSNESS GRANT
THE ART STATION 1616 PARK PLACE AVENUE FORT WORTH, TX 76110	**-***9486	501(C)(3)	12,250.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL TEAM							
84 NE LOOP 410, #250							
SAN ANTONIO, TX 78216	**-***5584	501(C)(3)	318,848.	0.			HEALTH LITERACY
·			,				PROVIDES CLIENT
TRAVELERS AID DALLAS/FT WORTH							INTERVENTION AND CASE
P.O. BOX 610042							MANAGEMENT TO STRANDED
DFW AIRPORT, TX 75261	**-***4188	501(C)(3)	8,440.	0.			TRAVELERS, INDIVIDUALS (
TRINITY HABITAT FOR HUMANITY FORT							
WORTH AREA - 3345 SOUTH JONES							
STREET - FORT WORTH, TX 76110	**-***9189	501(C)(3)	13,769.	0.			DONOR DESIGNATION
UNION GOSPEL MISSION - TARRANT							
COUNTY - P.O. BOX 2144 - FORT				_			
WORTH, TX 76113	**-***4677	501(C)(3)	8,625.	0.			DONOR DESIGNATION
							PROVIDE CLIENT
UNITED COMMUNITY CENTERS							INTERVENTION, ADULT
1200 E. MADDOX AVENUE							LITERACY PROGRAMS, SOCIA
FORT WORTH, TX 76104	**-***2922	501(C)(3)	211,397.	0.			DEVELOPMENT PROGRAMS FOR
INTERD MEGDO GOLLEGE EVEND THE							
UNITED NEGRO COLLEGE FUND, INC							
501 ELM STREET, #700	++ +++4041	E01/G)/2)	5 220	0			
DALLAS, TX 75202	**-***4241	501(C)(3)	5,332.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL TX							
604 NORTH THIRD STREET	**-***5728	E01/G)/3)	146 201	0.			THE ALMIL I THE DAGY
TEMPLE, TX 76501-7608	- 5728	501(C)(3)	146,391.	0.			HEALTH LITERACY
UNITED WAY OF DENTON COUNTY							
625 DALLAS DRIVE, #525							
DENTON, TX 76205	**-***1128	501(C)(3)	52,038.	0.			DONOR DESIGNATION
	1120		32,030.	· ·			
UNITED WAY OF GREATER HOUSTON							
P.O. BOX 3247							
HOUSTON, TX 77253-3247	**-***7964	501(C)(3)	44,054.	0.			DONOR DESIGNATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HOOD COUNTY P.O. BOX 1611 GRANBURY, TX 76048	**-***4263	501(C)(3)	5,634.	0.			DONOR DESIGNATION
UNITED WAY OF JOHNSON COUNTY P.O. BOX 31 CLEBURNE, TX 76033	**-***1239	501(C)(3)	25,123.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	**-***5352	501(C)(3)	176,371.	0.			DONOR DESIGNATION
UNITED WAY OF MOJAVE VALLEY P.O. BOX 362 BARSTOW, CA 92312	**-***1051	501(C)(3)	9,714.	0.			DONOR DESIGNATION
UNITED WAY OF PARKER COUNTY P.O. BOX 1476 WEATHERFORD, TX 76086	**-***7921	501(C)(3)	64,696.	0.			DONOR DESIGNATION
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - P.O. BOX 898 - SAN ANTONIO, TX 78293	**-***2381	501(C)(3)	7,454.	0.			DONOR DESIGNATION
UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD, #200 WASHINGTON, PA 15301	**-***0133	501(C)(3)	5,802.	0.			DONOR DESIGNATION
UNITED WAY OF WISE COUNTY P.O. BOX 213 DECATUR, TX 76234	**-***8583	501(C)(3)	16,915.	0.			DONOR DESIGNATION
UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	**-** <b>*</b> 4033	501(C)(3)	214,319.	0.			HAIL EVALUATION SERVIO

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO DFW							
P.O. BOX 613306							
DFW AIRPORT, TX 75261	**-***0451	501(C)(3)	6,312.	0.			DONOR DESIGNATION
VALLEY ASSOCIATION FOR INDEPENDENT							
LIVING - 3016 N MCCOLL RD., STE. B							
- MCALLEN, TX 78501	**-***6745	501(C)(3)	235,683.	0.			DONOR DESIGNATION
VETCO - VETERANS COALITION OF							
TARRANT COUNTY - 3840 HULEN STREET							
- FORT WORTH, TX 76107	**-***5154	501(C)(3)	25,298.	0.			DONOR DESIGNATION
WEST CENTRAL TX COUNCIL OF							
GOVERNMENTS - 3702 LOOP 322 -	**-***4243	E01/G)/2)	72 126	0			DONOR REGIGNATION
ABILENE, TX 79602		501(0)(3)	72,126.	0.			DONOR DESIGNATION
WHAT ABOUT REMEMBERING ME CTR. DBA							
THE WARM PLACE - 809 LIPSCOMB -							
FORT WORTH, TX 76104-3121	**-***0859	501(C)(3)	5,014.	0.			DONOR DESIGNATION
WINGS FOUNDATION, INC							
P.O. BOX 610563 DFW AIRPORT, TX 75261-0563	**-***1191	501/01/31	8,098.	0.			DONOR DESIGNATION
DFW AIRFORT, 12 /3201-0303	- 1191	501(0/(3/	8,038.	0.			PROVIDES ADULT LITERAGE
WOMEN'S CENTER OF TARRANT COUNTY							EDUCATION PROGRAMS,
1723 HEMPHILL							SUPPORT AND SECURITY
FORT WORTH, TX 76110	**-***1868	501(C)(3)	1,029,943.	0.			RAPED ADULTS AND
WORLD VISION INTERNATIONAL							
P.O. BOX 9716							
FEDERAL WAY, WA 98063	**-***2279	501(C)(3)	7,430.	0.			DONOR DESIGNATION
WOUNDED WARRIOR PROJECT							
4899 BELFORT ROAD #300							
JACKSONVILLE, FL 32256	**-***0934	501(C)(3)	17,848.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAS OF ADLINGTON							
YMCA OF ARLINGTON							DROWING GOVERN
1148-H WEST PIONEER PARKWAY	**-***0839	F01 ( G) ( 2 )	F2 600				PROVIDES SCHOOL AGE
ARLINGTON, TX 76013	**-***0839	501(C)(3)	53,692.	0.			CHILDCARE
							PROVIDES SCHOOL AGE
YMCA OF METRO FORT WORTH							CHILDCARE, SOCIAL
512 LAMAR STREET, #400							DEVELOPMENT PROGRAMS FOR
FORT WORTH, TX 76102	**-***7471	501(C)(3)	177,426.	0.			CHILDREN AND YOUNG
							PROVIDES CHILDREN
YWCA OF FORT WORTH & TARRANT							DEVELOPMENT PROGRAMS,
COUNTY - 512 WEST 4TH STREET -							SUPPORTIVE LIVING IN
FORT WORTH, TX 76102	**-***9389	501(C)(3)	474,683.	0.			TRANSITIONAL HOUSING
DIRECTLY PAID DESIGNATIONS 1500 NORTH MAIN STREET, STE 200 FORT WORTH, TX 76102	**-***8360	501(C)(3)	2,394,932.	0.			DONOR DESIGNATION
DONOR RECIPIENTS LESS THAN \$5,000 1500 NORTH MAIN STREET, STE 200							
FORT WORTH, TX 76102	**-***8360	501(C)(3)	617,093.	0.			DONOR DESIGNATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				YEARLY REPORT SUBMITTED	
AREGIVER RESPITE	204	228,400.	37,054.	TO DADS	IN-KIND MATCH
				YEARLY REPORT SUBMITTED	
EALTH MAINTENANCE SERVICES	563	128,523.	7,451.	TO DADS	IN-KIND MATCH
				YEARLY REPORT SUBMITTED	
NCOME SUPPORT	252	41,252.	19,587.	TO DADS	CASH MATCH
				YEARLY REPORT SUBMITTED	
ESIDENTIAL REPAIR	224	271,847.	64,214.	TO DADS	IN-KIND MATCH

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACH - CHILD & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT AND EDUCATION TO

THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS - CHISHOLM TRAIL CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTIONS AND

CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND TRANSPORTATION TO PREVENT

Part IV | Supplemental Information

ISOLATION.

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF GREATER TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CAMP FIRE USA FIRST TEXAS COUNCIL, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILD CARE.

ALSO PROVIDES CREATIVE SOLUTIONS TO CONNECT FAMILIIES TOGETHER AND

PROVIDE SUPPORT SERVICES. ALSO PROVIDES ADMINISTRATIVE AND CLASSROOM

MENTORING AND TRAINING SERVICES TO THE KIDS WAY CHILD CARE QUALITY

ENHANCEMENT PROGRAM PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING

SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH &
HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY
SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE SERVICES
WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF
HURRICANES KATRINA AND RITA. RECEIVED PART OF THE HOMELESSNESS GRANT TO
PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD STUDY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEDIATRIC MEDICAL SERVICES,

PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND SPECIAL EDUCATION. ALSO

PROVIDE A NIGRADS WHICH PROVIDES RECENT NEONATAL ICU CASES WITH

DEVELOPMENTAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING

SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH &

HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY

SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE SERVICES

WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF

HURRICANES KATRINA AND RITA. RECEIVED PART OF THE HOMELESSNESS GRANT TO

PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CASE MANAGEMENT FOR CHILDREN AND THEIR FAMILIES, AS WELL AS SUPPORT IN THEIR EDUCATIONAL AND

SOCIAL DEVELOPMENT, TO HELP CHILDREN REACH THEIR FULL EDUCATIONAL

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS

POTENTIAL.

NAME OF ORGANIZATION OR GOVERNMENT: DENTAL HEALTH FOR ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: RUNS THE ALLAN SAXE CLINIC WHICH

PROVIDES FREE TO LOW COST DENTAL SERVICES. AS WELL AS THE SMILES

SCHOOL-BASED PREVENTION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS NORTH TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES OUTPATIENT REHAB, CLIENT

INTERVENTION AND CASE MANAGEMENT. ALSO PROVIDES HOMEMAKER AND RESPITE

CARE. HELPS CLIENTS WITH JOB PLACEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING

Part IV | Supplemental Information

SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH &
HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY

SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE SERVICES
WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF
HURRICANES KATRINA AND RITA. RECEIVED PART OF THE HOMELESSNESS GRANT TO
PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: LENA POPE HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES DAY TREATMENT CENTER AND CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPORT CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEER SUPPORT THROUGH CRISIS

INTERVENTION AND CASE MANAGEMENT, MENTAL HEALTH EDUCATION. AS WELL AS A

OMBUDSMAN PROGRAM AND ADVOCACY TO THOSE WITH MENTAL HEALTH ISSUES.

RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES TO

8 HIGH INTENSITY AND 40 MEDIUM INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL MULTIPLE SCLEROSIS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND

CASE MANAGEMENT TO THOSE WITH OR FAMILIES DEALING WITH MULTIPLE

SCLEROSIS.

NAME OF ORGANIZATION OR GOVERNMENT: PARENTING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FAMLLY LIFE EDUCATION,

CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE MANAGEMENT AS WELL

AS COUNSELING SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: PRESBYTERIAN NIGHT SHELTER T.C

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SHELTER CARE. RECEIVED

PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 100

CLIENTS; SUPPORT SERVICES FOR 40 HIGH INTENSITY AND 20 MEDIUM INTENSITY

CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: RECOVERY RESOURCE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND

CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION PROGRAMS, PARENT

CONNECTION CLASSES, AND RUNS THE SUNSHINE CLUB WHICH IS AIMED AT

PROVIDING DRUG AND ALCOHOL EDUCATION AND SUPPORT TO CHILDREN IN HIGH RISK

AREAS. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE

MANAGEMENT FOR 75 CLIENTS; STORAGE SPACE FOR 150 CLIENTS DAILY.

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHAVEN OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES EMERGENCY CRISIS SHELTER,

TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS SERVICES,

MEN'S NON-VIOLENCE EDUCATIONAL PROGRAMS, AND FILIAL THERAPY WHICH

PROVIDES ALTERNATIVE EMOTIONAL SUPPORT FOR ABUSED CHILDREN. ALSO

PROVIDES A MULTI-DISIPLINARY TEAM WITH CPS AND A COLLABORATIVE COMMUNITY

RESPONSE TO CHILD WITNESSES OF DOMESTIC VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 60-70 CLIENTS; SUPPORTIVE SERVICES FOR 8 HIGH INTENSITY AND 20 MEDIUM INTENSITY CLIENTS.

DIABETES.

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SENIOR CITIZEN SERVICES OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREATE MEALS, HEALTHY IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWESTERN DIABETIC FND

(H) PURPOSE OF GRANT OR ASSISTANCE: RUNS CAMP SWEENEY WHICH PROVIDES A

RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR CHILDREN WITH

NAME OF ORGANIZATION OR GOVERNMENT: TARRANT COUNTY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING

SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH &
HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY

SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE SERVICES
WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF
HURRICANES KATRINA AND RITA. RECEIVED PART OF THE HOMELESSNESS GRANT TO
PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: TARRANT COUNTY HOMELESS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: RECEIVED PART OF THE HOMELESSNESS

GRANT TO PROVIDE COORDINATION, TRAINING, AND TECHNICAL ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: TARRANT LITERACY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COALITION IS DEDICATED TO

ADVANCING THE ABILITY OF ADULTS TO READ, WRITE, SPEAK, COMPUTE, AND SOLVE

PROBLEMS IN ENGLISH. THE TARRANT LITERACY COALITION IS WORKING TO

Part IV | Supplemental Information

INCREASE THE QUANTITY AND QUALITY OF PROGRAMS THROUGH INCREASED FUNDING,
TRAINING AND COLLABORATION AMOUNG LITERACY SERVICE PROVIDERS, BUSINESS
LEADERS AND ELECTED OFFICIALS.

NAME OF ORGANIZATION OR GOVERNMENT: TRAVELERS AID DALLAS/FT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND

CASE MANAGEMENT TO STRANDED TRAVELERS, INDIVIDUALS OR FAMILIES IN CRISIS.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CLIENT INTERVENTION, ADULT
LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN, CHILD ABUSE
PREVENTION, CHILDHOOD OBESITY SUPPORT AND EDUCATION, AND SCHOOL AGE CARE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CENTER OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES ADULT LITERACY EDUCATION

PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND CHILDREN, EMPLOYMENT

PREPARATION, AND COUNSELING. ADULT LITERACY EVALUATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METRO FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILDCARE,

SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG ADULTS, CHILDHOOD

OBESITY SUPPORT AND EDUCATIONAL PROGRAMS, RUNS TRUCE PROGRAM A GANG

PREVENTION PROGRAM, AND PROGRAMS TO PREVENT OLDER ADULTS ISOLATION.

ALSO, RUNS A FITFUTURE CHILDHOOD OBESITY IMPACT PROJECT WITHIN THE FORT

WORTH ISD TO REDUCE OBESITY BY PROMOTING FITNESS.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF FORT WORTH & TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CHILDREN DEVELOPMENT

Part IV Supp	plemental Information
	SUPPORTIVE LIVING IN TRANSITIONAL HOUSING ARRANGEMENTS, AND MY
OWN PLACE	PROGRAM WHICH PROVIDE YOUNG ADULT WOMEN AGING OUT OF FOSTER
CARE INTO	INDEPENDENT LIVING. RUNS THE READY FOR SCHOOL INITIATIVE.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

UNITED WAY OF TARRANT COUNTY

\*\*-\*\*\*8360

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant    X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			7.7
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (I) Base compensation (II) Usonus a compensation compensation compensation (II) TIM MCKINNEY (II) 204,876. 49,600. 0. 19,921. 9,992. 284,389. 0. 70. 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
PRESIDENT & CEO (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				incentive	reportable		berients	(B)(I)-(U)	reported as deferred
PRESIDENT & CEO (i) 181,078 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .	(1) TIM MCKINNEY	(i)	204,876.	49,600.	0.	19,921.	9,992.	284,389.	0.
EXEC VP & CFO  (ii)  (ii)  (ii)  (ii)  (ii)  (ii)  (iii)  (iiii)  (iii)	PRESIDENT & CEO				0.				0.
	(2) JAMES B CLARK	(i)							
	EXEC VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
(i)		(ii)							
		(i)							
(i) (ii) (iii) (ii		(ii)							
		(i)							
(ii) (ii) (iii) (i									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (									
(i) (i) (ii) (ii) (iii)									
(ii)									
(ii)       (i)         (ii)       (ii)         (ii)       (iii)         (iii)       (iii)         (iii)       (iii)         (iii)       (iii)         (iii)       (iii)         (iii)       (iii)         (iii)       (iii)									
(i) (ii) (ii) (iii) (iii									
(i) (ii) (iii) (ii									
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(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(ii) (ii) (iii) (i									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiii) (iiiiiiii									
(ii) (i) (ii) (iii) (iii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i)									
	-								
		(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART 1, LINE 1A
UNITED WAY PAYS FOR THE PRESIDENT/CEO TO BE A MEMBER OF THE FORT WORTH
CLUB. THE PURPOSE WAS TO MEET POTENTIAL VOLUNTEERS AND DONORS THAT
COULD ASSIST IN FUTHERING THE MISSION OF THE ORGANIZATION.

## **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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF TARRANT COUNTY

**Employer identification number** \*\*-\*\*\*8360

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1. PRIORITIZING NEEDS IN EDUCATION, INCOME AND HEALTH.
2. FORMING INNOVATIVE AND EFFECTIVE PARTNERSHIPS WITH OTHER
ORGANIZATIONS.
3. STRATEGICALLY RAISING AND INVESTING RESOURCES TO MAKE LASTING
CHANGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERSHIPS WITH OTHER ORGANIZATIONS, & STRATEGICALLY RAISING &
INVESTING RESOURCES TO MAKE A LASTING CHANGE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
A FEW OF AAAS TOP PROGRAMS INCLUDE: HOME & SENIOR CITIZEN DELIVERED
MEALS, RESPITE CARE, RESIDENTIAL REPAIR, EVIDENCE-BASED PROGRAMS AND
TRANSPORTATION SERVICES WITH MANY OTHERS THAT PROVIDE VITAL SERVICES
AND SUPPORT FOR ELDERLY AND THEIR CAREGIVERS.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS MONITORED AND BOARD MEMBERS DECLARE ANNUALLY

BY FILLING OUT A FORM, THAT LIST ALL OTHER BOARDS THAT THEY ARE MEMBERS OF

Name of the organization
UNITED WAY OF TARRANT COUNTY

Employer identification number
\*\*-\*\*8360

AN ANY OTHER ORGANIZATION THEY ARE INVOLVED IN.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, DOES AN ANNUAL REVIEW OF ALL KEY EMPLOYEE'S COMPENSATION. THEY BENCHMARK CURRENT COMPENSATIONS AGAINST THE MARKET AS WELL AS UNITED WAY OF AMERICA & UNITED WAY OFFICES OF SIMILAR SIZE TO ENSURE CURRENT COMPENSATIONS ARE COMPARABLE. COMPENSATIONS ARE ALSO MONITORED AGAINST THE ANNUAL BUDGET. THE COMMITTEE THEN EVALUATES PRESIDENT/CEO COMPENSATION INCLUDING AN INCENTIVE PLAN; THE COMMITTEE THEN MAKES RECOMMENDATIONS FOR BOARD APPROVAL FOR PRESIDENT/CEO PAY ADJUSTMENT. THE COMMITTEE ALSO APPROVES THE PRESIDENT/CEO'S RECOMMENDATIONS FOR OTHER HIGHLY COMPENSATED EMPLOYEES PAY ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE.

FORM 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THEIR AUDITED FINANCIAL STATEMENTS AND CONFLICT OF

INTEREST POLICY AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE, OTHER GOVERNING

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER CHANGES IN ASSETS HELD BY OTHERS

TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS

PENSION ADJUSTMENT

TOTAL TO FORM 990, PART XI, LINE 9

388,648.

104,874.

104,874.

Name of the organization UNITED WAY OF TARRANT COUNTY	**-***8360
FORM 990, PART XII, LINE 2C:	
AUDIT COMMITTEE RESPONSIBILITIES	
THE RESPONSIBILITIES OF THE AUDIT COMMITTEE ARE UNCHANGED	FROM PRIOR
YEARS.	

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

ightharpoons

<ul><li>If you</li></ul>	u are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box		<b>&gt;</b>	• <u>X</u>
• If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form).		
Electro	complete Part II unless you have already been granted a pnic filing (e-file). You can electronically file Form 8868 if y d to file Form 990-T), or an additional (not automatic) 3-more	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp	
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated With Ce	ertain
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	ctronic filing of this	form,
visit wv	ww.irs.gov/efile and click on e-file for Charities & Nonprofits				_	
Part	I Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corpo	oration required to file Form 990-T and requesting an auton					
Part I o	nly				•	•
	r corporations (including 1120-C filers), partnerships, REM				sion of time	
to file ir	ncome tax returns.			Enter file	er's identifying nu	mber
Type o	Name of exempt organization or other filer, see instru	ctions.		Employer	ridentification num	ber (EIN) or
File by the	UNITED WAY OF TARRANT COUNT			0	**-***83	
due date filing your return. Se	1500 NORTH MAIN STREET, NO.		tions.	Social se	curity number (SSI	N)
instructio	ns. City, town or post office, state, and ZIP code. For a for FORT WORTH, TX 76164	oreign add	lress, see instructions.			
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	BENTON CLARK					
	books are in the care of $\triangleright$ 1500 NORTH MAIN phone No. $\triangleright$ (817)258-8010	N STR	EET, STE 200 - FOR' Fax No. ►	r WOR	TH, TX 76	164
	e organization does not have an office or place of business	s in the Ur				•
	s is for a Group Return, enter the organization's four digit (					check this
box >		1				
	request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2016 , to file the exempt	required	to file Form 990-T) extension of time	until		<u> </u>
is	s for the organization's return for:	i organiza	tion return for the organization hame	d above.	THE EXTENSION	
	calendar year or					
	X tax year beginning JUL 1, 2014	, an	d ending JUN 30, 2015			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
2- 1	Change in accounting period	or C000	antor the tentaling ten large			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
_	onrefundable credits. See instructions.	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069		<b>6</b>	0.		
_	stimated tax payments made. Include any prior year overp lalance due. Subtract line 3b from line 3a. Include your pa			3b	\$	
	y using EFTPS (Electronic Federal Tax Payment System).	•		3с	\$	0.
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO f	or payment

instructions.