

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2012

Prepared for	United Way of Tarrant County 1500 North Main Street No. 200 Fort Worth, TX 76164
Prepared by	Weaver and Tidwell, L.L.P. 2821 W. 7th Street, Suite 700 Fort Worth, TX 76107
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2013.

Form **990**

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	UNITED WAY OF TARRANT COUNTY		75-0858360	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
1500 NORTH MAIN STREET	200	(817) 258-8000		
City or town, state or country, and ZIP + 4		G Gross receipts \$		
FORT WORTH, TX 76164		56,090,134.		
F Name and address of principal officer: TIM MCKINNEY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
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	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	32,319,822.	30,484,718.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	586,736.	592,400.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,989.	27,587.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,208.	27,725.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,991,755.	31,132,430.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	24,107,094.	24,527,511.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,955,746.	5,240,093.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,264,246.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,778,845.	2,745,504.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,841,685.	32,513,108.
19 Revenue less expenses. Subtract line 18 from line 12	1,150,070.	-1,380,678.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,861,576.	35,311,244.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,510,099.	7,718,636.
		28,351,477.	27,592,608.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TIM MCKINNEY, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DANIEL M. STEWART, CPA	<i>Daniel M. Stewart CPA</i>	2/11/13		P00415184
	Firm's name ▶ WEAVER AND TIDWELL, L.L.P.	Firm's EIN ▶ 75-0786316			
Firm's address ▶ 2821 W. 7TH STREET, SUITE 700 FORT WORTH, TX 76107		Phone no. 817.332.7905			

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 to any question 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 and section 4947(a)(1) trusts 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 \$ 18,499,070. including grants of \$ 17,450,863.) (Revenue \$)

AGENCY ALLOCATIONS: UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS MORE THAN 68 PROGRAMS OF 44 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 67 PROGRAMS
TOTAL NUMBER OF AGENCIES: 44
TOTAL NUMBER OF UNDUPLICATED SERVICES: 513,452

4b (Code:) (Expenses \$ 361,193. including grants of \$ 0.) (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 2012, THERE WERE 3 INITIATIVES: EDUCATION, INCOME, AND HEALTH.

4c (Code:) (Expenses \$ 6,438,220. including grants of \$ 4,347,638.) (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 ADULT 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: 26
TOTAL NUMBER OF UNDUPLICATED SERVICES: 119,652

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,323,581. including grants of \$ 2,729,010.) (Revenue \$ 592,975.)

4e Total program service expenses 29,622,064.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		X
9	Did the organization report an amount in Part X, line 21; 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>		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>	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>	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>		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>		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>	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>	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>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	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, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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>		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>		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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		X
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 11 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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (43), 1b (43), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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. [X] Own website [] Another's website [X] Upon request
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, physical address, and telephone number of the person who possesses the books and records of the organization: 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 to any question 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 (describe hours for related organizations in Schedule O)	(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) MIKE GUYTON CHAIR OF THE BOARD	1.00	X		X				0.	0.	0.
(2) SCOTT SPIKER CHAIR, ANNUAL CAMPAIGN	1.00	X		X				0.	0.	0.
(3) SARAH WOODWARD CHAIR, COMMUNITY DEVELOPMENT	1.00	X		X				0.	0.	0.
(4) MARY JEAN MOLONEY CHAIR, DIVERSITY COMMITTEE	1.00	X		X				0.	0.	0.
(5) GREG HUMENESKY CHAIR, COMPENSATION COMMITTEE	1.00	X		X				0.	0.	0.
(6) MARY JO A POLIDORE CHAIR, STRATEGIC PLANNING	1.00	X		X				0.	0.	0.
(7) ELAINE PETRUS CHAIR, GOVERNANCE COMMITTEE	1.00	X		X				0.	0.	0.
(8) BRAD FORSBERG TREASURER, CHAIR FINANCE	1.00	X		X				0.	0.	0.
(9) PAUL BLACK EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(10) KEVIN BUEHLER EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(11) GREGORY C FOX EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(12) JOSEPH LAMARCA, JR EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(13) JAMES POWELL EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(14) CHARLOTTE HOLM TEKLITZ EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(15) JACK WILLIAMS EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(16) GYNA BIVENS BOARD MEMBER	1.00	X						0.	0.	0.
(17) JOSEPHINE FOWLER, MD 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 (describe hours for related organizations in Schedule O)	(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) T.C. GILLESPIE BOARD MEMBER	1.00	X						0.	0.	0.
(19) PAUL GRAHAM BOARD MEMBER	1.00	X						0.	0.	0.
(20) BRIAN GUTIERREZ BOARD MEMBER	1.00	X						0.	0.	0.
(21) OSSANA HERMOSILLO BOARD MEMBER	1.00	X						0.	0.	0.
(22) BOWIE HOGG BOARD MEMBER	1.00	X						0.	0.	0.
(23) JEFF JONES BOARD MEMBER	1.00	X						0.	0.	0.
(24) DEE KELLY, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(25) JAMES LEITO BOARD MEMBER	1.00	X						0.	0.	0.
(26) GLENN LEWIS BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								841,558.	0.	135,894.
d Total (add lines 1b and 1c)								841,558.	0.	135,894.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
LANG BUILDERS 1918 RIDGWAY, ARLINGTON, TX 76010	RESIDENTIAL REPAIR	320,195.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(27) NORM LYONS BOARD MEMBER	1.00	X						0.	0.	0.
(28) RICK MCWHORTER, CPA, CHFP BOARD MEMBER	1.00	X						0.	0.	0.
(29) CHARLES MILLIKEN BOARD MEMBER	1.00	X						0.	0.	0.
(30) CHERYL MOORE BOARD MEMBER	1.00	X						0.	0.	0.
(31) BRIAN NEWBY BOARD MEMBER	1.00	X						0.	0.	0.
(32) DAVID D PARKER BOARD MEMBER	1.00	X						0.	0.	0.
(33) DICK RUDELLE BOARD MEMBER	1.00	X						0.	0.	0.
(34) SCOTT D RYAN, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(35) KATHLEEN C SEARLE BOARD MEMBER	1.00	X						0.	0.	0.
(36) JOSEPH E STROOP BOARD MEMBER	1.00	X						0.	0.	0.
(37) TAMMY TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(38) GEORGIA THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(39) TRAN TRONG BOARD MEMBER	1.00	X						0.	0.	0.
(40) BECKY D TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
(41) CRAIG S WALL BOARD MEMBER	1.00	X						0.	0.	0.
(42) ANDY WAMBSGANSS BOARD MEMBER	1.00	X						0.	0.	0.
(43) JULIE WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(44) TIM MCKINNEY PRESIDENT & CEO	40.00			X				249,682.	0.	27,888.
(45) JAMES B CLARK EXEC VP & CFO	40.00			X				159,425.	0.	39,239.
(46) ANN RICE EXEC VP & COO	40.00			X				163,064.	0.	36,943.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	908,734.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7258645.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,317,339.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		30,484,718.				
	Program Service Revenue	2 a	SERVICE CENTER RENTAL	Business Code 531120	528,035.	528,035.		
b		PROGRAM AND WORKSHOP F	900099	64,365.	64,365.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		592,400.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		27,501.			27,501.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)			86.			86.
		Net gain or (loss)			86.			86.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS INCOME	900099	18,131.			18,131.		
b	SALE OF RESOURCE GUIDE	900099	9,019.			9,019.		
c	SALE OF T-SHIRTS	900099	575.	575.				
d	All other revenue							
e	Total. Add lines 11a-11d		27,725.					
12	Total revenue. See instructions.		31,132,430.	592,975.	0.	54,737.		

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	23,398,242.	23,398,242.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,129,269.	1,129,269.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	870,516.	323,768.	269,835.	276,913.
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	3,331,096.	2,263,655.	592,723.	474,718.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	236,728.	140,772.	61,686.	34,270.
9 Other employee benefits	489,968.	350,614.	75,221.	64,133.
10 Payroll taxes	311,785.	190,868.	71,805.	49,112.
11 Fees for services (non-employees):				
a Management	352,764.	249,776.	80,821.	22,167.
b Legal				
c Accounting	65,000.		65,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	30,588.	12,748.	2,174.	15,666.
13 Office expenses	101,406.	74,853.	15,532.	11,021.
14 Information technology				
15 Royalties				
16 Occupancy	806,705.	523,891.	172,726.	110,088.
17 Travel	65,372.	44,619.	2,464.	18,289.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	316,576.	216,256.	42,840.	57,480.
20 Interest				
21 Payments to affiliates	258,403.	146,380.	58,971.	53,052.
22 Depreciation, depletion, and amortization	75,241.	23,858.	48,411.	2,972.
23 Insurance	3,128.		3,128.	
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	312,338.	277,453.	21,130.	13,755.
b PRINTING AND PUBLICATIONS	135,676.	89,078.	7,485.	39,113.
c TELEPHONE	125,470.	89,852.	20,198.	15,420.
d SPECIAL ASSISTANCE	35,088.	35,088.		
e All other expenses	61,749.	41,024.	14,648.	6,077.
25 Total functional expenses. Add lines 1 through 24e	32,513,108.	29,622,064.	1,626,798.	1,264,246.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	2,833,802.	2	2,272,689.	
	3 Pledges and grants receivable, net	11,529,034.	3	9,316,164.	
	4 Accounts receivable, net	1,553,528.	4	1,627,135.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 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 instructions)				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use				8
	9 Prepaid expenses and deferred charges	1,262,230.	9	1,602,109.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 428,611.			
	b Less: accumulated depreciation	10b 223,995.			
		395,911.	10c	204,616.	
	11 Investments - publicly traded securities	7,540,113.	11	8,752,076.	
	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	10,746,958.	15	11,536,455.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,861,576.	16	35,311,244.		
Liabilities	17 Accounts payable and accrued expenses	1,229,255.	17	1,101,355.	
	18 Grants payable		18		
	19 Deferred revenue	2,162,722.	19	3,155,080.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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	4,118,122.	25	3,462,201.	
	26 Total liabilities. Add lines 17 through 25	7,510,099.	26	7,718,636.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	11,831,019.	27	11,906,959.	
	28 Temporarily restricted net assets	16,520,458.	28	15,185,524.	
	29 Permanently restricted net assets		29	500,125.	
	Organizations that do not follow SFAS 117, 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	28,351,477.	33	27,592,608.	
34 Total liabilities and net assets/fund balances	35,861,576.	34	35,311,244.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,132,430.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,513,108.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,380,678.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,351,477.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	621,809.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,592,608.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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	
3b	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	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,654,621.	28,640,023.	29,192,217.	32,319,822.	30,484,718.	149,291,401.
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	28,654,621.	28,640,023.	29,192,217.	32,319,822.	30,484,718.	149,291,401.
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)						1,293,710.
6 Public support. Subtract line 5 from line 4.						147,997,691.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	28,654,621.	28,640,023.	29,192,217.	32,319,822.	30,484,718.	149,291,401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	433,507.	27,781.	280,860.	65,989.	27,501.	835,638.
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 IV.)	29,399.	16,689.	15,552.	3,648.	27,150.	92,438.
11 Total support. Add lines 7 through 10						150,219,477.
12 Gross receipts from related activities, etc. (see instructions)					12	2,902,850.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	98.52	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.36	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 IV 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 - 2010. 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 IV 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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

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.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

UNITED WAY OF TARRANT COUNTY

75-0858360

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2011)

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
---	---

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	<hr/> <hr/> <hr/> <hr/>	\$ <u>973,363.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
---	---

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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from 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	

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 XIV.

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 XIV 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? Yes No

b If "Yes," explain the arrangement in Part XIV.

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	10,861,018.	9,160,671.	8,730,720.	10,493,921.	
b Contributions	509,725.	280,243.	170,532.	217,671.	
c Net investment earnings, gains, and losses	8,037.	1,853,154.	704,987.	-1,509,579.	
d Grants or scholarships	377,122.	433,050.	445,568.	471,293.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,001,658.	10,861,018.	9,160,671.	8,730,720.	

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

- a Board designated or quasi-endowment **79.36** %
- b Permanent endowment **4.55** %
- c Temporarily restricted endowment **16.09** %

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:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment. 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	212,541.		138,089.	74,452.
d Equipment	216,070.		85,906.	130,164.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				204,616.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEGACY I FUND	6,838,643.
(2) LEGACY II FUND	2,239,207.
(3) WOMEN'S LEADERSHIP FUND	414,721.
(4) BARNETT SHALE FUND	1,107,523.
(5) 457 PLAN ASSETS	272,167.
(6) ALEXIS DE TOCQUEVILLE	500,125.
(7) ASSETS HELD FOR SALE	164,069.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	11,536,455.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED ORGANIZATIONS	3,072,808.
(3) ACCRUED POST-RETIREMENT BENEFITS	389,393.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,462,201.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,132,430.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,513,108.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,380,678.
4	Net unrealized gains (losses) on investments	4	7,972.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	613,837.
9	Total adjustments (net). Add lines 4 through 8	9	621,809.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-758,869.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	24,858,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	7,972.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	178,151.
e	Add lines 2a through 2d	2e	186,123.
3	Subtract line 2e from line 1	3	24,672,124.
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 XIV.)	4b	6,460,306.
c	Add lines 4a and 4b	4c	6,460,306.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,132,430.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	25,622,761.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,622,761.
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 XIV.)	4b	6,890,347.
c	Add lines 4a and 4b	4c	6,890,347.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,513,108.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: \$9,222,004 OF BOARD DESIGNATED FUNDS UNDERWRITES A

PORTION OF UNITED WAY'S OPERATING COSTS

\$1,267,2008 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS

PART X, LINE 2: TAX POSITIONS TAKEN BY THE ORGANIZATION HAVE BEEN BY THE ORGANIZATION HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL TAX POSITIONS TAKEN BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT

Part XIV Supplemental Information (continued)

RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS. AS OF JUNE 30, 2012, THE ORGANIZATION'S TAX YEARS 2008-2011 REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION PLAN ADJUSTMENT (FASB 132)	5,645.
OTHER CHANGES IN ASSETS HELD BY OTHERS	178,151.
TIMING DIFFERENCE FOR DONOR DESIGNATED FUNDS	430,041.
TOTAL TO SCHEDULE D, PART XI, LINE 8	613,837.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER CHANGES IN ASSETS HELD BY OTHERS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED FUNDS

**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.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF TARRANT COUNTY** Employer identification number **75-0858360**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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
AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111	75-2139336	501(C)3	65,516.	0.			PROMOTING HEALTH AND HEALING - CLIENT INTERVENTION AND CASE MANAGEMENT
AIRLINE AMBASSADORS INTL 1500 MASS AVENUE NW, #648 WASHINGTON, DC 90036	75-2679444	501(C)3	8,503.	0.			DONOR DESIGNATION
ALL CHURCH HOME- CHILD & FAMILY SERVICES - 1424 SUMMIT AVENUE - FORT WORTH, TX 76102	75-0818140	501(C)3	214,923.	0.			PROVIDES A EMERGENCY YOUTH SHELTER
ALZHEIMER'S ASSOCIATION GREATER DALLAS CHAPTER - 4144 NORTH CENTRAL EXPRESSWAY, #750 - DALLAS, TX 75204	75-2041194	501(C)3	8,662.	0.			DONOR DESIGNATION
ALZHEIMER'S ASSOCIATION OF NORTH CENTRAL TEXAS - 2630 WEST FREEWAY, #100 - FORT WORTH, TX 76102	75-1984152	501(C)3	465,193.	0.			PROVIDES SENIOR SUPPORT AND CARE TO PREVENT SENIOR ISOLATION
AMERICAN CANCER SOCIETY 3301 WEST FREEWAY FORT WORTH, TX 76107	74-1185665	501(C)3	27,983.	0.			DONOR DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 119.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) (2011)

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
AMERICAN CANCER SOCIETY, INC 8900 CARPENTER FREEWAY DALLAS, TX 75247	74-1185665	501(C)3	6,642.	0.			DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD, #100 DALLAS, TX 75244	13-5413797	501(C)3	7,199.	0.			DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION NATIONAL - 1701 NORTH BEAUREGARD STREET - ALEXANDRIA, VA 22311	13-1623888	501(C)3	5,825.	0.			DONOR DESIGNATION
AMERICAN GIVING PO BOX 619616 DFW AIRPORT, TX 75261	20-0253791	501(C)3	39,298.	0.			DONOR DESIGNATION
AMERICAN HEART ASSOCIATION TARRANT COUNTY - 2630 WEST FREEWAY, #250 - FORT WORTH, TX 76102	13-5613797	501(C)3	10,670.	0.			DONOR DESIGNATION
AMERICAN RED CROSS 4800 HARRY HINES BLVD. DALLAS, TX 75235	75-0800605	501(C)3	7,271.	0.			DONOR DESIGNATION
AMERICAN RED CROSS-CHISHOLM TRAIL CHAPTER - 1515 SOUTH SYLVANIA - FORT WORTH, TX 76111	75-0818144	501(C)3	483,858.	0.			PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND
AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279	54-1517207	501(C)3	18,043.	0.			DONOR DESIGNATION
AMR FAMILY FUND 4333 AMON CARTER BLVD MD 5256 FORT WORTH, TX 76155	75-2855813	501(C)3	93,894.	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	75-1488945	501(C)3	38,685.	0.			PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL
ARLINGTON ISD 1141 WEST PIONEER PARKWAY ARLINGTON, TX 76013	75-6000119	501(C)3	258,940.	0.			EARLY LEARNING INITIATIVE
ARLINGTON LIFE SHELTER 325 WEST DIVISION STREET ARLINGTON, TX 76011	75-2235099	501(C)3	6,329.	0.			DONOR DESIGNATION
BATTERED WOMEN'S FOUNDATION 9125 RUMFIELD RD NORTH RICHLAND HILLS, TX 76180	91-1789853	501(C)3	7,814.	0.			DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF NORTH TEXAS - 450 EAST JOHN CARPENTER FREEWAY - IRVING, TX 75062	75-0800632	501(C)3	93,234.	0.			PROVIDES ADULT/CHILD SURROGATE PROGRAMS
BIRDVILLE ISD 6125 EAST BELKNAP STREET HALTOM CITY, TX 76117	75-2671339	501(C)3	227,585.	0.			EARLY LEARNING INITIATIVE
BOY SCOUTS OF AMERICA LONGHORN COUNCIL - PO BOX 54190 - HURST, TX 76054	74-1157377	501(C)3	215,632.	0.			PROVIDES SOCIAL DEVELOPMENT PROGRAM FOR CHILDHOOD BOYS
BOYS & GIRLS CLUB OF ARLINGTON 608 NORTH ELM ARLINGTON, TX 76011	75-1046644	501(C)3	197,419.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO PROVIDES SOCIAL
BOYS & GIRLS CLUBS OF GREATER FORT WORTH, INC - 3218 EAST BELKNAP - FORT WORTH, TX 76111	75-0808785	501(C)3	440,452.	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
CAMP FIRE USA FIRST TEXAS COUNCIL, INC - 2700 MEACHAM BLVD - FORT WORTH, TX 76137	75-0851201	501(C)3	101,963.	0.			PROVIDES SCHOOL AGE CHILD CARE. ALSO PROVIDES CREATIVE SOLUTIONS TO CONNECT FAMILIES TOGETHER
CANCER CARE SERVICES 623 SOUTH HENDERSON FORT WORTH, TX 76104	75-1025511	501(C)3	258,860.	0.			PROVIDES FINANCIAL ASSIST FOR HEALTHCARE NEEDS
CATHOLIC CHARITIES PO BOX 15610 FORT WORTH, TX 79119	75-0808769	501(C)3	1,593,022.	0.			INCREASING SELF-SUFFICIENCY - FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING
CATHOLIC CHARITIES OF DALLAS 9461 LBJ FREEWAY DALLAS, TX 75243	75-2745221	501(C)3	5,600.	0.			DONOR DESIGNATION
CENTER FOR PUBLIC POLICY PRIORITIES - 900 LYDIA STREET - AUSTIN, TX 78702	74-2898197	501(C)3	75,000.	0.			DONOR DESIGNATION
CENTER OF HOPE PO BOX 190 WEATHERFORD, TX 76086	75-2762501	501(C)3	5,362.	0.			DONOR DESIGNATION
CHILD CARE ASSOCIATES TARRANT COUNTY - 3000 EAST BELKNAP, 3RD FLOOR - FORT WORTH, TX 76111	84-0587601	501(C)3	539,159.	0.			PROVIDES EARLY CHILDHOOD DEVELOPMENT PROGRAMS
CHILD STUDY CENTER, INC. 1300 W LANCASTER FORT WORTH, TX 76102	75-1099536	501(C)3	393,358.	0.			PROVIDES PEDIATRIC MEDICAL SERVICES, PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND
CHRIST'S HAVEN FOR CHILDREN P. O. BOX 467 KELLER, TX 75248	23-7164673	501(C)3	24,352.	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	75-2411238	501(C)3	86,243.	0.			PROVIDES CASE MANAGEMENT FOR CHILDREN AND THEIR FAMILIES, AS WELL AS SUPPORT IN THEIR
COMMUNITY ENRICHMENT CENTER 6250 NE LOOP 820 FORT WORTH, TX 76180	75-2231694	501(C)3	94,975.	0.			PROVIDES ADULT LITERACY PROGRAMS
COMMUNITY FOUNDATION OF NORTH TEXAS - 306 W. 7TH STREET, #850 - FORT WORTH, TX 76102	75-2267767	501(C)3	45,848.	0.			DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES FED 200 NORTH GLEBE ROAD, #801 ARLINGTON, VA 22203	52-1089036	501(C)3	89,557.	0.			DONOR DESIGNATION
COOK CHILDREN'S MEDICAL CTR. 801 SEVENTH AVENUE FORT WORTH, TX 76104	75-2051646	501(C)3	65,631.	0.			DONOR DESIGNATION
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE AVENUE FORT WORTH, TX 76111	75-2417646	501(C)3	15,469.	0.			DONOR DESIGNATION
DAY RESOURCE CENTER FOR THE HOMELESS - 1415 EAST LANCASTER AVENUE - FORT WORTH, TX 76102	75-2747809	501(C)3	179,509.	0.			HOMELESSNESS GRANT
DENTAL HEALTH FOR ARLINGTON P O BOX 1542 ARLINGTON, TX 76004	75-2467366	501(C)3	45,603.	0.			RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES. AS WELL AS THE
EARTH SHARE OF TEXAS 1301 SOUTH I-35, #314 AUSTIN, TX 78741	74-2627643	501(C)3	10,011.	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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EASTER SEALS NORTH TEXAS 1424 HEMPHILL STREET FORT WORTH, TX 76104	75-0827419	501(C)3	1,038,742.	0.			PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO
FONDOS UNIDOS DE PUERTO RICO P O BOX 191914 SAN JUAN, PR 00919	66-0269222	501(C)3	13,723.	0.			DONOR DESIGNATION
FORT WORTH HOUSING AUTHORITY PO BOX 430 FORT WORTH, TX 76101	75-6001818	501(C)3	686,164.	0.			HOMELESSNESS GRANT
FORT WORTH ISD 100 NORTH UNIVERSITY DRIVE, #SW204 FORT WORTH, TX 76107	75-6001613	501(C)3	1,053,661.	0.			EARLY GRADE READING PROGRAMS, MIDDLE SCHOOL INITIATIVE
GIRL SCOUTS OF TEXAS OKLAHOMA PLAINS - 4901 BRIARHAVEN - FORT WORTH, TX 76109	75-0818162	501(C)3	152,886.	0.			PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDHOOD GIRLS.
GIRLS INCORPORATED TARRANT CTY 2820 MATLOCK RD ARLINGTON, TX 76015	75-1514683	501(C)3	119,685.	0.			PROVIDES SCHOOL AGE CHILD CARE.
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)3	27,467.	0.			DONOR DESIGNATION
GOODWILL INDUSTRIES/FORT WORTH P O BOX 15520 FORT WORTH, TX 76119	75-0868393	501(C)3	26,592.	0.			DONOR DESIGNATION
GRAPEVINE RELIEF & COMMUNITY EXCHANGE - PO BOX 412 - GRAPEVINE, TX 76099	75-2195702	501(C)3	148,681.	0.			PROVIDES DIABETIC EDUCATION

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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GUARDIANSHIP SERVICES, INC. P O BOX 11481 FORT WORTH, TX 76110	75-2739419	501(C)3	118,982.	0.			PROVIDES SENIORS WITH CASE MANAGEMENT AND PROTECTIVE SERVICES, MONEY MANAGEMENT
HAPPY HILL FARM ACADEMY HOME STAR ROUTE BOX 56 GRANBURY, TX 76048	51-0236530	501(C)3	9,781.	0.			DONOR DESIGNATION
HELPING RESTORE ABILITY 4300 BELTWAY PLACE, #130 ARLINGTON, TX 76018	75-1562334	501(C)3	25,000.	0.			DONOR DESIGNATION
HIGHLAND MEADOWS CHURCH 2600 HALL JOHNSON ROAD COLLEYVILLE, TX 76034	75-1446386	501(C)3	7,200.	0.			DONOR DESIGNATION
HOPE COMMUNITY CHURCH 1750 BEACH STREET FORT WORTH, TX 76103	75-1803139	501(C)3	5,324.	0.			DONOR DESIGNATION
HUMANE SOCIETY OF NORTH TEXAS 1840 EAST LANCASTER FORT WORTH, TX 76103	75-1245911	501(C)3	5,052.	0.			DONOR DESIGNATION
HUNGRY KIDS INTERNATIONAL INC P O BOX 87 QUEMADO, TX 78877	75-1731314	501(C)3	5,728.	0.			DONOR DESIGNATION
JEWISH FAMILY SERVICE 5402 ARAPAHO ROAD DALLAS, TX 75248	75-1992728	501(C)3	6,207.	0.			DONOR DESIGNATION
JEWISH FEDERATION FORT WORTH 4049 KINGSRIDGE ROAD FORT WORTH, TX 76109	75-0800654	501(C)3	53,777.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES.

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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LENA POPE HOME 3131 SANGUINET STREET FORT WORTH, TX 76107	75-6003583	501(C)3	439,129.	0.			PROVIDES DAY TREATMENT CENTER AND CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPORT
LYNELL MOSES BOND 5008 WINESANKER WAY FORT WORTH, TX 76133	449-94-4001	SOLE PROPRIETER	9,329.	0.			CAREGIVER EDUCATION AND TRAINING COUNSELING
MEALS ON WHEELS, INC OF TARRANT COUNTY - 320 SOUTH FREEWAY - FORT WORTH, TX 76104	75-1568798	501(C)3	1,661,057.	0.			TRANSPORTATION VOUCHERS & HOME DELIVERED MEALS & PARTICIPANT ASSESSMENT, HEALTHY IDEAS, CLP
MENTAL HEALTH AMERICA OF TARRANT COUNTY - 3136 WEST 4TH STREET - FORT WORTH, TX 76107	75-0983834	501(C)3	339,013.	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	75-2659610	501(C)3	12,500.	0.			DONOR DESIGNATION
MHMR OF TARRANT COUNTY PO BOX 2603 FORT WORTH, TX 76113	75-2890731	501(C)3	386,638.	0.			DONOR DESIGNATION
MID CITIES PREGNANCY CENTER 8251 BEDFORD EULESS ROAD, #220 NORTH RICHLAND HILLS, TX 76180	75-2548774	501(C)3	9,385.	0.			DONOR DESIGNATION
MISSION ARLINGTON/METROPLEX 210 WEST SOUTH STREET ARLINGTON, TX 76010	75-2354962	501(C)3	22,595.	0.			DONOR DESIGNATION
MUSCULAR DYSTROPHY ONE SUMMIT AVENUE, #803 FORT WORTH, TX 76102	13-1665552	501(C)3	5,171.	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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NATIONAL MULTIPLE SCLEROSIS LONE STAR CHAPTER - 4086 SANDSHELL - FORT WORTH, TX 76137	75-1803731	501(C)3	91,700.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO THOSE WITH OR FAMILIES DEALING WITH
NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS - P O BOX 5888 - ARLINGTON, TX 76005	30-0095065	501(C)3	32,545.	0.			HEB TRANSIT PROJECT
NORTH TEXAS AREA COMMUNITY HEALTH CENTERS - 2100 NORTH MAIN STREET - FORT WORTH, TX 76164	54-2117989	501(C)3	35,000.	0.			DIABETESSALUD PROGRAM
OUTREACH HEALTH SERVICES 2441 FOREST LANE STE 101 GARLAND, TX 75042	74-2950392	501(C)3	353,752.	0.			RESPITE SERVICES
PARENTING CENTER 2928 WEST FIFTH ST FORT WORTH, TX 76107	23-7454254	501(C)3	161,705.	0.			PROVIDES FAMILY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE
PRESBYTERIAN NIGHT SHELTER T.C P.O. BOX 2645 FORT WORTH, TX 76113	75-1985591	501(C)3	487,336.	0.			PROVIDES SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT
READING & RADIO RESOURCE 2007 RANDALL STREET DALLAS, TX 75201	75-1530816	501(C)3	17,175.	0.			DONOR DESIGNATION
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	75-6005093	501(C)3	517,098.	0.			PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION
RONALD MCDONALD HOUSE FTW 1004 SEVENTH AVENUE FORT WORTH, TX 76104	75-1754490	501(C)3	5,387.	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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SAFEHAVEN OF TARRANT COUNTY 8701 BEDFORD EULESS ROAD, #600 HURST, TX 76053	75-1670281	501(C)3	471,541.	0.			PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS
SALVATION ARMY PO BOX 2333 FORT WORTH, TX 76113	75-0800678	501(C)3	506,184.	0.			PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED
SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219	75-0818178	501(C)3	66,297.	0.			DONOR DESIGNATION
SENIOR CITIZEN SERVICES OF TARRANT COUNTY - 1400 CIRCLE DRIVE, #300 - FORT WORTH, TX 76119	75-1251339	501(C)3	1,996,838.	0.			NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREATE MEALS, HEALTHY
SICKLE CELL DISEASE ASSOCIATION TARRANT COUNTY - 3650 SOUTH MAIN, #3600 - FORT WORTH, TX 76104	75-1384657	501(C)3	43,304.	0.			PROVIDES SICKLE CELL DISEASE EDUCATIONAL PROGRAM
SOMETHING MAAGIC FOUNDATION 4333 AMON CARTER BLVD MD 5195 FORT WORTH, TX 76155	75-2903709	501(C)3	9,539.	0.			DONOR DESIGNATION
SOUTHWESTERN DIABETIC FND P O BOX 918 GAINESVILLE, TX 76241	75-6002547	501(C)3	31,237.	0.			RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR
ST. JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	29,961.	0.			DONOR DESIGNATION
SUSAN G KOMEN BREAST CANCER FOUNDATION - 5005 LBJ FREEWAY, #250 - DALLAS, TX 75244	75-2844652	501(C)3	52,647.	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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TARRANT AREA FOOD BANK 2600 CULLEN ST FORT WORTH, TX 76107	75-1822473	501(C)3	12,751.	0.			DONOR DESIGNATION
TARRANT COUNTY CHALLENGE INC 226 BAILEY, SUITE 105 FORT WORTH, TX 76107	75-2126450	501(C)3	29,140.	0.			PROVIDES PLANNING AND ADVOCACY FOR THOSE CONFRONTED WITH SUBSTANCE ABUSE
TARRANT COUNTY COLLEGE 1500 HOUSTON STREET FORT WORTH, TX 76102	75-2277475	501(C)3	102,081.	0.			DONOR DESIGNATION
TARRANT COUNTY HOMELESS COALITION PO BOX 471638 FORT WORTH, TX 76147	75-2331643	501(C)3	182,968.	0.			RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE COORDINATION, TRAINING, AND TECHNICAL
TARRANT COUNTY YOUTH COLLABORATION 6707 BRENTWOOD STAIR ROAD FORT WORTH, TX 76112	75-1761497	501(C)3	15,000.	0.			DONOR DESIGNATION
TARRANT LITERACY COALITION PO BOX 470744 FORT WORTH, TX 76147	26-3821487	501(C)3	54,576.	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	75-2776876	501(C)3	91,677.	0.			HOMELESSNESS GRANT
TRAVELERS AID DALLAS/FT WORTH P O BOX 610042 DFW AIRPORT, TX 75261	23-7304188	501(C)3	23,670.	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	75-2239189	501(C)3	11,048.	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
UNION GOSPEL MISSION P O BOX 2144 FORT WORTH, TX 76113	75-6054677	501(C)3	19,716.	0.			DONOR DESIGNATION
UNITED COMMUNITY CENTERS 1200 E. MADDOX AVENUE FORT WORTH, TX 76104	23-7122922	501(C)3	314,266.	0.			PROVIDE CLIENT INTERVENTION, ADULT LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR
UNITED NEGRO COLLEGE FUND, INC 501 ELM STREET, #700 DALLAS, TX 75202	13-1624241	501(C)3	8,700.	0.			DONOR DESIGNATION
UNITED SERVICE ORGANIZATIONS- USO WORLD HEADQUARTERS - 2111 WILSON BLVD., #1200 - ARLINGTON, VA 22201	13-1610451	501(C)3	19,081.	0.			DONOR DESIGNATION
UNITED WAY OF BROOME COUNTY BOX 550 BINGHAMPTON, NY 13902	15-0564074	501(C)3	11,506.	0.			DONOR DESIGNATION
UNITED WAY OF DENTON COUNTY 625 DALLAS DRIVE, #525 DENTON, TX 76205	75-1251128	501(C)3	33,905.	0.			DONOR DESIGNATION
UNITED WAY OF ELGIN 1797 NORTH LA FOX STREET SOUTH ELGIN, IL 60177	36-2167052	501(C)3	5,288.	0.			DONOR DESIGNATION
UNITED WAY OF HOOD COUNTY P O BOX 1611 GRANBURY, TX 76048	75-2794263	501(C)3	19,853.	0.			DONOR DESIGNATION
UNITED WAY OF JOHNSON COUNTY P O BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)3	33,411.	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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UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202	75-6005352	501(C)3	123,790.	0.			DONOR DESIGNATION
UNITED WAY OF MOJAVE VALLEY PO BOX 362 BARSTOW, CA 92312	95-2431051	501(C)3	5,700.	0.			DONOR DESIGNATION
UNITED WAY OF PARKER COUNTY P.O. BOX 1476 WEATHERFORD, TX 76086	75-2867921	501(C)3	51,717.	0.			DONOR DESIGNATION
UNITED WAY OF WISE COUNTY P O BOX 213 DECATUR, TX 76234	75-1748583	501(C)3	13,366.	0.			DONOR DESIGNATION
UNITED WAY; TULSA AREA P O BOX 1859 TULSA, OK 74101	73-0580283	501(C)3	7,160.	0.			DONOR DESIGNATION
UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501(C)3	45,000.	0.			HAIL EVALUATION SERVICES
UTA COMMUNITY SERVICES CENTER PO BOX 19129 ARLINGTON, TX 76019	05-2389660	501(C)3	100,000.	0.			HOMELESSNESS GRANT
WHAT ABOUT REMEMBERING ME CENTER DBA THE WARM PLACE - 809 LIPSCOMB - FORT WORTH, TX 76104	75-2220859	501(C)3	6,770.	0.			DONOR DESIGNATION
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	75-1501868	501(C)3	1,120,783.	0.			PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND

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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WORKFORCE SOLUTIONS 1230 SOUTH UNIVERSITY DRIVE, #600 FORT WORTH, TX 76107	75-2681216	501(C)3	141,176.	0.			HOMELESSNESS GRANT
YMCA OF ARLINGTON 1148-H WEST PIONEER PARKWAY ARLINGTON, TX 76013	75-1000839	501(C)3	66,941.	0.			PROVIDES SCHOOL AGE CHILDCARE
YMCA OF METRO FORT WORTH 512 LAMAR STREET, #400 FORT WORTH, TX 76102	75-0827471	501(C)3	551,410.	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	75-0829389	501(C)3	311,074.	0.			PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN TRANSITIONAL HOUSING
Z-QUEST P O BOX 822551 NORTH RICHLAND HILLS, TX 76182	453-02-5540	INDIVIDUAL	34,087.	0.			CAREGIVER INFORMATION SERVICES & EDUCATION & TRAINING
DIRECTLY PAID DESIGNATIONS 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164	75-0858360	501(C)3	1,481,482.	0.			DONOR DESIGNATION
DONOR RECIPIENTS LESS THAN \$5,000 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164	75-0858360	501(C)3	471,342.	0.			DONOR DESIGNATION

Part III **Grants and Other Assistance to Individuals in the United States.** 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
RESIDENTIAL REPAIR	372	348,226.	96,833.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH
CAREGIVER RESPITE	101	177,195.	7,466.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH
VET'S ASSISTANCE	23	228,766.	0.	YEARLY REPORT SUBMITTED TO DADS	
HEALTH MAINTENANCE SERVICES	666	156,242.	27,834.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH
HEALTH SCREENING SERVICES	40	8,110.	4,307.	YEARLY REPORT SUBMITTED TO DADS	IN-KIND MATCH

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

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

ISOLATION

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF GREATER TARRANT COUNTY

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

Part IV Supplemental Information

THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL DISABILITIES.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN

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 FAMILIES 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 HURRICANE'S 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: 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: GUARDIANSHIP SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SENIORS WITH CASE MANAGEMENT AND PROTECTIVE SERVICES, MONEY MANAGEMENT PROGRAMS, LEGAL ASSISTANCE 60 & OVER.

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

Part IV Supplemental Information

(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 LONE STAR CHAPTER

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 100 CLIENTS; SUPPORT SERVICES FOR 40 HIGH INTENSITY AND 20 MEDIUM INTENSITY CLIENTS

NAME OF ORGANIZATION OR GOVERNMENT: RECOVERY RESOURCE COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION PROGRAMS , PARENT CONNECTION CLASSES, AND RUNS THE SUNSHINE CLUB WHICH IS AIMED AT PROVIDING DRUG AND ALCOHOL EDUCATION AND SUPPORT TO CHILDREN IN HIGH RISK AREAS. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT

Part IV Supplemental Information

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

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 HOMELESS COALITION

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

Part IV Supplemental Information

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 INCREASE THE QUANTITY AND QUALITY OF PROGRAMS THROUGH INCREASED FUNDING, TRAINING AND COLLABORATION AMONG 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 PILOT 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

Part IV Supplemental Information

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
	X									
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>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</p>		X								
<p>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</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2011

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		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIM MCKINNEY	(i)	204,867.	0.	44,815.	19,333.	8,555.	277,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JAMES B CLARK	(i)	159,425.	0.	0.	30,054.	9,185.	198,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANN RICE	(i)	163,064.	0.	0.	27,748.	9,195.	200,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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 I, 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 ASIST IN FURTHERING THE MISSION OF THE ORGANIZATION.

PART I, LINE 4B: SEE SCHEDULE J, PART II, COLUMN (C)

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

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:

TOTAL NUMBER OF PEOPLE SERVED IN UNDUPLICATED SERVICES PROVIDED THROUGH

CARE COORDINATION: 1,585

TOTAL NUMBER OF PEOPLE SERVED IN UNDUPLICATED SERVICES PROVIDED THROUGH

EVENTS AND OUTREACH: 1,104,168

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.

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.

Name of the organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
--	--

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INCLUDES EXPENSES FROM 211 INFORMATION & REFERRAL CENTER AND OTHER SERVICE CENTERS, HOMELESSNESS PROJECT, AND LABOR RELATIONS & COMMUNITY SERVICE PROJECTS.

EXPENSES \$ 4,323,581. INCL GRANTS OF \$ 2,729,010. REVENUE \$ 592,975.

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 FORM, THAT LIST ALL OTHER BOARDS THAT THEY ARE MEMBERS OF AND ANY OTHER ORGANIZATIONS 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 & OTHER SIMILAR SIZE UNITED WAYS 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. FORMS 1023 IS AVAILABLE UPON REQUEST.

Name of the organization UNITED WAY OF TARRANT COUNTY	Employer identification number 75-0858360
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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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	7,972.
PENSION PLAN ADJUSTMENT (FASB 132)	5,645.
OTHER CHANGES IN ASSETS HELD BY OTHERS	178,151.
TIMING DIFFERENCE FOR DONOR DESIGNATED FUNDS	430,041.
TOTAL TO FORM 990, PART XI, LINE 5	621,809.

FORM 990, PART XI, 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

▶ **File a separate application for each return.**

- 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.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF TARRANT COUNTY	Employer identification number (EIN) or <input checked="" type="checkbox"/> 75-0858360
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) <input type="checkbox"/>
	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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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, 2013**, 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, 2011**, and ending **JUN 30, 2012**.

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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.