



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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

UNITED WAY OF TARRANT COUNTY

**** - *** 8360**

Name and title of officer

**TIM MCKINNEY, PRESIDENT AND CEO
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>32,784,193.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WHITLEY PENN LLP to enter my PIN 76164
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

75414276102
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TARRANT COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 NORTH MAIN STREET 200 City or town, state or province, country, and ZIP or foreign postal code FORT WORTH, TX 76164 F Name and address of principal officer: TIM MCKINNEY SAME AS C ABOVE	D Employer identification number ** - *** 8360 E Telephone number (817) 258-8000 G Gross receipts \$ 49,471,370. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYTARRANT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1922		M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES ACROSS OUR DIVERSE COMMUNITIES BY:</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 37 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 124 6 Total number of volunteers (estimate if necessary) 6 4743 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">30,418,167.</td> <td style="text-align: right;">32,198,760.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">514,478.</td> <td style="text-align: right;">533,896.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">105,227.</td> <td style="text-align: right;">44,245.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">9,819.</td> <td style="text-align: right;">7,292.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">31,047,691.</td> <td style="text-align: right;">32,784,193.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	30,418,167.	32,198,760.	9 Program service revenue (Part VIII, line 2g)	514,478.	533,896.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,227.	44,245.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,819.	7,292.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,047,691.	32,784,193.							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer TIM MCKINNEY, PRESIDENT AND CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name CURTIS MAXFIELD	Preparer's signature CURTIS MAXFIELD	Date	Check if self-employed <input type="checkbox"/>	PTIN P00445178
	Firm's name ▶ WHITLEY PENN LLP	Firm's EIN ▶ ** - *** 3478			
	Firm's address ▶ 1400 WEST 7TH STREET, STE. 400 FT. WORTH, TX 76102		Phone no. (817) 259-9100		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO MAKE TARRANT COUNTY A PLACE WHERE CHILDREN, INDIVIDUALS & FAMILIES THRIVE, WHERE NEIGHBORS CARE FOR EACH OTHER & WHERE PEOPLE LOOK TO IMPROVE THE LIVES ACROSS OUR DIVERSE COMMUNITIES BY: PRIORITIZING NEEDS IN EDUCATION, INCOME & HEALTH, FORMING INNOVATIVE & EFFECTIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,490,483. including grants of \$ 9,215,334.) (Revenue \$)

AGENCY ALLOCATIONS: UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS MORE THAN 66 PROGRAMS OF 42 HEALTH AND HUMAN SERVICE PARTNER AGENCIES. THROUGH MONITORING AND CAREFUL EXAMINATION OF PROGRAM OUTCOMES, UNITED WAY DETERMINES THE SPECIFIC LEVEL OF FUNDING FOR EACH OF THESE PROGRAMS, BASED ON TOTAL FUNDS AVAILABLE THROUGH THE ANNUAL UNITED WAY 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 SUPPORTS A SMALL NUMBER OF COMPREHENSIVE INITIATIVES THAT ADDRESS TOP COMMUNITY PROBLEMS. THESE INITIATIVES ARE DESIGNED TO ADDRESS ROOT CAUSES OF SIGNIFICANT SOCIAL ISSUES AND TO AFFECT COMMUNITY CHANGE. IN FY 2015, THERE WERE 3 INITIATIVES: EDUCATION, INCOME, AND HEALTH.

4c (Code:) (Expenses \$ 4,935,096. including grants of \$ 2,955,908.) (Revenue \$)

AREA AGENCY ON AGING: UNITED WAYS AREA AGENCY ON AGING (AAA) IS ONE OF 28 AAAS IN TEXAS SUPPORTED BY STATE AND FEDERAL FUNDS OF OLDER ADULTS SERVICES. THESE FUNDS ARE AUTHORIZED BY THE OLDER AMERICANS ACT AND THE TEXAS STATE LEGISLATURE. LOCAL VOLUNTEERS IN TARRANT COUNTY PLAN FOR SERVICE NEEDED AND DISTRIBUTE FUNDS FOR PROGRAMS. UNITED WAYS AAA PROGRAMS HELPS TO PROMOTE EMPOWERMENT, INDEPENDENCE AND DIGNITY FOR OLDER ADULTS AND THEIR CAREGIVERS AND HAS PROVEN TO HELP THEM REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE.

TOTAL NUMBER OF PROGRAMS: 21 TOTAL NUMBER OF UNDUPLICATED SERVICES: 55,768

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,105,801. including grants of \$ 8,204,377.) (Revenue \$ 534,675.)

4e Total program service expenses 31,036,714.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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

Section A. Governing Body and Management

		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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 37		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 37		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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			

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT SPIKER CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(2) TOMMY LAWLER VICE CHAIR, TREASURER, AUDIT & FINAN	1.00	X		X				0.	0.	0.
(3) JEAN WALLACE VICE CHAIR, BENEFITS AND COMPENSATIO	1.00	X		X				0.	0.	0.
(4) JAMES POWELL VICE CHAIR, GOVERNANCE COMMITTEE	1.00	X		X				0.	0.	0.
(5) MARK NURDIN VICE CHAIR, STRATEGIC PLANNING COMMI	1.00	X		X				0.	0.	0.
(6) RICHARD CASAREZ VICE CHAIR, DIVERSITY COMMITTEE CHAI	1.00	X		X				0.	0.	0.
(7) TERRY ALMON VICE CHAIR, COMMUNITY DEVELOPMENT CO	1.00	X		X				0.	0.	0.
(8) BRAD FORSBERG VICE CHAIR, ANNUAL CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
(9) DR. MARCELO CAVAZOS EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(10) GREGORY C FOX EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(11) BRIAN GUTIERREZ EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(12) BOWIE HOGG EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(13) SHARON LEITE EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(14) ALICE PUENTE EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(15) BECKY D TUCKER EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(16) DOROTHY HYNSON-WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(17) PATRICIA GLEASON-WYNN BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIM SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(19) WALTER AMAYA BOARD MEMBER	1.00	X						0.	0.	0.
(20) MONA BAILEY BOARD MEMBER	1.00	X						0.	0.	0.
(21) DAN BERCE BOARD MEMBER	1.00	X						0.	0.	0.
(22) C COREY FICKES BOARD MEMBER	1.00	X						0.	0.	0.
(23) SHANNON FLETCHER BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANDREE FRENCH GRIFFIN BOARD MEMBER	1.00	X						0.	0.	0.
(25) BRIDGET HALL BOARD MEMBER	1.00	X						0.	0.	0.
(26) SUSAN HALSEY BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								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 **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) 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.

2 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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 376,673.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 10,877,953.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,944,134.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		32,198,760.				
Program Service Revenue	2 a SERVICE CENTER RENTAL	Business Code 531120	526,969.	526,969.			
	b PROGRAM AND WORKSHOP FEES	900099	6,927.	6,927.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		533,896.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		40,893.			40,893.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		16,690,529.					
		b Less: cost or other basis and sales expenses	16,684,483.	2,694.			
		c Gain or (loss)	6,046.	-2,694.			
	d Net gain or (loss)			3,352.		3,352.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SALE OF RESOURCE GUIDE	900099		3,355.			3,355.	
b MISCELLANEOUS INCOME	900099		3,158.			3,158.	
c SALE OF T-SHIRTS	900099		779.	779.			
d All other revenue							
e Total. Add lines 11a-11d			7,292.				
12 Total revenue. 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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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):				
a Management	442,719.	238,401.	85,161.	119,157.
b Legal				
c Accounting	101,392.		101,392.	
d Lobbying				
e 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 O.)				
12 Advertising and promotion	167,669.		449.	167,220.
13 Office expenses	83,455.	60,015.	13,780.	9,660.
14 Information technology				
15 Royalties				
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				
19 Conferences, conventions, and meetings	279,891.	142,544.	67,078.	70,269.
20 Interest				
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 O.)				
a BUILDING UPKEEP AND MAINTENANCE	263,413.	224,218.	23,413.	15,782.
b TELEPHONE	139,218.	109,037.	14,743.	15,438.
c PRINTING AND PUBLICATIONS	84,485.	31,450.	3,051.	49,984.
d MISCELLANEOUS	80,439.	5,551.	73,600.	1,288.
e All other expenses	81,468.	42,885.	19,158.	19,425.
25 Total functional expenses. Add lines 1 through 24e	34,691,350.	31,036,714.	1,636,952.	2,017,684.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	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 compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,364,854.	9	614,516.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 517,345.		
	b Less: accumulated depreciation	10b 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 11		12	
	13 Investments - program-related. See Part IV, line 11		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 equal line 34)	36,036,331.	16	34,277,816.	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,428,529.	25	3,422,841.
	26 Total liabilities. Add lines 17 through 25	7,875,212.	26	7,380,366.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,113,880.	27	14,628,219.
	28 Temporarily restricted net assets	12,547,114.	28	11,769,106.
	29 Permanently restricted net assets	500,125.	29	500,125.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	28,161,119.	33	26,897,450.
	34 Total liabilities and net assets/fund balances	36,036,331.	34	34,277,816.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,784,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,691,350.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,907,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,161,119.
5	Net unrealized gains (losses) on investments	5	13,936.
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	629,552.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,897,450.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32319822.	30484718.	30022078.	30418167.	32198760.	155443545
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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, column (f)						1664879.
6 Public support. Subtract line 5 from line 4.						153778666

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	32319822.	30484718.	30022078.	30418167.	32198760.	155443545
8 Gross income from interest, 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,648.	27,150.	4,954.	9,528.	6,513.	51,793.
11 Total support. Add lines 7 through 10						155688216
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.77 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.78 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
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 (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in 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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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.

OMB No. 1545-0047

2014

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

** - ***8360

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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)

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number ** - ***8360
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALCON LABORATORIES, INC 6201 SOUTH FREEWAY FORT WORTH, TX 76134	\$ 1,178,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number ** - ***8360
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number ** - *** 8360
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations 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. 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization UNITED WAY OF TARRANT COUNTY Employer identification number ** - *** 8360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2, 2a, 2b) about reporting collections of art and historical treasures, including amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,456,182.	12,430,036.	11,001,658.	10,861,018.	9,160,671.
b Contributions	50,492.	363,029.	117,364.	509,725.	280,243.
c Net investment earnings, gains, and losses	388,642.	2,274,572.	1,764,968.	8,037.	1,853,154.
d Grants or scholarships	606,544.	611,455.	453,954.	377,122.	433,050.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	14,288,772.	14,456,182.	12,430,036.	11,001,658.	10,861,018.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 85.89 %
- b Permanent endowment 3.50 %
- c Temporarily restricted endowment 10.61 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	277,570.		165,567.	112,003.
d Equipment	239,775.		151,291.	88,484.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				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)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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.) ▶	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 BENEFITS	321,661.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,422,841.

2. 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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	26,829,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,936.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	388,648.
e	Add lines 2a through 2d	2e	402,584.
3	Subtract line 2e from line 1	3	26,426,535.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,357,658.
c	Add lines 4a and 4b	4c	6,357,658.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,784,193.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	28,092,788.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	28,092,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,598,562.
c	Add lines 4a and 4b	4c	6,598,562.
5	Total expenses. 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, THE ORGANIZATION'S TAX YEARS 2012 TO 2014 REMAIN SUBJECT TO EXAMINATION.

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

2014

Open to Public
Inspection

Name of the organization **UNITED WAY OF TARRANT COUNTY** Employer identification number **** - *** 8360**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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, 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	** - *** 9432	501(C)(3)	16,222.	0.			DONOR DESIGNATION
ACH - CHILD & FAMILY SERVICES 1424 SUMMIT AVENUE FORT WORTH, TX 76102	** - *** 8140	501(C)(3)	159,652.	0.			PROVIDES SUPPORT AND 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	501(C)(3)	428,731.	0.			DONOR DESIGNATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **165.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 CENTRAL TEXAS - 2630 WEST FREEWAY, SUITE 100 - FORT WORTH, TX 76102	**-***4152	501(C)(3)	489,198.	0.			PROVIDES SENIOR SUPPORT AND CARE TO PREVENT 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 TRAIL CHAPTER - 1515 SOUTH SYLVANIA - FORT WORTH, TX 76111	**-***6605	501(C)(3)	114,784.	0.			PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND
AMERICA'S CHARITIES P.O. BOX 79570 BALTIMORE, MD 21279	**-***7207	501(C)(3)	5,911.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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 INITIATIVE
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 INITIATIVE
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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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
CAMP FIRE USA FIRST TEXAS COUNCIL, INC - 2700 MEACHAM BLVD - FORT WORTH, TX 76137	**-***1201	501(C)(3)	72,931.	0.			PROVIDES SCHOOL AGE CHILD CARE. ALSO PROVIDES CREATIVE SOLUTIONS TO CONNECT FAMILIIES
CANCER CARE SERVICES 623 SOUTH HENDERSON FORT WORTH, TX 76104	**-***5511	501(C)(3)	187,411.	0.			PROVIDES FINANCIAL ASSISTANCE FOR HEALTHCARE NEEDS
CATHOLIC CHARITIES P.O. BOX 15610 FORT WORTH, TX 79119	**-***8769	501(C)(3)	634,175.	0.			INCREASING SELF-SUFFICIENCY-FINANCIA ASSISTANCE AND 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	501(C)(3)	5,281.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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 FLOOR - FORT WORTH, TX 76111	**-***7601	501(C)(3)	110,819.	0.			PROVIDES EARLY CHILDHOOD DEVELOPMENT PROGRAMS
CHILD STUDY CENTER, INC. 1300 W LANCASTER FORT WORTH, TX 76102	**-***9536	501(C)(3)	147,021.	0.			PROVIDES PEDIATRIC MEDICAL SERVICES, PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND
CHRIST'S HAVEN FOR CHILDREN P.O. BOX 467 KELLER, TX 75248	**-***4673	501(C)(3)	17,127.	0.			DONOR DESIGNATION
CITY OF FORT WORTH LA GRAN PLAZA #2200, 4200 SOUTH FRE FORT WORTH, TX 76115	**-***0528	GOVERNMENT	202,500.	0.			INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
CITY OF HOUSTON DEPT OF HEALTH & HUMAN SVCS - 8000 N STADIUM DRIVE, 3RD FLOOR - HOUSTON, TX 77054	**-***1164	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
COASTAL BEND CENTER FOR INDEPENDENT LIVING - 1537 SEVENTH STREET - CORPUS CHRISTI, TX 78404	**-***8070	501(C)(3)	149,990.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
COMMUNITIES IN SCHOOLS 6707 BRENTWOOD STAIR RD, STE 510 FORT WORTH, TX 76112	**-***1238	501(C)(3)	137,835.	0.			PROVIDES CASE MANAGEMENT FOR CHILDREN AND THEIR FAMILIES, AS WELL AS 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 6250 NE LOOP 820 FORT WORTH, TX 76180	**-***1694	501(C)(3)	97,699.	0.			PROVIDES ADULT LITERACY 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 FORT WORTH, TX 76111	**-***7646	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 CROWLEY, TX 76036	**-***7307	501(C)(3)	94,126.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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 THE
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)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 FORT WORTH, TX 76107	**-***1613	GOVERNMENT	1,216,718.	0.			EARLY GRADE READING PROGRAMS, MIDDLE SCHOOL INITIATIVE
FOUNDATION COMMUNITIES 3036 SOUTH FIRST STREET, STE. 200 AUSTIN, TX 78704	**-***3260	501(C)(3)	457,784.	0.			INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
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 ARLINGTON, TX 76015	**-***4683	501(C)(3)	83,605.	0.			PROVIDES SCHOOL AGE CHILD CARE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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 - GRAPEVINE, TX 76099	**-***5702	501(C)(3)	117,369.	0.			PROVIDES DIABETIC 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 DALLAS, TX 75208	**-***6111	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

Schedule I (Form 990)

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HOME HELPERS SUITE 106 #326990, HIGHWAY 287 NORTH MANSFIELD, TX 76063	**-***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 SUPPORT
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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MENTAL HEALTH AMERICA OF TARRANT COUNTY - 3136 WEST 4TH STREET - FORT WORTH, TX 76107	**-***3834	501(C)(3)	58,856.	0.			PROVIDES PEER SUPPORT THROUGH CRISIS INTERVENTION AND CASE MANAGEMENT, MENTAL HEALTH
MENTAL HEALTH CONNECTION OF TARRANT COUNTY - 3131 SANGUINET STREET - FORT WORTH, TX 76107	**-***9610	501(C)(3)	14,207.	0.			DONOR DESIGNATION
MHMR OF TARRANT COUNTY P.O. BOX 2603 FORT WORTH, TX 76113	**-***0731	501(C)(3)	481,041.	0.			DONOR DESIGNATION
MHMR VISIONS 3840 HULEN STREET, #516 FORT WORTH, TX 76107	**-***0731	501(C)(3)	5,000.	0.			DONOR DESIGNATION
MID CITIES PREGNANCY CENTER 8251 BEDFORD EULESS ROAD, #220 NORTH RICHLAND HILLS, TX 76180	**-***8774	501(C)(3)	9,603.	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
NATIONAL MULTIPLE SCLEROSIS 2105 LUNA ROAD #390 CARROLLTON, TX 75006	**-***3731	501(C)(3)	19,745.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO THOSE WITH OR FAMILIES DEALING WITH
NORTH TEXAS AREA COMMUNITY HEALTH CENTERS - 2100 NORTH MAIN STREET - FORT WORTH, TX 76164	**-***7989	501(C)(3)	93,333.	0.			DONOR DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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
PARENTING CENTER 2928 WEST FIFTH ST FORT WORTH, TX 76107	**-***4254	501(C)(3)	121,969.	0.			PROVIDES FAMILIY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE
PRESBYTERIAN NIGHT SHELTER T.C P.O. BOX 2645 FORT WORTH, TX 76113	**-***5591	501(C)(3)	280,928.	0.			PROVIDES SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO 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
READING & RADIO RESOURCE 2007 RANDALL STREET DALLAS, TX 75201	**-***0816	501(C)(3)	7,394.	0.			DONOR DESIGNATION
REBUILDING TOGETHER METRO CHICAGO P.O. BOX 641250 CHICAGO, IL 60664	**-***3312	501(C)(3)	10,732.	0.			DONOR DESIGNATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	**-***5093	501(C)(3)	270,668.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION
RIGHT AT HOME 4215 WEST PIPELINE ROAD EULESS, TX 76040	**-***6672	501(C)(3)	20,555.	0.			DONOR DESIGNATION
SAFEHAVEN OF TARRANT COUNTY 1100 HEMPHILL STREET #303 FORT WORTH, TX 76104	**-***0281	501(C)(3)	379,339.	0.			PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS
SALVATION ARMY P.O. BOX 2333 FORT WORTH, TX 76113	**-***0678	501(C)(3)	501,987.	0.			PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED
SCOTT & WHITE MEMORIAL HOSPITAL ATTN: JEREMY RAY, 2401 SOUTH 31ST S TEMPLE, TX 76508	**-***6904	501(C)(3)	64,166.	0.			EVALUATOR SERVICES FOR HEALTH IMPACT GRANTS
SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219	**-***8178	501(C)(3)	26,221.	0.			DONOR DESIGNATION
SENIOR CITIZEN SERVICES OF TARRANT COUNTY - 1400 CIRCLE DRIVE, #300 - FORT WORTH, TX 76119	**-***1339	501(C)(3)	1,692,901.	0.			NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREGATE MEALS, HEALTHY
SICKLE CELL DISEASE ASSOC. P.O. BOX 570817 DALLAS, TX 75357-0817	**-***6650	501(C)(3)	17,187.	0.			PROVIDES SICKLE CELL DISEASE EDUCATIONAL PROGRAM
SOCIAL SOLUTIONS 425 WILLIAMS COURT #100 BALTIMORE, MD 21220	**-***7149	501(C)(3)	27,804.	0.			DONOR DESIGNATION

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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
SOUTHWESTERN DIABETIC FND P.O. BOX 918 GAINESVILLE, TX 76241	**-***2547	501(C)(3)	49,310.	0.			RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR
SPCA OF TEXAS 2400 LONE STAR DRIVE DALLAS, TX 75212	**-***6660	501(C)(3)	5,152.	0.			DONOR DESIGNATION
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
STARCARE SPECIALTY HEALTH SYS ATTN: KAY PIPPIN, P.O. BOX 2828 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

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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	501(C)(3)	165,000.	0.			INCREASING SELF-SUFFICIENCY-FINANCIAL 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

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THE MEDICAL TEAM 84 NE LOOP 410, #250 SAN ANTONIO, TX 78216	**-***5584	501(C)(3)	318,848.	0.			HEALTH LITERACY
TRAVELERS AID DALLAS/FT WORTH P.O. BOX 610042 DFW AIRPORT, TX 75261	**-***4188	501(C)(3)	8,440.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO STRANDED TRAVELERS, INDIVIDUALS OR
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
UNITED COMMUNITY CENTERS 1200 E. MADDOX AVENUE FORT WORTH, TX 76104	**-***2922	501(C)(3)	211,397.	0.			PROVIDE CLIENT INTERVENTION, ADULT LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR
UNITED NEGRO COLLEGE FUND, INC 501 ELM STREET, #700 DALLAS, TX 75202	**-***4241	501(C)(3)	5,332.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL TX 604 NORTH THIRD STREET 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
UNITED WAY OF GREATER HOUSTON P.O. BOX 3247 HOUSTON, TX 77253-3247	**-***7964	501(C)(3)	44,054.	0.			DONOR DESIGNATION

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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	**-***4033	501(C)(3)	214,319.	0.			HAIL EVALUATION SERVICES

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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 - ABILENE, TX 79602	**-***4243	501(C)(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(C)(3)	8,098.	0.			DONOR DESIGNATION
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	**-***1868	501(C)(3)	1,029,943.	0.			PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO 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

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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YMCA OF ARLINGTON 1148-H WEST PIONEER PARKWAY ARLINGTON, TX 76013	** - ***0839	501(C)(3)	53,692.	0.			PROVIDES SCHOOL AGE CHILDCARE
YMCA OF METRO FORT WORTH 512 LAMAR STREET, #400 FORT WORTH, TX 76102	** - ***7471	501(C)(3)	177,426.	0.			PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG
YWCA OF FORT WORTH & TARRANT COUNTY - 512 WEST 4TH STREET - FORT WORTH, TX 76102	** - ***9389	501(C)(3)	474,683.	0.			PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN 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) 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
CAREGIVER RESPITE	204	228,400.	37,054.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH
HEALTH MAINTENANCE SERVICES	563	128,523.	7,451.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH
INCOME SUPPORT	252	41,252.	19,587.	YEARLY REPORT SUBMITTED TO DADS	CASH MATCH
RESIDENTIAL REPAIR	224	271,847.	64,214.	YEARLY REPORT SUBMITTED 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.

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS

(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 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 FAMILIY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE MANAGEMENT AS WELL AS COUNSELING SERVICES.

Part IV Supplemental Information

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-DISCIPLINARY 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.

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 DIABETES.

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.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY CENTERS

(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: 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

-*8360

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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 not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIM MCKINNEY PRESIDENT & CEO	(i)	204,876.	49,600.	0.	19,921.	9,992.	284,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES B CLARK EXEC VP & CFO	(i)	181,078.	0.	0.	13,606.	9,300.	203,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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	388,648.
TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS	345,778.
PENSION ADJUSTMENT	-104,874.
TOTAL TO FORM 990, PART XI, LINE 9	629,552.

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

** - *** 8360

FORM 990, PART XII, LINE 2C:

AUDIT COMMITTEE RESPONSIBILITIES

THE RESPONSIBILITIES OF THE AUDIT COMMITTEE ARE UNCHANGED FROM PRIOR YEARS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF TARRANT COUNTY	Employer identification number (EIN) or **-***8360
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 NORTH MAIN STREET, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WORTH, TX 76164	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BENTON CLARK

• The books are in the care of ▶ **1500 NORTH MAIN STREET, STE 200 - FORT WORTH, TX 76164**
Telephone No. ▶ **(817)258-8010** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.