



Fort Worth Office
1400 West 7th Street
Suite 400
Fort Worth, Texas 76102
817.259.9100 Main
whitleypenn.com

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

Enclosed is the organization's 2012 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

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

Whitley Penn, LLP

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

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

UNITED WAY OF TARRANT COUNTY

75-0858360

Name and title of officer

**TIM MCKINNY, PRESIDENT AND CEO
PRESIDENT AND CEO**

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

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

| | | |
|---|--|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>30592254</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

75414276102
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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)

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 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

| | | |
|---|---|---|
| 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 UNITED WAY OF TARRANT COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 NORTH MAIN STREET 200 City, town, or post office, state, and ZIP code FORT WORTH, TX 76164 F Name and address of principal officer: TIM MCKINNEY SAME AS C ABOVE | D Employer identification number 75-0858360 E Telephone number (817) 258-8000 G Gross receipts \$ 46,211,015. 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) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.UNITEDWAYTARRANT.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1922 M State of legal domicile: TX |

Part I Summary

| | | | |
|------------------------------------|--|----------------------------------|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES ACROSS OUR DIVERSE COMMUNITIES BY: | | |
| Activities & Governance | 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 | 44 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 44 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 104 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 4021 |
| | 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 | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 30,484,718. | 30,022,078. |
| | 9 Program service revenue (Part VIII, line 2g) | 592,400. | 534,948. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 27,587. | 35,914. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 27,725. | -686. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 31,132,430. | 30,592,254. |
| Expenses | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 24,527,511. | 22,632,367. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,240,093. | 5,341,104. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,715,569. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,745,504. | 2,819,190. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 32,513,108. | 30,792,661. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -1,380,678. | -200,407. |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 35,311,244. | 36,430,372. |
| | 21 Total liabilities (Part X, line 26) | 7,718,636. | 8,330,089. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 27,592,608. | 28,100,283. |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer TIM MCKINNEY, PRESIDENT AND CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name CURTIS MAXFIELD | Preparer's signature CURTIS MAXFIELD |
| | Firm's name ▶ WHITLEY PENN LLP | Firm's EIN ▶ 75-2393478 |
| | Firm's address ▶ 1400 WEST 7TH STREET, STE. 400 FT. WORTH, TX 76102 | Phone no. (817) 259-9100 |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,716,123. including grants of \$ 10,412,663.) (Revenue \$) AGENCY ALLOCATIONS: UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS MORE THAN 66 PROGRAMS OF 42 HEALTH AND HUMAN SERVICE PARTNER AGENCIES. THROUGH MONITORING AND CAREFUL EXAMINATION OF PROGRAM OUTCOMES, UNITED WAY DETERMINES THE SPECIFIC LEVEL OF FUNDING FOR EACH OF THESE PROGRAMS, BASED ON TOTAL FUNDS AVAILABLE THROUGH THE ANNUAL UNITED WAY CAMPAIGN. OVER 66 PROGRAMS TOTAL NUMBER OF AGENCIES: 42 TOTAL NUMBER OF UNDUPLICATED SERVICES: 506,936

4b (Code:) (Expenses \$ 5,443,834. including grants of \$ 5,199,597.) (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 2013, THERE WERE 3 INITIATIVES: EDUCATION, INCOME, AND HEALTH.

4c (Code:) (Expenses \$ 5,576,731. including grants of \$ 3,497,713.) (Revenue \$) AREA AGENCY ON AGING: UNITED WAYS AREA AGENCY ON AGING (AAA) IS ONE OF 28 AAAS IN TEXAS SUPPORTED BY STATE AND FEDERAL FUNDS OF OLDER ADULTS SERVICES. THESE FUNDS ARE AUTHORIZED BY THE OLDER AMERICANS ACT AND THE TEXAS STATE LEGISLATURE. LOCAL VOLUNTEERS IN TARRANT COUNTY PLAN FOR SERVICE NEEDED AND DISTRIBUTE FUNDS FOR PROGRAMS. UNITED WAYS AAA PROGRAMS HELPS TO PROMOTE EMPOWERMENT, INDEPENDENCE AND DIGNITY FOR OLDER ADULTS AND THEIR CAREGIVERS AND HAS PROVEN TO HELP THEM REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE. TOTAL NUMBER OF PROGRAMS: 22 TOTAL NUMBER OF UNDUPLICATED SERVICES: 72,969

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,025,894. including grants of \$ 3,522,394.) (Revenue \$ 536,459.)

4e Total program service expenses 27,762,582.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | 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 and XII</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 and XII 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, highest 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, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 44 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 44 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JULIE WILSON CHAIR OF THE BOARD | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) MATTHEW ROSE CHAIR, ANNUAL CAMPAIGN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) SCOTT D RYAN 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) KEVIN BUEHLER EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) GREGORY C FOX EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) BRIAN GUTIERREZ EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) RICK MCWHORTER, CPA, CHFP EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JAMES POWELL EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) SCOTT SPIKER EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JACK WILLIAMS EXECUTIVE COMMITTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) TERRY ALMON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) GYNA BIVENS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) PAUL BLACK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) BRIAN CHASE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) GEORGIA DAY JOHNSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JOSEPHINE FOWLER, MD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) T.C. GILLESPIE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) OSSANA HERMOSILLO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) BOWIE HOGG BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) CHARLOTTE HOLM TEKLITZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JEFF JONES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 716,510. | 0. | 122,456. |
| d Total (add lines 1b and 1c) | | | | | | | | 716,510. | 0. | 122,456. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| OUTREACH HEALTH SERVICES, 2441 FOREST LANE, STE 101, GARLAND, TX 75042 | CAREGIVER RESPITE SERVICES & VETERAN'S | 700,404. |
| | | |
| | | |
| | | |
| | | |

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 (list any hours for related organizations below line) | (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) SHARON LEITE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (28) DE KELLY, JR. BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (29) JAMES LEITO BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (30) GLENN LEWIS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (31) NORM LYONS BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (32) MARK MCCLENDON BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (33) BETTINA MAUNZ BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (34) CHARLES MILLIKEN BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (35) DAVID D PARKER BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (36) RICHARD PIERCE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (37) ALICE PUENTE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (38) JOSEPH E STROOP BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (39) TAMMY TAYLOR BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (40) TRAN TRONG BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (41) BECKY D TUCKER BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (42) CRAIG S WALL BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (43) JEAN WALLACE BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (44) SARA WOODWARD BOARD MEMBER | 1.00 | X | | | | | 0. | 0. | 0. | |
| (45) TIM MCKINNEY PRESIDENT & CEO | 40.00 | | | X | | | 232,411. | 0. | 28,024. | |
| (46) JAMES B CLARK EXEC VP & CFO | 40.00 | | | X | | | 159,087. | 0. | 39,213. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|-----------------------|----------------------|------------------------------------|----------------------------|---|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a 882,042. | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e 6,436,097. | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 22,703,939. | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 30,022,078. | | | | |
| Program Service Revenue | 2 a | SERVICE CENTER RENTAL | Business Code 531120 | 485,963. | 485,963. | | | |
| | b | PROGRAM AND WORKSHOP FEES | 900099 | 48,985. | 48,985. | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 534,948. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 39,804. | | | 39,804. | |
| | 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 | 15,585,982. | | | | | |
| | | Gain or (loss) | 15,581,937. | 7,935. | | | | |
| | | Net gain or (loss) | 4,045. | -7,935. | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a 21,738. | | | | | |
| | b | Less: direct expenses | b 28,889. | | | | | |
| | c | Net income or (loss) from fundraising events | | | -7,151. | | -7,151. | |
| | 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 | SALE OF RESOURCE GUIDE | 900099 | | 3,794. | | | 3,794. | |
| | SALE OF T-SHIRTS | 900099 | | 1,511. | 1,511. | | | |
| | MISCELLANEOUS INCOME | 900099 | | 1,160. | | | 1,160. | |
| | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 6,465. | | | | |
| 12 | Total revenue. See instructions. | | | 30,592,254. | 536,459. | 0. | 33,717. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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 | 21,879,801. | 21,879,801. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 752,566. | 752,566. | | |
| 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 | 849,394. | 323,067. | 263,549. | 262,778. |
| 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 | 3,399,931. | 2,308,648. | 462,178. | 629,105. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 265,930. | 156,527. | 66,361. | 43,042. |
| 9 Other employee benefits | 511,742. | 371,729. | 54,971. | 85,042. |
| 10 Payroll taxes | 314,107. | 196,765. | 50,421. | 66,921. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 549,580. | 358,888. | 13,709. | 176,983. |
| b Legal | | | | |
| c Accounting | 93,511. | | 93,511. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 16,985. | 435. | | 16,550. |
| 13 Office expenses | 83,415. | 62,839. | 10,928. | 9,648. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 789,510. | 519,369. | 129,313. | 140,828. |
| 17 Travel | 65,065. | 38,639. | 3,100. | 23,326. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 210,464. | 110,078. | 31,002. | 69,384. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 254,666. | 157,307. | 44,134. | 53,225. |
| 22 Depreciation, depletion, and amortization | 62,036. | 21,072. | 37,194. | 3,770. |
| 23 Insurance | 3,062. | | 3,062. | |
| 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 | 289,072. | 254,953. | 22,674. | 11,445. |
| b TELEPHONE | 146,094. | 109,959. | 11,084. | 25,051. |
| c PRINTING AND PUBLICATIONS | 114,631. | 54,496. | 1,367. | 58,768. |
| d MEMBERSHIP DUES | 59,988. | 19,938. | 6,954. | 33,096. |
| e All other expenses | 81,111. | 65,506. | 8,998. | 6,607. |
| 25 Total functional expenses. Add lines 1 through 24e | 30,792,661. | 27,762,582. | 1,314,510. | 1,715,569. |
| 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

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 2,272,689. | 2 | 1,434,671. |
| | 3 Pledges and grants receivable, net | 9,316,164. | 3 | 10,509,984. |
| | 4 Accounts receivable, net | 1,627,135. | 4 | 1,437,056. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,602,109. | 9 | 972,607. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 433,773. | | |
| | b Less: accumulated depreciation | 10b 232,721. | | |
| | | 204,616. | 10c | 201,052. |
| | 11 Investments - publicly traded securities | 8,752,076. | 11 | 8,954,681. |
| | 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 | 11,536,455. | 15 | 12,920,321. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 35,311,244. | 16 | 36,430,372. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,101,355. | 17 | 1,297,743. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,155,080. | 19 | 2,346,176. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 3,462,201. | 25 | 4,686,170. |
| | 26 Total liabilities. Add lines 17 through 25 | 7,718,636. | 26 | 8,330,089. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 11,906,959. | 27 | 13,119,537. |
| | 28 Temporarily restricted net assets | 15,185,524. | 28 | 14,480,621. |
| | 29 Permanently restricted net assets | 500,125. | 29 | 500,125. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 27,592,608. | 33 | 28,100,283. |
| | 34 Total liabilities and net assets/fund balances | 35,311,244. | 34 | 36,430,372. |

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 | 30,592,254. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 30,792,661. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -200,407. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,592,608. |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,506. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 712,588. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 28,100,283. |

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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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 | |
| 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 | |

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

2012

Open to Public Inspection

| | |
|--|--|
| Name of the organization <p style="text-align:center">UNITED WAY OF TARRANT COUNTY</p> | Employer identification number <p style="text-align:center">75-0858360</p> |
|--|--|

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 - Non-functionally integrated
 - 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 monetary 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 28640023. | 29192217. | 32319822. | 30484718. | 30043816. | 150680596 |
| 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 | 28640023. | 29192217. | 32319822. | 30484718. | 30043816. | 150680596 |
| 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) | | | | | | 1419483. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 149261113 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 28640023. | 29192217. | 32319822. | 30484718. | 30043816. | 150680596 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 27,781. | 280,860. | 65,989. | 27,501. | 39,804. | 441,935. |
| 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.) | 16,689. | 15,552. | 3,648. | 27,150. | 4,954. | 67,993. |
| 11 Total support. Add lines 7 through 10 | | | | | | 151190524 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.72 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 98.52 | % |
| 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

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) (2012)

| | |
|---|---|
| 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 | ALCON LABORATORIES, INC 6201 SOUTH FREEWAY FORT WORTH, TX 76134 | \$ 992,463. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | 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

2012

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 11,001,658. | 10,861,018. | 9,160,671. | 8,730,720. | 10,493,921. |
| b Contributions | 117,364. | 509,725. | 280,243. | 170,532. | 217,671. |
| c Net investment earnings, gains, and losses | 1,764,968. | 8,037. | 1,853,154. | 704,987. | -1,509,579. |
| d Grants or scholarships | 453,954. | 377,122. | 433,050. | 445,568. | 471,293. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 12,430,036. | 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 80.00 %
 - b Permanent endowment 5.00 %
 - c Temporarily restricted endowment 15.00 %
- 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 XIII 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 | 251,240. | | 117,253. | 133,987. |
| d Equipment | 182,533. | | 115,468. | 67,065. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 201,052.

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 | 7,604,967. |
| (2) LEGACY II FUND | 2,472,862. |
| (3) WOMEN'S LEADERSHIP FUND | 595,150. |
| (4) BARNETT SHALE FUND | 1,260,246. |
| (5) 457 PLAN ASSETS | 322,902. |
| (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.) | 12,920,321. |

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 | 4,291,278. |
| (3) ACCRUED POST-RETIREMENT BENFITS | 394,892. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,686,170. |

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 25,341,141. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -4,506. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,793,857. |
| e | Add lines 2a through 2d | 2e | 1,789,351. |
| 3 | Subtract line 2e from line 1 | 3 | 23,551,790. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 7,040,464. |
| c | Add lines 4a and 4b | 4c | 7,040,464. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 30,592,254. |

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 24,833,466. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 28,889. |
| e | Add lines 2a through 2d | 2e | 28,889. |
| 3 | Subtract line 2e from line 1 | 3 | 24,804,577. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 5,988,084. |
| c | Add lines 4a and 4b | 4c | 5,988,084. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 30,792,661. |

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

PART V, LINE 4: \$9,996,313 OF BOARD DESIGNATED FUNDS UNDERWRITES A

PORTION OF UNITED WAY'S OPERATING COSTS.

\$1,855,396 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS.

\$578,327 FOR PERMANENT ENDOWMENT.

PART X, LINE 2: TAX POSITIONS TAKEN BY THE ORGANIZATION HAVE BEEN

REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL TAX POSITIONS

TAKE BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY

Part XIII Supplemental Information (continued)

EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS. AS OF JUNE 20, 2013, THE ORGANIZATION'S TAX YEARS 2009-2012 REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|------------|
| OTHER CHANGES IN ASSETS HELD BY OTHERS | 1,764,968. |
| SPECIAL EVENTS NET OF EXPENSES | 28,889. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,793,857. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|------------------------|------------|
| DONOR DESIGNATED FUNDS | 7,040,464. |
|------------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--------------------------------|---------|
| SPECIAL EVENTS NET OF EXPENSES | 28,889. |
|--------------------------------|---------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| DONOR DESIGNATED FUNDS | 5,976,375. |
| PENSION PLAN ADJUSTMENT | 11,709. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 5,988,084. |

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|---|---|--------------------------------------|--------------|------------------------|--|
| | | 90TH BREAKFAST EV (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 21,738. | | | 21,738. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 21,738. | | | 21,738. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 18,447. | | | 18,447. |
| | 7 Food and beverages | 7,287. | | | 7,287. |
| | 8 Entertainment | 950. | | | 950. |
| | 9 Other direct expenses | 2,205. | | | 2,205. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (28,889) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -7,151. | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

**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.

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. 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 6 STONES MISSION NETWORK 209 NORTH INDUSTRIAL BLVD., #241 BEDFORD, TX 76021 | 24-4829432 | 501 (C) 3 | 10,452. | 0. | | | DONOR DESIGNATION |
| ACH - CHILD & FAMILY SERVICES 1424 SUMMIT AVENUE FORT WORTH, TX 76102 | 75-0818140 | 501 (C) 3 | 261,027. | 0. | | | PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL |
| AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111 | 75-2139336 | 501 (C) 3 | 50,241. | 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 | 8,315. | 0. | | | DONOR DESIGNATION |
| ALZHEIMER'S ASSOCIATION GREATER DALLAS CHAPTER - 4144 NORTH CENTRAL EXPRESSWAY, #750 - DALLAS, TX 75204 | 75-2041194 | 501 (C) 3 | 8,489. | 0. | | | DONOR DESIGNATION |
| ALZHEIMER'S ASSOCIATION OF NORTH CENTRAL TEXAS - 2630 WEST FREEWAY, #100 - FORT WORTH, TX 76102 | 75-1984152 | 501 (C) 3 | 487,942. | 0. | | | PROVIDES SENIOR SUPPORT AND CARE TO PREVENT SENIOR ISOLATION |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **124.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

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 3301 WEST FREEWAY FORT WORTH, TX 76107 | 13-1788491 | 501 (C) 3 | 27,451. | 0. | | | DONOR DESIGNATION |
| AMERICAN CANCER SOCIETY, INC 8900 CARPENTER FREEWAY DALLAS, TX 75247 | 13-1788491 | 501 (C) 3 | 11,286. | 0. | | | DONOR DESIGNATION |
| AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD, #100 DALLAS, TX 75244 | 13-5413797 | 501 (C) 3 | 9,422. | 0. | | | DONOR DESIGNATION |
| AMERICAN GIVING PO BOX 619616 DFW AIRPORT, TX 75261 | 20-0253791 | 501 (C) 3 | 5,495. | 0. | | | DONOR DESIGNATION |
| AMERICAN HEART ASSOCIATION TARRANT COUNTY - 2630 WEST FREEWAY, #250 - FORT WORTH, TX 76102 | 13-5613797 | 501 (C) 3 | 11,708. | 0. | | | DONOR DESIGNATION |
| AMERICAN RED CROSS-CHISHOLM TRAIL CHAPTER - 1515 SOUTH SYLVANIA - FORT WORTH, TX 76111 | 53-0196605 | 501 (C) 3 | 197,275. | 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 | 17,060. | 0. | | | DONOR DESIGNATION |
| ARC OF GREATER TARRANT COUNTY 1051 HASKELL STREET, #106 FORT WORTH, TX 76107 | 75-1488945 | 501 (C) 3 | 18,856. | 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 | 258,449. | 0. | | | EARLY LEARNING INITIATIVE |

| 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 |
| ARLINGTON LIFE SHELTER 325 WEST DIVISION STREET ARLINGTON, TX 76011 | 75-2235099 | 501 (C) 3 | 5,860. | 0. | | | DONOR DESIGNATION |
| BATTERED WOMEN'S FOUNDATION 9125 RUMFIELD RD NORTH RICHLAND HILLS, TX 76180 | 91-1789853 | 501 (C) 3 | 6,372. | 0. | | | DONOR DESIGNATION |
| BIG BROTHERS BIG SISTERS 2020 NORTH PEARL STREET DALLAS, TX 75201 | 75-0800632 | 501 (C) 3 | 53,222. | 0. | | | DONOR DESIGNATION |
| BIG BROTHERS BIG SISTERS OF NORTH TEXAS - 6040 CAMP BOWIE BLVD, #14 - FORT WORTH, TX 76116 | 75-0800632 | 501 (C) 3 | 64,225. | 0. | | | PROVIDES ADULT/CHILD SURROGATE PROGRAMS |
| BIRDVILLE ISD 6125 EAST BELKNAP STREET HALTOM CITY, TX 76117 | 75-2671339 | 501 (C) 3 | 357,971. | 0. | | | EARLY LEARNING INITIATIVE |
| BOY SCOUTS OF AMERICA LONGHORN COUNCIL - PO BOX 54190 - HURST, TX 76054 | 74-1157377 | 501 (C) 3 | 182,211. | 0. | | | PROVIDES SOCIAL DEVELOPMENT PROGRAM FOR CHILDHOOD BOYS |
| BOYS & GIRLS CLUB OF ARLINGTON 608 NORTH ELM ARLINGTON, TX 76011 | 75-1046644 | 501 (C) 3 | 164,908. | 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 | 406,749. | 0. | | | PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN |
| BRIDGESWORK 2708 RIVER FOREST COURT BEDFORD, TX 76021 | 45-4458104 | 501 (C) 3 | 24,090. | 0. | | | SUMMER READING LOSS PROGRAM |

| 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 | 177,181. | 0. | | | PROVIDES SCHOOL AGE CHILD CARE. ALSO PROVIDES CREATIVE SOLUTIONS TO CONNECT FAMILIIES |
| CANCER CARE SERVICES 623 SOUTH HENDERSON FORT WORTH, TX 76104 | 75-1025511 | 501 (C) 3 | 235,647. | 0. | | | PROVIDES FINANCIAL ASSISTANCE FOR HEALTHCARE NEEDS |
| CASA MANANA 3101 WEST LANCASTER FORT WORTH, TX 76107 | 75-0987585 | 501 (C) 3 | 9,505. | 0. | | | DONOR DESIGNATION |
| CATHOLIC CHARITIES PO BOX 15610 FORT WORTH, TX 79119 | 75-0808769 | 501 (C) 3 | 1,855,595. | 0. | | | INCREASING SELF-SUFFICIENCY-FINANCIA ASSISTANCE AND EMPLOYMENT; PROMOTING |
| CATHOLIC CHARITIES OF DALLAS 9461 LBJ FREEWAY DALLAS, TX 75243 | 75-2745221 | 501 (C) 3 | 5,653. | 0. | | | DONOR DESIGNATION |
| CENTER OF HOPE PO BOX 190 WEATHERFORD, TX 76086 | 75-2762501 | 501 (C) 3 | 6,502. | 0. | | | DONOR DESIGNATION |
| CHILD CARE ASSOCIATES TARRANT COUNTY - 3000 EAST BELKNAP, 3RD FLOOR - FORT WORTH, TX 76111 | 84-0587601 | 501 (C) 3 | 411,285. | 0. | | | PROVIDES EARLY CHILDHOOD DEVELOPMENT PROGRAMS |
| CHILD STUDY CENTER, INC. 1300 W LANCASTER FORT WORTH, TX 76102 | 75-1099536 | 501 (C) 3 | 310,613. | 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 | 15,077. | 0. | | | DONOR DESIGNATION |

UNITED WAY OF TARRANT COUNTY

| 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 | 68,705. | 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 | 67,544. | 0. | | | PROVIDES ADULT LITERACY PROGRAMS |
| COMMUNITY FOUNDATION 306 W. 7TH STREET, #850 FORT WORTH, TX 76102 | 75-2267767 | 501 (C) 3 | 117,364. | 0. | | | DONOR DESIGNATION |
| COMMUNITY HEALTH CHARITIES FED 200 NORTH GLEBE ROAD, #801 ARLINGTON, VA 22203 | 52-1089036 | 501 (C) 3 | 37,670. | 0. | | | DONOR DESIGNATION |
| COOK CHILDREN'S MEDICAL CTR. 801 SEVENTH AVENUE FORT WORTH, TX 76104 | 75-2051646 | 501 (C) 3 | 32,714. | 0. | | | DONOR DESIGNATION |
| CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE AVENUE FORT WORTH, TX 76111 | 75-2417646 | 501 (C) 3 | 5,025. | 0. | | | DONOR DESIGNATION |
| DAY RESOURCE CENTER FOR THE HOMELESS - 1415 EAST LANCASTER AVENUE - FORT WORTH, TX 76102 | 75-2747809 | 501 (C) 3 | 142,361. | 0. | | | HOMELESSNESS GRANT |
| DENTAL DIRECTIONS PO BOX 1487 HURST, TX 76053 | 75-2867570 | 501 (C) 3 | 7,750. | 0. | | | PROVIDES FUNDING FOR DENTIST AT DENTAL CLINIC |
| DENTAL HEALTH FOR ARLINGTON P O BOX 1542 ARLINGTON, TX 76004 | 75-2467366 | 501 (C) 3 | 36,293. | 0. | | | RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES. AS WELL AS THE |

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 |
| DOLLYWOOD FOUNDATION 1020 DOLLYWOOD LANE PIGEON FORGE, TN 37863 | 62-1348105 | 501 (C) 3 | 28,900. | 0. | | | FUNDING FOR BOOKS FOR IMAGINATION LIBRARY |
| EARTH SHARE OF TEXAS 1301 SOUTH I-35, #314 AUSTIN, TX 78741 | 74-2627643 | 501 (C) 3 | 8,640. | 0. | | | DONOR DESIGNATION PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT. ALSO |
| EASTER SEALS NORTH TEXAS 1424 HEMPHILL STREET FORT WORTH, TX 76104 | 75-0827419 | 501 (C) 3 | 639,151. | 0. | | | PROVIDES ASSET DEVELOPMENT FOR CLIENTS |
| FAMILY PATHFINDERS OF TARRANT COUNTY - PO BOX 11471 - FORT WORTH, TX 76119 | 73-1643384 | 501 (C) 3 | 80,000. | 0. | | | DONOR DESIGNATION |
| FONDOS UNIDOS DE PUERTO RICO P O BOX 191914 SAN JUAN, PR 00919 | 66-0269222 | 501 (C) 3 | 12,174. | 0. | | | DONOR DESIGNATION |
| FORT WORTH HOUSING AUTHORITY PO BOX 430 FORT WORTH, TX 76101 | 75-6001818 | 501 (C) 3 | 1,320,992. | 0. | | | HOMELESSNESS GRANT |
| FORT WORTH ISD 100 NORTH UNIVERSITY DRIVE, #SW204 FORT WORTH, TX 76107 | 75-6001613 | 501 (C) 3 | 1,067,717. | 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 | 115,909. | 0. | | | PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDHOOD GIRLS. |
| GIRLS INCORPORATED TARRANT CITY 2820 MATLOCK RD ARLINGTON, TX 76015 | 75-1514683 | 501 (C) 3 | 99,061. | 0. | | | PROVIDES SCHOOL AGE CHILD CARE. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384 | 52-1273585 | 501 (C) 3 | 25,280. | 0. | | | DONOR DESIGNATION |
| GOODWILL INDUSTRIES/FORT WORTH P O BOX 15520 FORT WORTH, TX 76119 | 75-0868393 | 501 (C) 3 | 26,240. | 0. | | | DONOR DESIGNATION |
| GRAPEVINE RELIEF & COMMUNITY EXCHANGE - PO BOX 412 - GRAPEVINE, TX 76099 | 75-2195702 | 501 (C) 3 | 133,398. | 0. | | | PROVIDES DIABETIC EDUCATION |
| GRISWOLD SPECIAL CARE 3901 ARLINGTON HIGHLANDS BLVD, STE ARLINGTON, TX 76018 | 27-4500146 | 501 (C) 3 | 7,213. | 0. | | | RESPIRE SERVICES |
| GUARDIANSHIP SERVICES, INC. P O BOX 11481 FORT WORTH, TX 76110 | 75-2739419 | 501 (C) 3 | 102,298. | 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 | 9,538. | 0. | | | DONOR DESIGNATION |
| HELPING RESTORE ABILITY 4300 BELTWAY PLACE, #130 ARLINGTON, TX 76018 | 75-1562334 | 501 (C) 3 | 54,748. | 0. | | | DONOR DESIGNATION |
| HIGHLAND MEADOWS CHURCH 2600 HALL JOHNSON ROAD COLLEYVILLE, TX 76034 | 75-1446386 | 501 (C) 3 | 7,200. | 0. | | | DONOR DESIGNATION |
| HOME CARE EXTENDED 132 NW ELLISON STREET BURLESON, TX 76028 | 81-0549447 | 501 (C) 3 | 9,745. | 0. | | | RESPIRE SERVICES |

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 |
| HOPE COMMUNITY CHURCH 1750 BEACH STREET FORT WORTH, TX 76103 | 75-1803139 | 501 (C) 3 | 13,620. | 0. | | | DONOR DESIGNATION |
| HUNGRY KIDS INTERNATIONAL INC P O BOX 87 QUEMADO, TX 78877 | 75-1731314 | 501 (C) 3 | 5,693. | 0. | | | DONOR DESIGNATION PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES. |
| JEWISH FEDERATION FORT WORTH 4049 KINGSRIDGE ROAD FORT WORTH, TX 76109 | 75-0808797 | 501 (C) 3 | 38,137. | 0. | | | PROVIDES DAY TREATMENT CENTER AND CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPORT |
| LENA POPE HOME 3131 SANGUINET STREET FORT WORTH, TX 76107 | 75-6003583 | 501 (C) 3 | 364,699. | 0. | | | |
| LUTHERAN SOCIAL SERVICES DISASTER RESPONSE - 8305 CROSS PARK DRIVE - AUSTIN, TX 78754 | 74-1109745 | 501 (C) 3 | 19,960. | 0. | | | DONOR DESIGNATION - WEST TEXAS DISASTER RESPONSE |
| MAKE-A-WISH FOUNDATION OF NORTH TEXAS - 6655 DESEO DRIVE - IRVING, TX 75039 | 75-1889666 | 501 (C) 3 | 5,071. | 0. | | | DONOR DESIGNATION |
| MEALS ON WHEELS, INC OF TARRANT COUNTY - 320 SOUTH FREEWAY - FORT WORTH, TX 76104 | 75-1568798 | 501 (C) 3 | 1,617,927. | 0. | | | TRANSPORTATION VOUCHERS & HOME DELIVERED MEALS & PARTICIPANT ASSESSMENT, HEALTHY IDEAS, CLP. |
| MEDCO MEDICAL SUPPLY 10305 ROUND UP LANE, #100 HOUSTON, TX 77064 | 74-1693385 | 501 (C) 3 | 24,955. | 0. | | | DURABLE MEDICAL EQUIPMENT FOR CAREGIVERS & HEALTHCARE PROVIDERS |
| MENTAL HEALTH AMERICA OF TARRANT COUNTY - 3136 WEST 4TH STREET - FORT WORTH, TX 76107 | 75-0983834 | 501 (C) 3 | 201,805. | 0. | | | PROVIDES PEER SUPPORT THROUGH CRISIS INTERVENTION AND CASE MANAGEMENT, MENTAL HEALTH |

| 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 |
| MENTAL HEALTH CONNECTION OF TARRANT COUNTY - 3131 SANGUINET STREET - FORT WORTH, TX 76107 | 75-2659610 | 501 (C) 3 | 16,000. | 0. | | | DONOR DESIGNATION |
| MHMR OF TARRANT COUNTY PO BOX 2603 FORT WORTH, TX 76113 | 75-2890731 | 501 (C) 3 | 314,187. | 0. | | | DONOR DESIGNATION |
| MID CITIES PREGNANCY CENTER 8251 BEDFORD EULESS ROAD, #220 NORTH RICHLAND HILLS, TX 76180 | 75-2548774 | 501 (C) 3 | 9,344. | 0. | | | DONOR DESIGNATION |
| MISSION ARLINGTON/METROPLEX 210 WEST SOUTH STREET ARLINGTON, TX 76010 | 75-2354962 | 501 (C) 3 | 24,373. | 0. | | | DONOR DESIGNATION |
| NATIONAL MULTIPLE SCLEROSIS LONE STAR CHAPTER - 4086 SANDSHELL - FORT WORTH, TX 76137 | 75-1803731 | 501 (C) 3 | 82,175. | 0. | | | PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO THOSE WITH OR FAMILIES DEALING WITH |
| NORTH TEXAS AREA COMMUNITY HEALTH CENTERS - 2100 NORTH MAIN STREET - FORT WORTH, TX 76164 | 54-2117989 | 501 (C) 3 | 100,184. | 0. | | | DIABETESSALUD PROGRAM |
| OUTREACH HEALTH SERVICES 2441 FOREST LANE, STE 101 GARLAND, TX 75042 | 74-2950392 | 501 (C) 3 | 486,254. | 0. | | | RESPIRE SERVICES |
| PARENTING CENTER 2928 WEST FIFTH ST FORT WORTH, TX 76107 | 23-7454254 | 501 (C) 3 | 131,976. | 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 | 293,450. | 0. | | | PROVIDES SHELTER CARE. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT |

| 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 |
| READING & RADIO RESOURCE 2007 RANDALL STREET DALLAS, TX 75201 | 75-1530816 | 501 (C) 3 | 9,932. | 0. | | | DONOR DESIGNATION PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION |
| RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111 | 75-6005093 | 501 (C) 3 | 302,538. | 0. | | | RESPIRE SERVICES PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS |
| RESCARE HOME CARE 6777 CAMP BOWIE BLVD., #233 FORT WORTH, TX 76116 | 74-2436416 | 501 (C) 3 | 7,712. | 0. | | | PROVIDES A FORT WORTH AND ARLINGTON SHELTER, EMERGENCY ASSISTANCE, AND SHELTER CARE. RECEIVED |
| SAFEHAVEN OF TARRANT COUNTY 8701 BEDFORD EULESS ROAD, #600 HURST, TX 76053 | 75-1670281 | 501 (C) 3 | 376,626. | 0. | | | EVALUATOR SERVICES FOR HEALTH IMPACT GRANTS |
| SALVATION ARMY PO BOX 2333 FORT WORTH, TX 76113 | 75-0800678 | 501 (C) 3 | 472,671. | 0. | | | DONOR DESIGNATION NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREGATE MEALS, HEALTHY |
| SCOTT & WHITE MEMORIAL HOSPITAL 2401 SOUTH 31ST STREET TEMPLE, TX 76508 | 74-1166904 | 501 (C) 3 | 52,500. | 0. | | | PROVIDES SICKLE CELL DISEASE EDUCATIONAL PROGRAM |
| SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219 | 75-0818178 | 501 (C) 3 | 33,967. | 0. | | | |
| SENIOR CITIZEN SERVICES OF TARRANT COUNTY - 1400 CIRCLE DRIVE, #300 - FORT WORTH, TX 76119 | 75-1251339 | 501 (C) 3 | 1,746,247. | 0. | | | |
| SICKLE CELL DISEASE ASSOC. TARRANT COUNTY - 1400 SOUTH MAIN, #202 - FORT WORTH, TX 76105 | 75-1384657 | 501 (C) 3 | 33,446. | 0. | | | |

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 |
| SOCIETY OF ST. VINCENT DE PAUL 320 DECKER DRIVE, #100 IRVING, TX 75062 | 13-5562362 | 501 (C) 3 | 17,818. | 0. | | | DONOR DESIGNATION |
| SOMETHING MAAGIC FOUNDATION 4333 AMON CARTER BLVD MD 5195 FORT WORTH, TX 76155 | 75-2903709 | 501 (C) 3 | 14,148. | 0. | | | DONOR DESIGNATION |
| SOUTHWESTERN DIABETIC FND P O BOX 918 GAINESVILLE, TX 76241 | 75-6002547 | 501 (C) 3 | 37,229. | 0. | | | RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501 (C) 3 | 19,872. | 0. | | | DONOR DESIGNATION |
| SUSAN G KOMEN BREAST CANCER FOUNDATION - 5005 LBJ FREEWAY, #250 - DALLAS, TX 75244 | 75-2844652 | 501 (C) 3 | 26,115. | 0. | | | DONOR DESIGNATION |
| TARRANT AREA FOOD BANK 2600 CULLEN ST FORT WORTH, TX 76107 | 75-1822473 | 501 (C) 3 | 11,980. | 0. | | | DONOR DESIGNATION |
| TARRANT COUNTY CHALLENGE INC 226 BAILEY, SUITE 105 FORT WORTH, TX 76107 | 75-2126450 | 501 (C) 3 | 17,958. | 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 | 219,119. | 0. | | | DONOR DESIGNATION |
| TARRANT COUNTY HOMELESS COALITION PO BOX 471638 FORT WORTH, TX 76147 | 75-2331643 | 501 (C) 3 | 175,098. | 0. | | | RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE COORDINATION, TRAINING, AND TECHNICAL |

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 |
| TARRANT COUNTY YOUTH COLLABORATION 6707 BRENTWOOD STAIR ROAD FORT WORTH, TX 76112 | 75-1761497 | 501 (C) 3 | 11,250. | 0. | | | DONOR DESIGNATION |
| TARRANT LITERACY COALITION PO BOX 470744 FORT WORTH, TX 76147 | 26-3821487 | 501 (C) 3 | 39,502. | 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 | 72,401. | 0. | | | HOMELESSNESS GRANT |
| TRAVELERS AID DALLAS/FT WORTH P O BOX 610042 DFW AIRPORT, TX 75261 | 23-7304188 | 501 (C) 3 | 21,661. | 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 | 12,533. | 0. | | | DONOR DESIGNATION |
| UNION GOSPEL MISSION P O BOX 2144 FORT WORTH, TX 76113 | 75-6054677 | 501 (C) 3 | 21,477. | 0. | | | DONOR DESIGNATION |
| UNITED COMMUNITY CENTERS 1200 E. MADDOX AVENUE FORT WORTH, TX 76104 | 23-7122922 | 501 (C) 3 | 216,212. | 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 | 8,508. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BROOME COUNTY BOX 550 BINGHAMPTON, NY 13902 | 15-0564074 | 501 (C) 3 | 10,170. | 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 |
| UNITED WAY OF DENTON COUNTY 625 DALLAS DRIVE, #525 DENTON, TX 76205 | 75-1251128 | 501 (C) 3 | 72,078. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF HOOD COUNTY P O BOX 1611 GRANBURY, TX 76048 | 75-2794263 | 501 (C) 3 | 20,544. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF JOHNSON COUNTY P O BOX 31 CLEBURNE, TX 76033 | 75-1101239 | 501 (C) 3 | 43,584. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR DALLAS, TX 75202 | 75-6005352 | 501 (C) 3 | 151,636. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MOJAVE VALLEY PO BOX 362 BARSTOW, CA 92312 | 95-2431051 | 501 (C) 3 | 8,198. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF PARKER COUNTY P.O. BOX 1476 WEATHERFORD, TX 76086 | 75-2867921 | 501 (C) 3 | 67,883. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF WEST ELLIS CO. P.O. BOX 1025 MIDLOTHIAN, TX 76065 | 75-6002917 | 501 (C) 3 | 5,428. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF WISE COUNTY P O BOX 213 DECATUR, TX 76234 | 75-1748583 | 501 (C) 3 | 21,847. | 0. | | | DONOR DESIGNATION |
| UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314 | 13-1635294 | 501 (C) 3 | 207,077. | 0. | | | DONOR DESIGNATION |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED WAY; TULSA AREA P O BOX 1859 TULSA, OK 74101 | 73-0580283 | 501 (C) 3 | 6,317. | 0. | | | DONOR DESIGNATION |
| UNITED WAYS OF TEXAS 701 BRAZOS STREET, #500 AUSTIN, TX 78701 | 74-1618608 | 501 (C) 3 | 47,690. | 0. | | | DONOR DESIGNATION |
| UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107 | 75-6064033 | 501 (C) 3 | 294,500. | 0. | | | HAIL EVALUATION SERVICES |
| UT ARLINGTON PO BOX 19136 ARLINGTON, TX 76019 | 75-6000121 | 501 (C) 3 | 35,000. | 0. | | | EVALUATOR SERVICES FOR EDUCATION IMPACT GRANTS |
| UTA COMMUNITY SERVICES CENTER PO BOX 19129 ARLINGTON, TX 76019 | 05-2389660 | 501 (C) 3 | 50,000. | 0. | | | HOMELESSNESS GRANT |
| WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110 | 75-1501868 | 501 (C) 3 | 1,023,601. | 0. | | | PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND |
| WORKFORCE SOLUTIONS 1230 SOUTH UNIVERSITY DRIVE, #600 FORT WORTH, TX 76107 | 75-2681216 | 501 (C) 3 | 25,801. | 0. | | | HOMELESSNESS GRANT |
| YMCA OF ARLINGTON 1148-H WEST PIONEER PARKWAY ARLINGTON, TX 76013 | 75-1000839 | 501 (C) 3 | 52,324. | 0. | | | PROVIDES SCHOOL AGE CHILDCARE |
| YMCA OF METRO FORT WORTH 512 LAMAR STREET, #400 FORT WORTH, TX 76102 | 75-0827471 | 501 (C) 3 | 447,245. | 0. | | | PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG |

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 |
| YWCA OF FORT WORTH & TARRANT COUNTY - 512 WEST 4TH STREET - FORT WORTH, TX 76102 | 75-0829389 | 501 (C) 3 | 356,485. | 0. | | | PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN TRANSITIONAL HOUSING |
| Z-QUEST P O BOX 822551 NORTH RICHLAND HILLS, TX 76182 | 45-3025540 | INDIVIDUAL | 6,350. | 0. | | | CAREGIVER INFORMATION SERVICES & EDUCATION & TRAINING |
| DIRECTLY PAID DESIGNATIONS 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164 | 75-0858360 | 501 (C) 3 | 973,354. | 0. | | | DONOR DESIGNATION |
| DONOR RECIPIENTS LESS THAN \$5,000 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164 | 75-0858360 | 501 (C) 3 | 284,593. | 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| CAREGIVER RESPITE | 59 | 54,269. | 7,411. | YEARLY REPORT SUBMITTED TO DADS | IN-KIND MATCH |
| HEALTH MAINTENANCE SERVICES | 521 | 61,980. | 12,716. | YEARLY REPORT SUBMITTED TO DADS | IN-KIND MATCH |
| HEALTH SCREENING SERVICES | 1 | 92. | 0. | YEARLY REPORT SUBMITTED TO DADS | |
| INCOME SUPPORT | 224 | 39,187. | 0. | YEARLY REPORT SUBMITTED TO DADS | |
| RESIDENTIAL REPAIR | 275 | 88,400. | 25,840. | 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, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H) :

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS-CHISHOLM TRAIL CHAPTER

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

CASE MANAGEMENT. PROVIDES DISASTER RELIEF AND TRANSPORTATION TO PREVENT

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| VET'S ASSISTANCE | 48. | 462,670. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information

ISOLATION.

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF GREATER TARRANT COUNTY

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

NAME OF ORGANIZATION OR GOVERNMENT: 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 FAMILIIES TOGETHER AND PROVIDE SUPPORT SERVICES. ALSO PROVIDES ADMINISTRATIVE AND CLASSROOM MENTORING AND TRAINING SERVICES TO THE KIDS WAY CHILD CARE QUALITY ENHANCEMENT PROGRAM PARTICIPANTS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF 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.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEDIATRIC MEDICAL SERVICES, PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND SPECIAL EDUCATION. ALSO PROVIDE A NIGRADS WHICH PROVIDES RECENT NEONATAL ICU CASES WITH DEVELOPMENTAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: 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

Part IV Supplemental Information

CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPORT CENTER.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEER SUPPORT THROUGH CRISIS INTERVENTION AND CASE MANAGEMENT, MENTAL HEALTH EDUCATION. AS WELL AS A OMBUDSMAN PROGRAM AND ADVOCACY TO THOSE WITH MENTAL HEALTH ISSUES.

RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES TO 8 HIGH INTENSITY AND 40 MEDIUM INTENSITY CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MULTIPLE SCLEROSIS 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 FAMILIY 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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT, GENERAL DRUG AND ALCOHOL EDUCATION PROGRAMS, PARENT CONNECTION CLASSES, AND RUNS THE SUNSHINE CLUB WHICH IS AIMED AT PROVIDING DRUG AND ALCOHOL EDUCATION AND SUPPORT TO CHILDREN IN HIGH RISK AREAS. RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 75 CLIENTS; STORAGE SPACE FOR 150 CLIENTS DAILY.

NAME OF ORGANIZATION OR GOVERNMENT: SAFEHAVEN OF TARRANT COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS SERVICES, MEN'S NON-VIOLENCE EDUCATIONAL PROGRAMS, AND FILIAL THERAPY WHICH PROVIDES ALTERNATIVE EMOTIONAL SUPPORT FOR ABUSED CHILDREN. ALSO PROVIDES A MULT-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, CONGREGATE MEALS, HEALTHY IDEAS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWESTERN DIABETIC FND

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

Part IV Supplemental Information

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
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 FAMILITES 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

Part IV Supplemental Information

PREPARATION, AND COUNSELING. ADULT LITERACY EVALUATION PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METRO FORT WORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SCHOOL AGE CHILDCARE, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN AND YOUNG ADULTS, CHILDHOOD OBESITY SUPPORT AND EDUCATIONAL PROGRAMS, RUNS TRUCE PROGRAM A GANG PREVENTION PROGRAM, AND PROGRAMS TO PREVENT OLDER ADULTS ISOLATION.

ALSO, RUNS A FITFUTURE CHILDHOOD OBESITY IMPACT PROJECT WITHIN THE FORT WORTH ISD TO REDUCE OBESITY BY PROMOTING FITNESS.

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

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

2012

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> <p> <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> | | |
| <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> | 1b 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> | 2 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, but explain in Part III.</p> <p> <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> | | |
| <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> | 4a | X |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b X | |
| <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> | 4c | 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> | 5a | X |
| <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p> | 5b | 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> | 6a | X |
| <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p> | 6b | 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> | 7 | 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> | 8 | 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> | 9 | |

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

Schedule J (Form 990) 2012

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) TIM MCKINNEY PRESIDENT & CEO | (i) | 204,867. | 25,609. | 1,935. | 18,097. | 260,435. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JAMES B CLARK EXEC VP & CFO | (i) | 159,087. | 0. | 0. | 30,027. | 198,300. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ANN RICE EXEC VP & COO | (i) | 162,727. | 0. | 0. | 27,718. | 199,640. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (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 1, LINE 1A: UNITED WAY PAYS FOR THE PRESIDENT/CEO
TO BE A MEMBER OF THE FORT WORTH CLUB. THE PURPOSE WAS TO MEET POTENTIAL
VOLUNTEERS AND DONORS THAT COULD ASSIST IN FUTHERING THE MISSION OF THE
ORGANIZATION.

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

2012

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: 1,189

TOTAL NUMBER OF PEOPLE SERVED IN UNDUPLICATED SERVICES PROVIDED THROUGH
EVENTS AND OUTREACH: 1,047,797

A FEW OF AAAS TOP PROGRAMS INCLUDE: HOME & SENIOR CITIZEN DELIVERED
MEALS, RESPITE CARE, RESIDENTIAL REPAIR, EVIDENCE-BASED PROGRAMS AND
TRANSPORTATION SERVICES WITH MANY OTHERS THAT PROVIDE VITAL SERVICES
AND SUPPORT FOR ELDERLY AND THEIR CAREGIVERS.

FORM 990, PART 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.

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

EXPENSES \$ 5,025,894. INCL GRANTS OF \$ 3,522,394. REVENUE \$ 536,459.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS MONITORED AND BOARD MEMBERS DECLARE ANNUALLY BY FILLING OUT A FORM, THAT LIST ALL OTHER BOARDS THAT THEY ARE MEMBERS OF AN ANY OTHER ORGANIZATION THEY ARE INVOLVED IN.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, DOES AN ANNUAL REVIEW OF ALL KEY EMPLOYEE'S COMPENSATION. THEY BENCHMARK CURRENT COMPENSATIONS AGAINST THE MARKET AS WELL AS UNITED WAY OF AMERICA & 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.

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

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

TO THE PUBLIC UPON REQUEST.

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

OTHER CHANGES IN ASSETS HELD BY OTHERS 1,764,968.

TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS -1,064,089.

PENSION ADJUSTMENT 11,709.

TOTAL TO FORM 990, PART XI, LINE 9 712,588.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE RESPONSIBILITIES

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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
- 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 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) |
| | 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) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 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, 2014**, 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, 2012**, and ending **JUN 30, 2013**.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2013)