

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 NO 200

City or town, state or province, country, and ZIP or foreign postal code
FORT WORTH, TX 76164

D Employer identification number
75-0858360

E Telephone number
(817) 258-8000

G Gross receipts \$ 24,339,403

F Name and address of principal officer
JEFFREY ALLISON
1500 NORTH MAIN STREET NO 200
FORT WORTH, TX 76164

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW UNITEDWAYTARRANT ORG

K Form of organization Corporation Trust Association 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
PROVIDE LEADERSHIP AND HARNESS RESOURCES TO SOLVE TARRANT COUNTY'S TOUGHEST SOCIAL CHALLENGES

2 Check this box 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 | 38 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 38 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 87 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 2,503 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | Prior Year | | Current Year | |
|---|--|------------|--------------|------------|
| | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 19,593,315 | | 22,128,074 | |
| 9 Program service revenue (Part VIII, line 2g) | 426,707 | | 502,987 | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 81,914 | | 1,570,484 | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 191,719 | | 96,806 | |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,293,655 | | 24,298,351 | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 18,323,509 | | 17,587,489 | |
| 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) | 5,060,962 | | 5,224,320 | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | 0 | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,176,253 | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 3,251,799 | | 4,361,286 | |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 26,636,270 | | 27,173,095 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | -6,342,615 | | -2,874,744 | |
| | Beginning of Current Year | | End of Year | |
| | | | | |
| | 20 Total assets (Part X, line 16) | 26,883,768 | | 21,924,009 |
| 21 Total liabilities (Part X, line 26) | 6,407,830 | | 6,216,172 | |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 20,475,938 | | 15,707,837 | |

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2020-03-11
JEFFREY ALLISON EVP AND CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: PTIN: P00445178
Firm's name: ▶ WHITLEY PENN LLP Firm's EIN: ▶ 75-2393478
Firm's address: ▶ 640 TAYLOR STREET SUITE 2200 FT WORTH, TX 76102 Phone no: (817) 259-9100

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS A NONPROFIT LEADER, WE BRING TOGETHER INDIVIDUALS, GROUPS, DONORS AND SERVICE PROVIDERS TO HELP SOLVE SOME OF THE TOUGHEST SOCIAL ISSUES AFFECTING TARRANT COUNTY EACH YEAR, UNITED WAY OF TARRANT COUNTY HELPS MORE THAN 300,000 PEOPLE THROUGH ITS RESOURCES UNITED WAY OF TARRANT COUNTY HAS NO FEES ON DONOR DESIGNATIONS, WITH 100 PERCENT OF THE DONATION GOING TO THE SELECTED AGENCY OR CAUSE

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 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 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 \$ 7,478,376 including grants of \$ 6,210,708) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 6,946,746 including grants of \$ 4,567,640) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 3,218,933 including grants of \$ 3,203,933) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 4,399,577 including grants of \$ 3,605,208) (Revenue \$ 503,113)

4d Other program services (Describe in Schedule O)
(Expenses \$ 4,399,577 including grants of \$ 3,605,208) (Revenue \$ 503,113)

4e Total program service expenses ▶ 22,043,632

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 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> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 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> | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 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> | | No |
| 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> | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 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> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 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> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 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> | | No |
| 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> | | No |
| 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> | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 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> | | No |
| 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> | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 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? | Yes | |

| | | | | |
|---|------------|----|------------|-----|
| <p>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</p> | 2a | 87 | | |
| <p>b 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)</p> | | | 2b | Yes |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | | | 3a | No |
| <p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | | | 3b | |
| <p>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)?</p> | | | 4a | No |
| <p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | | | 5a | No |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | | | 5b | No |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | | | 5c | |
| <p>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?</p> | | | 6a | No |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| <p>a 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?</p> | | | 7a | Yes |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | | | 7b | Yes |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | | | 7c | No |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | | | 7e | No |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | | | 7f | No |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | | | 7g | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | | | 8 | No |
| <p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p> | | | 9a | No |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| <p>a 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</p> | | | 13a | |
| <p>b 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</p> | 13b | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | | | 14a | No |
| <p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p> | | | 14b | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | | | 15 | No |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | | | 16 | No |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records; JEFFREY ALLISON 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164 (817) 258-8010

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 dotted 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 | | | |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

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

Questions 3, 4, and 5 regarding compensation reporting and individual details.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|-----------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | 104,385 | | | |
| | b Membership dues . . . | 1b | | | | |
| | c Fundraising events . . . | 1c | 91,875 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 7,599,855 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,331,959 | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | | 22,128,074 | | |

| Program Service Revenue | | | Business Code | | | |
|--------------------------------|--|--|---------------|---------|---------|--|
| | 2a SERVICE CENTER RENTAL | | 531120 | 498,394 | 498,394 | |
| | b PROGRAM AND WORKSHOP FEES | | 900099 | 4,593 | 4,593 | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | 502,987 | | |

| | | | | | | | |
|--|--|---|---------------|---------|-----------|-----------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,068,395 | | | 1,068,395 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | 0 | | | |
| | | c Gain or (loss) | | 502,089 | | | |
| | | d Net gain or (loss) | | 502,089 | | | 502,089 |
| | 8a Gross income from fundraising events (not including \$ 91,875 of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | 105,189 | | | |
| | | c Net income or (loss) from fundraising events | | 64,137 | | | 64,137 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a MISCELLANEOUS INCOME | 900099 | 32,543 | | | 32,543 | | |
| b SALE OF T-SHIRTS | 900099 | 126 | 126 | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 32,669 | | | | | |
| 12 Total revenue. See Instructions | | 24,298,351 | 503,113 | 0 | 1,667,164 | | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 16,346,924 | 16,346,924 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,240,565 | 1,240,565 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,361,097 | 425,665 | 546,937 | 388,495 |
| 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 | 2,766,885 | 1,665,005 | 254,200 | 847,680 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 238,366 | 120,732 | 57,752 | 59,882 |
| 9 Other employee benefits | 500,638 | 297,396 | 86,874 | 116,368 |
| 10 Payroll taxes | 357,334 | 243,842 | 21,201 | 92,291 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 1,753,294 | 575,287 | 971,956 | 206,051 |
| b Legal | | | | |
| c Accounting | | | | |
| 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 Schedule O) | | | | |
| 12 Advertising and promotion | 91,764 | 18,388 | 1,420 | 71,956 |
| 13 Office expenses | 66,442 | 15,331 | 44,196 | 6,915 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 612,995 | 392,114 | 131,517 | 89,364 |
| 17 Travel | 64,605 | 35,295 | 9,822 | 19,488 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 348,338 | 111,158 | 95,916 | 141,264 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 224,056 | | 224,056 | |
| 22 Depreciation, depletion, and amortization | 52,787 | 9,131 | 39,922 | 3,734 |
| 23 Insurance | 506,861 | 201,283 | 256,483 | 49,095 |
| 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 MAINTENANCE | 429,538 | 241,188 | 149,276 | 39,074 |
| b TELEPHONE | 77,938 | 43,134 | 31,745 | 3,059 |
| c PRINT AND PUBLICATIONS | 37,551 | 12,750 | 1,420 | 23,381 |
| d MEMBERSHIP DUES | 29,379 | 4,897 | 17,090 | 7,392 |
| e All other expenses | 65,738 | 43,547 | 11,427 | 10,764 |
| 25 Total functional expenses. Add lines 1 through 24e | 27,173,095 | 22,043,632 | 2,953,210 | 2,176,253 |
| 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 or note to any line in this Part IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 4,385,222 | 2 | 3,582,786 |
| | 3 Pledges and grants receivable, net | 3,927,751 | 3 | 4,517,144 |
| | 4 Accounts receivable, net | 1,177,960 | 4 | 1,978,398 |
| | 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 instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 0 | 7 | 10,000 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 75,020 | 9 | 79,673 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 640,438 | | |
| | b Less accumulated depreciation | 10b 380,530 | 116,085 | 10c 259,908 |
| | 11 Investments—publicly traded securities | 1,778,124 | 11 | 1,944,760 |
| | 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 | 15,423,606 | 15 | 9,551,340 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 26,883,768 | 16 | 21,924,009 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,893,550 | 17 | 1,929,415 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,210,699 | 19 | 356,379 |
| | 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 | 3,303,581 | 25 | 3,930,378 |
| | 26 Total liabilities. Add lines 17 through 25 | 6,407,830 | 26 | 6,216,172 |
| 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 | 11,683,601 | 27 | 8,205,900 |
| | 28 Temporarily restricted net assets | 8,292,212 | 28 | 7,001,812 |
| | 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 | 20,475,938 | 33 | 15,707,837 | |
| 34 Total liabilities and net assets/fund balances | 26,883,768 | 34 | 21,924,009 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 24,298,351 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 27,173,095 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,874,744 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 20,475,938 |
| 5 | Net unrealized gains (losses) on investments | 5 | 194,323 |
| 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 | -2,087,680 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 15,707,837 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

SCALABLE COMMUNITY CHANGE & SYSTEM CHANGE INITIATIVES UNITED WAY OF TARRANT COUNTY CREATES AND FINANCIALLY SUPPORTS A SMALL NUMBER OF COMPREHENSIVE INITIATIVES THAT ADDRESS TOP COMMUNITY PROBLEMS IDENTIFIED IN THE 2019 UWTC COMMUNITY ASSESSMENT THESE INITIATIVES ARE DESIGNED TO ADDRESS ROOT CAUSES OF SIGNIFICANT SOCIAL ISSUES AND TO EFFECT COMMUNITY CHANGE SCALABLE COMMUNITY CHANGE INVOLVES PROGRAMMATIC WORK THAT IS TESTED, EVIDENCE-BASED AND REPLICABLE, THAT IS DESIGNED TO AFFECT COMMUNITIES THROUGH SPECIFIC OUTCOME MEASURES, NOT JUST OUTPUTS SYSTEMS CHANGE INVOLVES APPROACHES THAT TARGET THE ROOT CAUSES, OR DETERMINANTS, OF SOCIAL PROBLEMS AND PROVIDES EFFECTIVE ACTIVITIES AND FUNDING TO SOLVE THE PROBLEM IN FY 2019, UWTC FUNDED 18 SCALABLE COMMUNITY CHANGE AND 6 SYSTEM CHANGE INITIATIVES

Form 990, Part III, Line 4b:

AREA AGENCY ON AGING UNITED WAY OF TARRANT COUNTY'S AREA AGENCY ON AGING (AAA) IS ONE OF 28 AAAS IN TEXAS SUPPORTED BY STATE AND FEDERAL FUNDS FOR OLDER ADULT SERVICES THESE FUNDS ARE AUTHORIZED BY THE OLDER AMERICANS ACT AND THE TEXAS STATE LEGISLATURE ADDITIONAL FUNDING IS PROVIDED BY THE US ADMINISTRATION FOR COMMUNITY LIVING AND US HEALTH RESOURCES AND SERVICES ADMINISTRATION LOCAL VOLUNTEERS IN TARRANT COUNTY PLAN FOR SERVICES NEEDED AND DISTRIBUTE FUNDS FOR PROGRAMS UNITED WAY OF TARRANT COUNTY'S AAA PROGRAMS HELP TO PROMOTE EMPOWERMENT, INDEPENDENCE AND DIGNITY FOR OLDER ADULTS AND THEIR CAREGIVERS, AND HAVE PROVEN TO HELP THESE INDIVIDUALS REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE

Form 990, Part III, Line 4c:

PARTNER AGENCY ALLOCATIONS UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS PROGRAMS AND OPERATING FUNDING AMONG ITS FAMILY OF 41 HEALTH AND HUMAN SERVICE PARTNER AGENCIES THROUGHOUT TARRANT COUNTY PARTNER AGENCIES RECEIVE FUNDING FOR PROGRAMS IN BASIC NEEDS, EMERGENCY ASSISTANCE, FINANCIAL STABILITY, MENTAL HEALTH AND WELLNESS, HOUSING AND HOMELESSNESS, EARLY CHILDHOOD AND YOUTH EDUCATION AND TRANSPORTATION THROUGH MONITORING AND CAREFUL EXAMINATION OF PROGRAM OUTCOMES, UNITED WAY VOLUNTEERS DETERMINE THE SPECIFIC LEVEL OF FUNDING FOR EACH OF THESE PROGRAMS, BASED ON TOTAL FUNDS AVAILABLE THROUGH THE ANNUAL UNITED WAY CAMPAIGN TOTAL NUMBER OF PARTNER AGENCIES 41 TOTAL NUMBER OF UNDUPLICATED SERVICES APPROXIMATELY 150,000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| RIZ CHAND CHAIR OF THE BOARD | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES POWELL PARTIAL YEAR CHAIR OF THE BOARD | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARK NURDIN VICE CHAIR, ANNUAL CAMPAIGN | 1 00 | X | | | | | | 0 | 0 | 0 |
| SCOTT HICKSON VICE CHAIR, AUDIT & FINANCE COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| TOMMY LAWLER VICE CHAIR, INVESTMENT COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JILL LYTTLE VICE CHAIR, BENEFITS AND COMPENSATION COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| C COREY FICKES VICE CHAIR, GOVERNANCE COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| JAMES POWELL VICE CHAIR, STRATEGIC PLANNING COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD CASAREZ VICE CHAIR, DIVERSITY COMMITTEE CHAIR | 1 00 | X | | | | | | 0 | 0 | 0 |
| KRISTY ODOM CO-CHAIR, COMMUNITY INVESTMENT COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| DR MARCELO CAVAZOS EXECUTIVE COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MELINDA M JOHNSTON EXECUTIVE COMMITTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MONA BAILEY BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAN BERCE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRIDGET BLAISE-SHAMAI BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| EARNEST BOONE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CARLO CAPUA BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JUSTIN R CHAPA BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN COLTHARP PE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH DELEON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| SEAN DONOHUE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOHN A FLACK II BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| SHANNON FLETCHER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| RACHEL HARRIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MELODY JOHNSON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID LESTER BCCR SLCR BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| PAT LINARES BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSH MCNAMARA CPA CVA BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ALLISON MULLIS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL ONUSCHECK BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| GLEN SIRLES BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| TOM STALLINGS BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DARWIN WINFIELD BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| HADLEY WOERNER BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN GOLDEN BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| ELLEN JONES BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARCIA ETIE BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| AMANDA ROBBINS MS RN GCNS-BC BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| OLIVIA TEMPLETON BOARD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| TD SMYERS PRESIDENT & CEO | 40 00 | | | X | | | | 248,649 | 0 | 21,925 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted 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 | | | |
| LEAH KING EVP & COO | 40 00 | | | X | | | | 146,346 | 0 | 21,792 |
| BEVERLY BOYD CORPORATE SECRETARY | 40 00 | | | X | | | | 66,294 | 0 | 5,233 |
| MICHELLE BLEIBERG EVP & CCMO | 40 00 | | | X | | | | 102,942 | 0 | 8,979 |
| SOMMER STEELE PARTIAL YEAR VP & CONTROLLER | 40 00 | | | X | | | | 33,439 | 0 | 2,265 |
| ELIZABETH WATSON EVP & CHRO | 40 00 | | | X | | | | 101,894 | 0 | 2,434 |
| DONALD SMITH VP COMMUNITY INVESTMENT | 40 00 | | | X | | | | 98,976 | 0 | 11,971 |
| VICKIE ALLEN SVP COMMUNITY INVESTMENT & DEVELOPMENT | 40 00 | | | X | | | | 109,037 | 0 | 15,670 |
| CHRISTOPHER ALVARADO VP COMMUNITY INVESTMENT | 40 00 | | | X | | | | 89,969 | 0 | 8,272 |
| PEGGY BEAULIEU SVP COMMUNITY INVESTMENT & DEVELOPMENT | 40 00 | | | X | | | | 83,817 | 0 | 14,752 |
| JEFFREY ALLISON EVP & CFO | 40 00 | | | X | | | | 126,090 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF TARRANT COUNTY

Employer identification number
75-0858360

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 32,198,760 | 26,644,009 | 24,612,851 | 19,593,315 | 22,128,074 | 125,177,009 |
| 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 | 32,198,760 | 26,644,009 | 24,612,851 | 19,593,315 | 22,128,074 | 125,177,009 |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 125,177,009 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 32,198,760 | 26,644,009 | 24,612,851 | 19,593,315 | 22,128,074 | 125,177,009 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 40,893 | 42,450 | 65,257 | 222,524 | 1,068,395 | 1,439,519 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 6,513 | 2,907 | 25,142 | 191,494 | 32,543 | 258,599 |
| 11 Total support. Add lines 7 through 10 | | | | | | 126,875,127 |

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**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.660 % |
| 15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 99.410 % |

16a 33 1/3% support test—2018. 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

b 33 1/3% support test—2017. 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

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value 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" on 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 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 | 15,281,347 | 14,826,689 | 13,487,412 | 14,288,772 | 14,456,182 |
| b Contributions | | | | 22,722 | 50,492 |
| c Net investment earnings, gains, and losses | -798,299 | 1,149,662 | 2,019,793 | -180,443 | 388,642 |
| d Grants or scholarships | 6,474,331 | 695,004 | 680,516 | 643,639 | 606,544 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 9,446,362 | 15,281,347 | 14,826,689 | 13,487,412 | 14,288,772 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 82 540 %
 - b** Permanent endowment ▶ 5 290 %
 - c** Temporarily restricted endowment ▶ 12 170 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 262,822 | 262,587 | 235 |
| d Equipment | | 377,616 | 117,943 | 259,673 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 259,908 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) LEGACY I FUND | 4,108,849 |
| (2) LEGACY II FUND | 2,457,010 |
| (3) WOMEN'S LEADERSHIP FUND | 926,632 |
| (4) BARNETT SHALE FUND | 1,544,032 |
| (5) 457 PLAN ASSETS | 78,979 |
| (6) ALEXIS DE TOCQUEVILLE | 409,838 |
| (7) DEPOSIT | 1,000 |
| (8) OTHER ASSETS | 25,000 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | ▶ 9,551,340 |

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| DUE TO DESIGNATED ORGANIZATIONS | 3,759,202 |
| ACCRUED POST-RETIREMENT BENEFITS | 171,176 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 3,930,378 |

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 19,182,366 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | 194,323 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | -639,346 | |
| e | Add lines 2a through 2d | | 2e | -445,023 |
| 3 | Subtract line 2e from line 1 | | 3 | 19,627,389 |
| 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 | 4,670,962 | |
| c | Add lines 4a and 4b | | 4c | 4,670,962 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 24,298,351 |

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 23,950,467 |
| 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 | 41,052 | |
| e | Add lines 2a through 2d | | 2e | 41,052 |
| 3 | Subtract line 2e from line 1 | | 3 | 23,909,415 |
| 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 | 3,263,680 | |
| c | Add lines 4a and 4b | | 4c | 3,263,680 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 27,173,095 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description | (b) Book value |
|-----------------------------|----------------|
| (1) LEGACY I FUND | 4,108,849 |
| (1) LEGACY II FUND | 2,457,010 |
| (2) WOMEN'S LEADERSHIP FUND | 926,632 |
| (3) BARNETT SHALE FUND | 1,544,032 |
| (4) 457 PLAN ASSETS | 78,979 |
| (5) ALEXIS DE TOCQUEVILLE | 409,838 |
| (6) DEPOSIT | 1,000 |
| (7) OTHER ASSETS | 25,000 |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4 | \$8,467,596 OF BOARD DESIGNATED FUNDS UNDERWRITES A PORTION OF UNITED WAY'S OPERATING COSTS \$301,518 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS \$677,248 FOR PERMANENT ENDOWMENT |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 50L(C)(3) OF THE INTERNAL REVENUE CODE, AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION, THEREFORE, NO PROVISION FOR INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE ORGANIZATION FOLLOWS U S GAAP, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, PRESENTATION, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS MANAGEMENT BELIEVES THAT IT HAS NOT TAKEN A TAX POSITION THAT, IF CHALLENGED, WOULD HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION FILES A FORM 990 IN THE UNITED STATES FEDERAL JURISDICTION AND NO TAX RETURNS ARE CURRENTLY UNDER EXAMINATION BY ANY TAX AUTHORITIES THE ORGANIZATION HAS NOT INCURRED ANY PENALTIES OR INTEREST DURING THE YEARS ENDED JUNE 30, 2019 AND 2018 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | OTHER CHANGES IN ASSETS HELD BY OTHERS -639,346 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | DONOR DESIGNATED FUNDS 4,712,014 FUNDRAISING EXPENSES -41,052 |

Supplemental Information

| Return Reference | Explanation |
|--|-----------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | FUNDRAISING EXPENSES 41,052 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | DONOR DESIGNATED FUNDS 3,263,340 PENSION PLAN ADJUSTMENT 340 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|---|--------------|------------------|---|
| | | GOLF TOURNAMENTS (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 197,064 | | | 197,064 |
| | 2 Less Contributions | 91,875 | | | 91,875 |
| | 3 Gross income (line 1 minus line 2) | 105,189 | | | 105,189 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 30,037 | | | 30,037 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 11,015 | | | 11,015 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 41,052 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 64,137 |

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

| Revenue | | (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 Subtract line 7 from line 1, column (d) ▶ | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) CAREGIVER RESPITE | 221 | 266,035 | 123,766 | YEARLY REPORT SUBMITTED TO HHS | IN-KIND MATCH |
| (2) HEALTH MAINTENANCE SERVICES | 732 | 198,647 | 115,686 | YEARLY REPORT SUBMITTED TO HHS | IN-KIND MATCH |
| (3) INCOME SUPPORT | 418 | 94,051 | 0 | YEARLY REPORT SUBMITTED TO HHS | CASH MATCH |
| (4) RESIDENTIAL REPAIR | 384 | 366,567 | 75,813 | YEARLY REPORT SUBMITTED TO HHS | IN-KIND MATCH |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-0858360
Name: UNITED WAY OF TARRANT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| 22KILL 13625 NEUTRON RD DALLAS, TX 75244 | 47-3864997 | 501(C)(3) | 50,000 | | | | PROVIDES MENTAL WELLNESS PROGRAMS AND THERAPIES FOR VETERANS |
| 6 STONES MISSION NETWORK 209 NORTH INDUSTRIAL BLVD 241 BEDFORD, TX 76021 | 24-4829432 | 501(C)(3) | 11,202 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ACH - CHILD & FAMILY SERVICES 1424 SUMMIT AVE FORT WORTH, TX 76102 | 75-0818140 | 501(C)(3) | 95,014 | | | | PROVIDES SUPPORT AND EDUCATION TO THOSE AND THEIR FAMILIES WITH DEVELOPMENTAL DISABILITIES |
| ACTS 4 OTHERS PO BOX 811 DECATUR, TX 76234 | 45-4872620 | 501(C)(3) | 6,234 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| AIDS OUTREACH CENTER 400 NORTH BEACH ST FORT WORTH, TX 76111 | 75-2139336 | 501(C)(3) | 39,052 | | | | PROMOTING HEALTH AND HEALING - CLIENT INTERVENTION AND CASE MANAGEMENT |
| AIRLINE AMBASSADORS INTERNATIONAL 1500 MASS AVE NW 648 WASHINGTON, DC 90036 | 75-2679444 | 501(C)(3) | 6,934 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ALLIANCE FOR CHILDREN 908 SOUTHLAND AVE FORT WORTH, TX 76104 | 75-2363035 | 501(C)(3) | 5,452 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| ALZHEIMER'S ASSOCIATION OF NORTH CENTRAL TEXAS 2630 WEST FWY STE 100 FORT WORTH, TX 76102 | 75-1984152 | 501(C)(3) | 301,476 | | | | PROVIDES SENIOR SUPPORT AND CARE TO PREVENT SENIOR ISOLATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 225 NORTH MICHIGAN AVE 1200 CHICAGO, IL 60601 | 13-1788491 | 501(C)(3) | 5,808 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| AMERICAN RED CROSS - CHISHOLM TRAIL CHAPTER 1515 S SYLVANIA FORT WORTH, TX 76111 | 53-0196605 | 501(C)(3) | 41,522 | | | | PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT PROVIDES DISASTER RELIEF AND TRANSPORTATION TO PREVENT ISOLATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BIG BROTHERS BIG SISTERS OF NORTH TEXAS 205 W MAIN ST ARLINGTON, TX 76010 | 75-0800632 | 501(C)(3) | 93,354 | | | | PROVIDE CHILDREN WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGES LIVES FOR THE BETTER |
| BOY SCOUTS OF AMERICA CIRCLE TEN COUNCIL 8605 HARRY HINES BLVD DALLAS, TX 75235 | 75-0800632 | 501(C)(3) | 42,983 | | | | PROVIDES SOCIAL DEVELOPMENT PROGRAM FOR CHILDHOOD BOYS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BOY SCOUTS OF AMERICA LONGHORN COUCIL DENTON PO BOX 54190 HURST, TX 76054 | 75-0800614 | 501(C)(3) | 11,418 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| BOYS & GIRLS CLUB OF ARLINGTON 608 N ELM ARLINGTON, TX 76011 | 75-1046644 | 501(C)(3) | 34,537 | | | | PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BOYS & GIRLS CLUBS OF GREATER FORT WORTH INC 3218 E BELKNAP FORT WORTH, TX 76111 | 75-0808785 | 501(C)(3) | 257,280 | | | | PROVIDES SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN |
| BRIDGEWORKS LLC PO BOX 1128 BEDFORD, TX 76095 | 45-4458104 | 501(C)(3) | 6,040 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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) | 46,595 | | | | PROVIDES SCHOOL AGE CHILD CARE, PROVIDES CREATIVE SOLUTIONS TO CONNECT FAMILIES TOGETHER AND PROVIDE SUPPORT SERVICES, AND PROVIDES ADMINISTRATIVE AND CLASSROOM MENTORING AND TRAINING SERVICES TO THE KIDS WAY CHILD CARE QUALITY ENHANCEMENT PROGRAM PARTICIPANTS |
| CAMP SHILOH INC 48 E 80TH ST NEW YORK, NY 10075 | 22-1760258 | 501(C)(3) | 9,375 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CANCER CARE SERVICES 623 S HENDERSON FORT WORTH, TX 76104 | 75-1025511 | 501(C)(3) | 134,041 | | | | PROVIDES FINANCIAL ASSISTANCE FOR HEALTHCARE NEEDS |
| CATHOLIC CHARITIES PO BOX 15610 FORT WORTH, TX 79119 | 75-0808769 | 501(C)(3) | 559,673 | | | | INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT, PROMOTING HEALTH & HEALING-HEALTH SERVICES, PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES, ALSO PROVIDED DISASTER RESPONSE SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF HURRICANES KATRINA AND RITA RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CENTER FOR TRANSFORMING LIVES 512 W 4TH ST FORT WORTH, TX 76102 | 75-0829389 | 501(C)(3) | 404,123 | | | | PROVIDES CHILDREN DEVELOPMENT PROGRAMS, SUPPORTIVE LIVING IN TRANSITIONAL HOUSING ARRANGEMENTS, AND MY OWN PLACE PROGRAM, WHICH PROVIDES YOUNG ADULT WOMEN AGING OUT OF FOSTER CARE INTO INDEPENDENT LIVING RUNS THE READY FOR SCHOOL INITIATIVE |
| CENTER OF HOPE PO BOX 190 WEATHERFORD, TX 76086 | 75-2762501 | 501(C)(3) | 7,683 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CHILD CARE ASSOCIATES TARRANT COUNTY 3000 E BELKNAP 3RD FLOOR FORT WORTH, TX 76111 | 84-0587601 | 501(C)(3) | 63,909 | | | | PROVIDES EARLY CHILDHOOD DEVELOPMENT PROGRAMS |
| CHILD STUDY CENTER INC 1300 W LANCASTER FORT WORTH, TX 76102 | 75-1099536 | 501(C)(3) | 90,892 | | | | PROVIDES PEDIATRIC MEDICAL SERVICES, PSYCHOLOGICAL SERVICES, DENTAL SERVICES, AND SPECIAL EDUCATION ALSO PROVIDE A NIGRADS WHICH PROVIDES RECENT NEONATAL ICU CASES WITH DEVELOPMENTAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CHRIST'S HAVEN FOR CHILDREN PO BOX 467 KELLER, TX 75248 | 23-7164673 | 501(C)(3) | 5,084 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| CITY OF FORT WORTH LA GRAN PLAZA 2200 4200 S FWY FORT WORTH, TX 76115 | 75-6000528 | GOVERNMENT | 135,637 | | | | INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT, PROMOTING HEALTH & HEALING-HEALTH SERVICES, PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES ALSO PROVIDED DISASTER RESPONSE SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF HURRICANES KATRINA AND RITA RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY LEARNING CENTER 555 N GRANTS LN FORT WORTH, TX 76108 | 75-2866735 | 501(C)(3) | 65,000 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| COMMUNITIES IN SCHOOLS 6707 BRENTWOOD STAIR RD STE 510 FORT WORTH, TX 76112 | 75-2411238 | 501(C)(3) | 186,204 | | | | 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 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY COUNCIL OF GREATER DALLAS 1349 EMPIRE CENTRAL BLVD 400 DALLAS, TX 75247 | 75-0800631 | GOVERNMENT | 26,225 | | | | HEALTH LITERACY |
| COMMUNITY ENRICHMENT CENTER 6250 NE LOOP 820 FORT WORTH, TX 76180 | 75-2231694 | 501(C)(3) | 59,540 | | | | PROVIDES ADULT LITERACY PROGRAMS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY FOUNDATION OF NORTH TEXAS 306 W 7TH ST 1045 FORT WORTH, TX 76102 | 75-2267767 | 501(C)(3) | 20,000 | | | | EARLY LEARNING ALLIANCE BUILDS THE FOUNDATION TO IMPROVE EARLY LEARNING TO HELP CHILDREN SUCCEED IN SCHOOL |
| CROWLEY ISD 512 PEACH S CROWLEY, TX 76036 | 75-1247307 | 501(C)(3) | 290,000 | | | | LEARN WELL PARTNER IN DESTINATION DIPLOMA |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| DAY RESOURCE CENTER FOR THE HOMELESS 1415 E LANCASTER AVE FORT WORTH, TX 76102 | 75-2747809 | 501(C)(3) | 568,617 | | | | HOMELESSNESS GRANT |
| DENTAL HEALTH FOR ARLINGTON PO BOX 1542 ARLINGTON, TX 76004 | 75-2467366 | 501(C)(3) | 36,813 | | | | RUNS THE ALLAN SAXE CLINIC WHICH PROVIDES FREE TO LOW COST DENTAL SERVICES AS WELL AS THE SMILES SCHOOL-BASED PREVENTION PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| DOLLYWOOD FOUNDATION 1020 DOLLYWOOD LN PIGEON FORGE, TN 37863 | 62-1348105 | 501(C)(3) | 46,990 | | | | FUNDING FOR BOOKS FOR IMAGINATION LIBRARY |
| DOXOLOGY BIBLE CHURCH 4805 ARBORLAWN DR FORT WORTH, TX 76109 | 75-1446859 | 501(C)(3) | 6,000 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EAGLE MOUNTAIN-SAGINAW ISD 1200 OLD DECATUR RD FORT WORTH, TX 76179 | 75-6004855 | GOVERNMENT | 125,000 | | | | EDUCATION IMPACT GRANT |
| EASTER SEALS NORTH TEXAS 1424 HEMPHILL ST FORT WORTH, TX 76104 | 75-0827419 | 501(C)(3) | 260,467 | | | | PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND CASE MANAGEMENT, AND HOMEMAKER AND RESPITE CARE HELPS CLIENTS WITH JOB PLACEMENT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EDUCATION SERVICE CENTER 1451 S CHERRY LN WHITE SETTLEMENT, TX 76108 | 75-1246000 | 501(C)(3) | 180,000 | | | | EDUCATION IMPACT GRANT |
| EVERMAN ISD 608 TOWNLEY DR EVERMAN, TX 76140 | | GOVERNMENT | 135,502 | | | | EDUCATION IMPACT GRANT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FAMILY PATHFINDERS OF TARRANT COUNTY PO BOX 470869 FORT WORTH, TX 76147 | 73-1643384 | 501(C)(3) | 318,938 | | | | PROVIDES ASSET DEVELOPMENT FOR CLIENTS |
| FIRST COMMAND EDUCATIONAL FOUNDATION 1 FIRST COMMAND PLAZA FORT WORTH, TX 76109 | 75-1973894 | 501(C)(3) | 32,680 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FIRST PRESBYTERIAN CHURCH OF FORT WORTH 1000 PENN ST FORT WORTH, TX 76102 | 75-0818160 | 501(C)(3) | 10,000 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| FORT WORTH HOUSING AUTHORITY PO BOX 430 FORT WORTH, TX 76101 | 75-6001818 | 501(C)(3) | 1,085,103 | | | | HOMELESSNESS GRANT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
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| FORT WORTH ISD 100 N UNIVERSITY DR SW204 FORT WORTH, TX 76107 | 75-6001613 | GOVERNMENT | 753,560 | | | | EARLY GRADE READING PROGRAMS, MIDDLE SCHOOL INITIATIVE |
| FOUNDATION COMMUNITIES 3036 S FIRST ST STE 200 AUSTIN, TX 78704 | 74-2563260 | 501(C)(3) | 107,250 | | | | INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT, PROMOTING HEALTH & HEALING-HEALTH SERVICES, PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES ALSO PROVIDED DISASTER RESPONSE SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF HURRICANES KATRINA AND RITA RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GATEHOUSE PROJECT HANDUP PO BOX 398 GRAPEVINE, TX 76099 | 90-0705496 | 501(C)(3) | 60,136 | | | | LIVING COMMUNITY FOR WOMEN WHETHER SINGLE OR WITH CHILDREN LEAVING A CRISIS, SUCH AS ABUSE, POVERTY, HOMELESSNESS, TRAGIC DIVORCE OR OTHER REASONS |
| GEMS CAMP 5404 BEXAS ST DALLAS, TX 75215 | 46-3363376 | 501(C)(3) | 7,187 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GIRL SCOUTS OF TEXAS 4901 BRIARHAVEN FORT WORTH, TX 76109 | 75-0818162 | 501(C)(3) | 20,440 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| GIRLS INCORPORATED OF TARRANT COUNTY 2820 MATLOCK RD ARLINGTON, TX 76015 | 75-1514683 | 501(C)(3) | 87,303 | | | | PROVIDES SCHOOL AGE CHILD CARE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRAPEVINE RELIEF & COMMUNITY EXCHANGE PO BOX 412 GRAPEVINE, TX 76099 | 75-2195702 | 501(C)(3) | 123,743 | | | | PROVIDES DIABETIC EDUCATION |
| GUARDIANSHIP SERVICES INC PO BOX 11481 FORT WORTH, TX 76110 | 75-2739419 | 501(C)(3) | 135,678 | | | | HEALTH LITERACY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HASLET FIRE DEPARTMENT SUPPORT GROUP PO BOX 292 HASLET, TX 76052 | 75-2545209 | 501(C)(3) | 6,287 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| HEALTHY TARRANT COUNTY COLLABORATION PO BOX 8040 FORT WORTH, TX 76124 | 43-2087946 | 501(C)(3) | 205,500 | | | | PARTNERSHIP TO BUILD HEALTHIER COMMUNITIES THROUGH ACCESS TO HEALTHY FOODS, INCREASING LOCAL POLICIES THAT SUPPORT HEALTH |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HIS STORY COACHING & COUNSELING 4201 POOL RD GRAPEVINE, TX 76051 | 45-2282845 | 501(C)(3) | 7,857 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| HULEN STREET BAPTIST CHURCH 7100 S HULEN ST FORT WORTH, TX 76133 | 75-6005028 | 501(C)(3) | 21,606 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| JEWISH FEDERATION FORT WORTH 4049 KINGSRIDGE RD FORT WORTH, TX 76109 | 75-0808797 | 501(C)(3) | 19,779 | | | | PROVIDES CLIENT INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES |
| JPS FOUNDATION 1223 S MAIN ST FORT WORTH, TX 76104 | 75-2717782 | 501(C)(3) | 11,324 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEARNING CENTER OF NORTH TEXAS 101 SUMMIT AVE 612 FORT WORTH, TX 76102 | 75-2905243 | 501(C)(3) | 35,000 | | | | PROVIDES PRACTICAL, ACCESSIBLE, AND AFFORDABLE TESTING AND RESOURCES TO ENHANCE THE SUCCESS OF THOSE WITH LEARNING DIFFERENCES AND DISABILITIES |
| LENA POPE HOME 3131 SANGUINET ST FORT WORTH, TX 76107 | 75-6003583 | 501(C)(3) | 103,850 | | | | PROVIDES DAY TREATMENT CENTER AND CLINICAL COUNSELING, RUNS FORT WORTH FAMILY SUPPORT CENTER |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARY QUEEN OF HEAVEN CHURCH PO BOX 508 MALKOFF, TX 75148 | 75-2662685 | 501(C)(3) | 7,000 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| MEALS ON WHEELS INC OF TARRANT COUNTY 320 S FWY FORT WORTH, TX 76104 | 75-1568798 | 501(C)(3) | 2,487,907 | | | | TRANSPORTATION VOUCHERS & HOME DELIVERED MEALS & PARTICIPANT ASSESSMENT, HEALTHY IDEAS, CLP |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MENTAL HEALTH AMERICA OF TARRANT COUNTY 3136 W 4TH STR FORT WORTH, TX 76107 | 75-0983834 | 501(C)(3) | 68,447 | | | | 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 |
| MENTAL HEALTH CONNECTION OF TARRANT COUNTY 3131 SANGUINET ST FORT WORTH, TX 76107 | 75-2659610 | 501(C)(3) | 13,500 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MHMR OF TARRANT COUNTY PO BOX 2603 FORT WORTH, TX 76113 | 75-2890731 | 501(C)(3) | 380,675 | | | | HOMELESSNESS GRANT |
| MID CITIES PREGNANCY CENTER 8251 BEDFORD EULESS RD 220 NORTH RICHLAND HILLS, TX 76180 | 75-2548774 | 501(C)(3) | 6,241 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MISSION ARLINGTONMETROPLEX 210 W SOUTH ST ARLINGTON, TX 76010 | 75-2354962 | 501(C)(3) | 12,877 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| NATIONAL DOWN SYNDROME CONGRESS 30 MANSELL CT 108 ROSWELL, GA 30076 | 13-2992567 | 501(C)(3) | 7,500 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS 616 SIX FLAGS DR ARLINGTON, TX 76011 | 75-6049012 | GOVERNMENT | 22,000 | | | | GRANT SUBCONTRACTOR FOR AREA AGENCY ON AGING |
| NORTH TEXAS AREA COMMUNITY HEALTH CENTERS 2100 N MAIN ST FORT WORTH, TX 76164 | 54-2117989 | 501(C)(3) | 83,253 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NORTHSIDE INTER-COMMUNITY AGENCY 1600 CIRCLE PARK BLVD FORT WORTH, TX 76164 | 75-1554285 | 501(C)(3) | 6,058 | | | | EMERGENCY ASSISTANCE, PROFESSIONAL SOCIAL WORK SERVICES FOR LOW-INCOME CLIENTS PROVIDES FOOD, CLOTHING, AND FINANCIAL ASSISTANCE |
| PARENTING CENTER 2928 W FIFTH ST FORT WORTH, TX 76107 | 23-7454254 | 501(C)(3) | 37,928 | | | | PROVIDES FAMILY LIFE EDUCATION, CHILD ABUSE PREVENTION, CRISIS INTERVENTION AND CASE MANAGEMENT AS WELL AS COUNSELING SERVICES |

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| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PLANNED PARENTHOOD OF NORTH TEXAS 6464 JOHN RYAN DR FORT WORTH, TX 76132 | 75-0863740 | 501(C)(3) | 5,026 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| PRESBYTERIAN NIGHT SHELTER TARRANT COUNTY PO BOX 2645 FORT WORTH, TX 76113 | 75-1985591 | 501(C)(3) | 296,853 | | | | 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 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| RECOVERY RESOURCE COUNCIL 2700 AIRPORT FWY FORT WORTH, TX 76111 | 75-6005093 | 501(C)(3) | 205,877 | | | | 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 |
| SAFEHAVEN OF TARRANT COUNTY 1100 HEMPHILL ST 303 FORT WORTH, TX 76104 | 75-1670281 | 501(C)(3) | 404,960 | | | | PROVIDES EMERGENCY CRISIS SHELTER, TRANSITIONAL LIVING ARRANGEMENTS, PREGNANCY/PARENTING TEENS SERVICES, MEN'S NON-VIOLENCE EDUCATIONAL PROGRAMS, AND FILIAL THERAPY WHICH PROVIDES ALTERNATIVE EMOTIONAL SUPPORT FOR ABUSED CHILDREN ALSO PROVIDES A MULTI-DISCIPLINARY TEAM WITH CPS AND A COLLABORATIVE COMMUNITY RESPONSE TO CHILD WITNESSES OF DOMESTIC VIOLENCE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SALVATION ARMY PO BOX 2333 FORT WORTH, TX 76113 | 75-0800678 | 501(C)(3) | 376,378 | | | | 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 |
| SCOTT & WHITE MEMORIAL HOSPITAL PO BOX 849947 DALLAS, TX 75284 | 74-1166904 | 501(C)(3) | 75,000 | | | | LIVE WELL PARTNER FOR HEALTH LITERACY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SCOTTISH RITE HOSPITAL 2222 WELBORN ST DALLAS, TX 75219 | 75-0818178 | 501(C)(3) | 9,136 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| SICKLE CELL DISEASE ASSOCIATION PO BOX 570817 DALLAS, TX 753570817 | 75-1384657 | 501(C)(3) | 8,426 | | | | PROVIDES SICKLE CELL DISEASE EDUCATIONAL PROGRAM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SIXTY AND BETTER INC 1400 CIRCLE DR 300 FORT WORTH, TX 76119 | 75-1251339 | 501(C)(3) | 1,429,979 | | | | NUTRITION EDUCATION, PHYSICAL FITNESS, MATTER OF BALANCE CLASSES, CONGREATE MEALS, HEALTHY IDEAS |
| SOUTHWESTERN DIABETIC FOUNDATION INC PO BOX 918 GAINESVILLE, TX 76241 | 75-6002547 | 501(C)(3) | 39,265 | | | | RUNS CAMP SWEENEY WHICH PROVIDES A RESIDENTIAL DIABETIC LIFE SKILLS TRAINING PROGRAM FOR CHILDREN WITH DIABETES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 10,204 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| SUSAN G KOMEN BREAST CANCER FOUNDATION - MARGO LUCERO 5005 LBJ FWY 250 DALLAS, TX 75244 | 75-2844652 | 501(C)(3) | 5,191 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 AREA FOOD BANK 2600 CULLEN ST FORT WORTH, TX 76107 | 75-1822473 | 501(C)(3) | 10,729 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| TARRANT COUNTY CHALLENGE INC 226 BAILEY STE 105 FORT WORTH, TX 76107 | 75-2126450 | 501(C)(3) | 22,528 | | | | PROVIDES PLANNING AND ADVOCACY FOR THOSE CONFRONTED WITH SUBSTANCE ABUSE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 COLLEGE 1500 HOUSTON ST FORT WORTH, TX 76102 | 75-2277475 | 501(C)(3) | 103,071 | | | | INCREASING SELF-SUFFICIENCY-FINANCIAL ASSISTANCE AND EMPLOYMENT, PROMOTING HEALTH & HEALING-HEALTH SERVICES, PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES ALSO PROVIDED DISASTER RESPONSE SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF HURRICANES KATRINA AND RITA RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE SUPPORTIVE SERVICES FOR 36 HIGH INTENSITY CLIENTS |
| TARRANT COUNTY COLLEGE FOUNDATION 1500 HOUSTON ST FORT WORTH, TX 76102 | 75-2277475 | 501(C)(3) | 186,807 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TARRANT COUNTY VETERANS TREATMENT COURT 100 E WEATHERFORD STE 501 FORT WORTH, TX 76196 | | GOVERNMENT | 60,000 | | | | OFFERS ACCUSED VETERANS A TREATMENT OPTION THAT IS CLOSELY SUPERVISED BY THE JUDICIARY |
| TARRANT COUNTY YOUTH COLLABORATION 6707 BRENTWOOD STAIR RD FORT WORTH, TX 76112 | 75-1761497 | 501(C)(3) | 11,250 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 RECOVERY CAMPUS (MHMR) 1527 HEMPHILL ST 622 FORT WORTH, TX 76104 | 75-2890731 | 501(C)(3) | 38,250 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| TARRANT LITERACY COALITION PO BOX 123537 FORT WORTH, TX 76124 | 26-3821487 | 501(C)(3) | 17,966 | | | | 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 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TASTE PROJECT 1200 S MAIN ST FORT WORTH, TX 76104 | 45-5471587 | 501(C)(3) | 10,000 | | | | FEED PEOPLE IN THE COMMUNITY AT A PAY-WHAT-YOU-CAN RESTAURANT |
| TEXAS A&M HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PKWY S 300 COLLEGE STATION, TX 77845 | 74-2907553 | 501(C)(3) | 13,110 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE COOPER MAX FOUNDATION 2520 CR 531 BURLESON, TX 76028 | 82-3832813 | 501(C)(3) | 9,262 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| THE LEG UP PROGRAM 1212 E LANCASTER AVE 3RD FL FORT WORTH, TX 76102 | 47-3869426 | 501(C)(3) | 34,326 | | | | WORKS TO END HOMELESSNESS BY PROVIDING CARING SUPPORT, EMPLOYMENT ASSISTANCE, AND INNOVATIVE CURRICULUM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE WELMAN PROJECT 2232 IRWIN ST FORT WORTH, TX 76110 | 81-1116926 | 501(C)(3) | 18,750 | | | | DIRECTS SURPLUS MATERIAL FROM BUSINESSES TO CLASSROOMS FOR CREATIVE REUSE |
| TRINITY HABITAT FOR HUMANITY FORT WORTH AREA 3345 S JONES ST FORT WORTH, TX 76110 | 75-2239189 | 501(C)(3) | 8,755 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNION GOSPEL MISSION - TARRANT COUNTY 1321 E LANCASTER FORT WORTH, TX 76102 | 75-6054677 | 501(C)(3) | 5,157 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED COMMUNITY CENTERS 1200 E MADDOX AVE FORT WORTH, TX 76104 | 23-7122922 | 501(C)(3) | 34,400 | | | | PROVIDE CLIENT INTERVENTION, ADULT LITERACY PROGRAMS, SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN, CHILD ABUSE PREVENTION, CHILDHOOD OBESITY SUPPORT AND EDUCATION, AND SCHOOL AGE CARE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNITED WAY OF DENTON COUNTY 625 DALLAS DR 525 DENTON, TX 76205 | 75-1251128 | 501(C)(3) | 59,226 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303 | 58-0566194 | 501(C)(3) | 5,164 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNITED WAY OF GREATER HOUSTON PO BOX 3247 HOUSTON, TX 772533247 | 74-1167964 | 501(C)(3) | 185,090 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF GREATER AUSTIN 2000 E MLK JR BLVD AUSTIN, TX 78702 | 74-1193439 | 501(C)(3) | 12,081 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 JOHNSON COUNTY PO BOX 31 CLEBURNE, TX 76033 | 75-1101239 | 501(C)(3) | 18,957 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR DALLAS, TX 75202 | 75-6005352 | 501(C)(3) | 229,747 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 MOJAVE VALLEY PO BOX 362 BARSTOW, CA 92312 | 95-2431051 | 501(C)(3) | 9,981 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF PARKER COUNTY PO BOX 1476 WEATHERFORD, TX 76086 | 75-2867921 | 501(C)(3) | 64,541 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNITED WAY OF SAN ANTONIO PO BOX 898 SAN ANTONIO, TX 78293 | 74-1272381 | 501(C)(3) | 5,909 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF THE COASTAL BLEND 4659 EBERHART RD CORPUS CHRISTI, TX 78411 | 74-1207552 | 501(C)(3) | 5,255 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 WASHINGTON COUNTY 590 WASHINGTON RD 200 WASHINGTON, PA 15301 | 25-6070133 | 501(C)(3) | 20,580 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNITED WAY OF WISE COUNTY PO BOX 213 DECATUR, TX 76234 | 75-1748583 | 501(C)(3) | 9,089 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| UNRAVEL PEDIATRIC CANCER PO BOX 2206 GILROY, CA 95021 | 46-5720960 | 501(C)(3) | 29,603 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| UNT HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107 | 71-0986983 | 501(C)(3) | 138,565 | | | | LIVE WELL PARTNER FOR HEALTH LITERACY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URSULINE ACADEMY OF DALLAS FOUNDATION INC 4900 WALNUT HILL LN DALLAS, TX 75229 | 75-2789158 | 501(C)(3) | 6,250 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| VETERANS COALITION OF TARRANT COUNTY 835 E LAMAR BLVD STE 319 ARLINGTON, TX 76011 | 45-4275154 | 501(C)(3) | 8,379 | | | | IMPROVE THE QUALITY OF LIFE FOR SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| WASHBURN LAW SCHOOL FOUNDATION SCHOOL OF LAW WASHBURN UNIVERSITY TOPEKA, KS 66621 | 48-0906278 | 501(C)(3) | 5,710 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |
| WHOLY WORKS CDC 12280 BUD CROSS RD FORT WORTH, TX 76179 | 81-5131144 | 501(C)(3) | 12,268 | | | | OUTREACH AND PEER SUPPORT FOR WOMEN VETERANS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110 | 75-1501868 | 501(C)(3) | 794,784 | | | | PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND CHILDREN, EMPLOYMENT PREPARATION, AND COUNSELING ALSO PROVIDES AN ADULT LITERACY EVALUATION PROGRAM |
| WOUNDED WARRIOR PROJECT 4899 BELFORT RD 300 JACKSONVILLE, FL 32256 | 20-2370934 | 501(C)(3) | 14,082 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| YMCA OF ARLINGTON 1148-H W PIONEER PKWY ARLINGTON, TX 76013 | 75-1000839 | 501(C)(3) | 16,358 | | | | 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 |
| YMCA OF METRO FORT WORTH 512 LAMAR ST 400 FORT WORTH, TX 76102 | 75-0827471 | 501(C)(3) | 137,483 | | | | 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 |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| YOUNG WOMEN'S LEADERSHIP ACADEMY 401 E 8TH ST FORT WORTH, TX 76102 | 46-4264052 | 501(C)(3) | 15,255 | | | | ENHANCE ACADEMIC ACHIEVEMENT AND OFFER LEADERSHIP OPPORTUNITIES THAT PROMOTE THE SUCCESS OF THE STUDENTS |
| UNITED WAY OF TORONTO 26 WELLINGTON ST E 2ND FL TORONTO, ONTARIO M5E 1W9 CA | | | 17,150 | | | | DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY |

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | | |
| <p>b If any of the boxes in 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 | Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | | | | | | | |
| <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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | | |
| <p>4 During the year, did any person listed on 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 | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | | |
| <p>5 For persons listed on 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 | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | | | | | | | |
| <p>6 For persons listed on 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 | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | | No | | | | | | | | |
| <p>8 Were any amounts reported on 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 | | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | | |

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 TD SMYERS PRESIDENT & CEO | (i) | 218,147 | 30,502 | 0 | 19,925 | 2,000 | 270,574 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 LEAH KING EVP & COO | (i) | 146,346 | 0 | 0 | 11,724 | 10,068 | 168,138 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------|--|
| PART I, LINE 1A | UNITED WAY PAYS FOR THE PRESIDENT/CEO TO BE A MEMBER OF THE FORT WORTH CLUB TO FACILITATE THE RECRUITMENT AND DEVELOPMENT OF POTENTIAL VOLUNTEERS AND DONORS IN FURTHERANCE OF THE MISSION OF THE ORGANIZATION |



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF TARRANT COUNTY

Employer identification number

75-0858360

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | FORM 990 IS REVIEWED BY THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE ORGANIZATION BOARD MEMBERS MAKE AN ANNUAL DECLARATION IDENTIFYING OTHER ORGANIZATIONS AND BUSINESSES IN WHICH THEY HAVE AN INTEREST THESE ARE THEN REVIEWED AGAINST THE VARIOUS INTERESTS OF THE ORGANIZATION TO IDENTIFY ANY POTENTIAL CONFLICTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| 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 COMPENSATION AGAINST THE MARKET AS WELL AS UNITED WAY OF AMERICA & UNITED WAY OFFICES OF SIMILAR SIZE TO ENSURE CURRENT COMPENSATION IS COMPARABLE COMPENSATION IS 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 18 | THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE FORM 1023 IS AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES THEIR AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE, OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN ASSETS HELD BY OTHERS -639,346 TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS -1,448,674 PENSION ADJUSTMENT 340 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| PART XII, LINE 2C | THE PROCESS FOR REVIEW AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS |