Department of the Treasury

# **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2019

DLN: 93493074003221 OMB No. 1545-0047

Open to Public Inspection

		enue Servic							
				ning 07-01-2019 , and ending 06-	30-2	020			
		ipplicable:	C Name of organization UNITED WAY OF TARRANT COUNTY				D Employe	r identifi	ication number
□ Na		change ange					75-0858	360	
☐ Ini		-	Doing business as						
☐ Fin-	al retur	n/terminate	d			ŀ	C Talaahaa		
		d return	1500 NORTH MAIN STREET NO 200	ail is not delivered to street address) Room/s	suite		E Telephone	e number	
□ Ар	plicati	on pending					(817) 25	8-8000	
			City or town, state or province, cour FORT WORTH, TX 76164	ntry, and ZIP or foreign postal code					
			16K1 W6K111, 1X 76104				<b>G</b> Gross red	eipts \$ 24	4,815,222
			F Name and address of principa	l officer:	Н	(a) Is this	a group ret	urn for	
			JEFFREY ALLISON 1500 NORTH MAIN STREET NO 2	200			inates?		□Yes ☑No
			FORT WORTH, TX 76164		н	(b) Are all	subordinate	es	☐ Yes ☐No
I Ta	x-exer	mpt status	: ☑ 501(c)(3) ☐ 501(c)( ) ◀(	(insert no.) 4947(a)(1) or 527		include		st (see	instructions)
1 14/	obcit	to: • \//	WW.UNITEDWAYTARRANT.ORG	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	⊢ н	(c) Group		•	•
J 44	enzii	te: P VV	WW.ONITEDWATTARRANT.ORG			( ) Cloup	exemption	amber	•
V Form	n of o	raonization	n: 🗹 Corporation 🗌 Trust 🔲 Asso	gistion Other •	L	ear of format	ion: 1922	M State	of legal domicile: TX
K FOII	11 01 0	rganizatioi	1. Les Corporation Les Trust Les Asso	Clation					
Pa	art I	Sun	nmary						
	1 1		escribe the organization's mission o	r most significant activities:					
e)	<u> </u>	PROVIDE	LEADERSHIP AND HARNESS RESO	URCES TO SOLVE TARRANT COUNTY'S	TOUC	GHEST SOCI	AL CHALLE	NGES.	
<u>ء</u>	-								
E									
Governance	,	Check th	is box • I if the organization dis	continued its operations or disposed of	more	than 25%	of its net as	sets	
			of voting members of the governin				0. 100 1.00 0.	3	39
<b>≈</b> 5	4	Number	of independent voting members of	the governing body (Part VI, line 1b)				4	39
163	5	Total nu	mber of individuals employed in ca	lendar year 2019 (Part V, line 2a)				5	87
ጀ	l		, ,	essary)			_	6	2,439
Activities &	l		•	VIII, column (C), line 12	•		•	7a	2,135
•	ı			n Form 990-T, line 39				7b	0
	-	ivet unit	stated business taxable income nor	11 total 990-1, line 39	• •	Drie	r Year	1,0	Current Year
						РПО		7.4	
ङ	l		itions and grants (Part VIII, line 1h)				22,128,0	-	22,463,438
Ravenue	l	-	service revenue (Part VIII, line 2g)				502,9	_	493,971
Ę.	10	Investm	ent income (Part VIII, column (A), l	ines 3, 4, and 7d) . . . .			1,570,4	84	367,592
	11	Other re	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			96,8		61,095
	12	Total rev	venue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)			24,298,3	51	23,386,096
	13	Grants a	and similar amounts paid (Part IX, c	olumn (A), lines 1–3 )			17,587,4	89	17,706,729
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)				0	0
SS.	15	Salaries	, other compensation, employee be		5,224,3	20	6,049,429		
Expenses	16a	Professi	onal fundraising fees (Part IX, colur	mn (A), line 11e)				0	0
<u>Б</u>	ь	Total fund	draising expenses (Part IX, column (D),	ine 25) ▶2,329,682					_
Щ	l		openses (Part IX, column (A), lines	· <u>· · · · · · · · · · · · · · · · · · </u>			4,361,2	86	3,338,213
	l		penses. Add lines 13–17 (must equ	•			27,173,0	-	27,094,371
	l		e less expenses. Subtract line 18 fro				-2,874,7	_	-3,708,275
	1.5	Kevende	ress expenses. Subtract file 10 III	on me 12		Reginning o	of Current Ye		End of Year
N C						beginning o	Current re	-	Liid Oi Teai
Net Assets or Fund Balances	20	Total as:	sets (Part X, line 16)				21,924,0	09	22,618,572
A B	l		bilities (Part X, line 26)				6,216,1	_	10,793,866
ξĒ	l		ets or fund balances. Subtract line 2	21 from line 20			15,707,8	-	11,824,706
	rt II		nature Block						
				ined this return, including accompanyin	na sch	edules and	statements	, and to	the best of mv
know	ledge	and beli		. Declaration of preparer (other than of					
any k	nowie	eage.							
		****	**			2021	-02-09		
Sign		Signa	ture of officer			Date			
Here		1 1EEED	EY ALLISON EVP AND CFO						
			or print name and title						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date		P	TIN	
Paid	4		, 17E E. Pearer o Hame	,,		Chec	k ∐ if   p	00445178	3
		<u>,</u>	Firm's name  WHITLEY PENN LLP				employed s EIN ► 75-2	2393478	
Pre <sub>l</sub>		51 .lv.							
Use	Un	ייע	Firm's address ► 640 TAYLOR STREET S	JITE 2200		Phon	e no. (817) 2	59-9100	
			FT WORTH, TX 76102						
May t	he IR	RS discus	s this return with the preparer show	vn above? (see instructions)				<b></b> ✓ Y	′es 🗆 No
			eduction Act Notice, see the sep			Cat. No. 11	.282Y		Form <b>990</b> (2019)

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III .		🗸
1	Briefly describe the o	rganization's mission:				
TOU(	SHEST SOCIAL ISSUÉS	AFFECTING TARRANT UNITED WAY OF TARE	COUNTY. EACH	YEAR, UNITED WAY OF	SERVICE PROVIDERS TO HELP SO TARRANT COUNTY HELPS MORE TO LESIGNATIONS, WITH 100 PER	THAN 300,000 PEOPLE
2	-	, -		vices during the year wh	ich were not listed on	
		990-EZ?				🗌 Yes 🗹 No
_	•	se new services on Sch				
3	<u> </u>	cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
	services?					🗌 Yes 🗹 No
_	•	se changes on Schedul				
4	Section 501(c)(3) and		ns are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code:	) (Expenses \$	6,722,461	including grants of \$	5,059,800 ) (Revenue \$	494,005 )
	See Additional Data					
4b	(Code:	) (Expenses \$	8,941,470	including grants of \$	6,119,906 ) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$	5,487,648	including grants of \$	5,060,413 ) (Revenue \$	)
	See Additional Data					
	(Code:	) (Expenses \$	1,466,610	including grants of \$	1,466,610 ) (Revenue \$	)
	ACTIONS TO STOP THE S AND RAPIDLY DISTRIBU	SPREAD OF COVID-19 HAV	'E LEFT LARGE POI GENCY RELIEF FUN	PULATIONS IN NEED OF SOC ID TO PROVIDE BASIC NEED:	RITY AT UNITED WAY OF TARRANT COU IIAL SERVICES AND FINANCIAL ASSIS' S, FOOD, FINANCIAL ASSISTANCE, VE	TANCE. FUNDS WERE RAISED
4d	Other program servic	es (Describe in Schedu	ıle O.)			
	(Expenses \$	1,466,610 incl	uding grants of	\$ 1,466,61	l0 ) (Revenue \$	)
4e	Total program serv	ice expenses >	22,618,1	89		

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   \$\frac{\top}{2}\$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A). line 1? If "Yes." complete Schedule I, Parts I and II . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

21

Yes

orm	990 (2019)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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>	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **J	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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>	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   35		Yes	No

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1b

0

**1**c

Yes

-01111	990 (2019)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	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)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	.		NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
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.	16		No

Pa	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "New Sa, 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	o" respo	onse to	lines <b>V</b>
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 39	- I		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 39	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  ▶JEFFREY ALLISON 1500 NORTH MAIN STREET STE 200 FORT WORTH, TX 76164 (817) 258-8010			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ 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)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC)  ■ (F)  Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. Sie instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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. See instructions for the order in which to list the persons above.  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 below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (A) (B) (C) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the compensation from related any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensated or director Individual trustee employee organizations (ey employee MISC) MISC) related Institutional Trustee below dotted organizations line) See Additional Data Table  $\blacktriangleright$ c Total from continuation sheets to Part VII, Section A . • 1,509,159 0 181,963 d 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 > 8 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . . . . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation CONSULTING ARDENT SPIRIT 139,461 1617 PARK PLACE AVENUE SUITE 110-A FORT WORTH, TX 76110 ACCOUNTING WHITLEY PENN LLP 105,096

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

640 TAYLOR STREET SUITE 2200 FORT WORTH, TX 76102

compensation from the organization ▶ 2

_	000	(2010)	
Earm	900	(2019)	

Part	VII									
		Check if Sched	dule	O contains a	a respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 - 514
s	1	a Federated campa	igns	· .	1a	129,152		revenue		312 - 314
ants		<b>b</b> Membership dues	s .	· į	<b>1</b> b					
9 GE		<b>c</b> Fundraising even	ts .	. [	1c	231,958				
ifts, ar A		<b>d</b> Related organiza	tions	5	1d					
mij.		e Government grants		ļ	1e	8,091,668				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above		1f	14,010,660						
ontrib id Ott		g Noncash contribution lines 1a - 1f:\$			<b>1</b> g	97,619				
ತ ಕ		<b>h Total.</b> Add lines	1a-1	f		•	22,463,438			
		CEDVICE CENTED DE				Business Code	492,105	492,105		
æ	2a	a SERVICE CENTER REI	NIAL			531120	132,100	132,103		
Program Service Revenue	Ł	PROGRAM AND WORK	KSHC	P FEES		900099	1,866	1,866		
ceF	c									
žer vi										
E S	c	d 								
ogra	e	e								
₫.	f	All other program	serv	rice revenue						
		Total. Add lines 2				493,971				
	3	Investment income	(inc	luding divide	ends, ir		482,493	3		482,493
		similar amounts) . Income from invest				ond proceeds	402,493	<u>'</u>		402,493
		Royalties			•		107,568	3		107,568
				(i) Rea	al	(ii) Personal				
	62	a Gross rents	6a							
	b	Less: rental					1			
		expenses Rental income	6b				_			
		or (loss)	6с							
	•	<b>d</b> Net rental income	or (	(loss) (i) Secur		(ii) Other	1			
	7 <i>a</i>	a Gross amount		.,		,	1			
		from sales of assets other than inventory	7a	1,:	246,203					
	b	Less: cost or other basis and sales expenses	7b	1,:	358,236	2,868	3			
	С	Gain or (loss)	7c	-:	112,033	-2,868	3			
		d Net gain or (loss)	•				-114,901	L		-114,901
nue	88	8a Gross income from fundraising events (not including \$ 231,958 of contributions reported on line 1c).								
eve		See Part IV, line 18			8a	0				
r.		<b>b</b> Less: direct expen			8b	68,022				69.022
Other Revenue	•	<b>c</b> Net income or (los	s) [r	om runarais	ing eve	ents •	-68,022	-		-68,022
	9a	Gross income from See <b>Part</b> IV, line 19								
		<b>b</b> Less: direct expen			9a 9b		1			
		c Net income or (los				es <b>&gt;</b>	J			
	10	aGross sales of inver returns and allowa			10a					
	ı	<b>b</b> Less: cost of good	s sol	ld	10b					
	•	c Net income or (los			invent		1			
	11	Miscellaneo <b>1a</b> MISCELLANEOUS				Business Code 900099	21,515	5		21,515
		MISCELLANEOUS	INC	OME						
	ı	<b>b</b> SALE OF T-SHIRT:	 S			900099	34	34		
		с								
		d All other revenue								
		<b>e Total.</b> Add lines 1				•	21,549			
	12	<b>2 Total revenue.</b> S	ee ir	nstructions		• • •	23,386,096	494,005	;	0 428,653
										Form <b>990</b> (2019)

Rey employees	Form 990 (2019)				Page <b>10</b>
Check if Schedule Contains a response or note to any line in this Part X   (2)   (2)   (3)   (5)   (5)   (5)   (5)   (7)   (8)   (5)   (9)   (7)   (8)   (9)   (9)   (10					
Do not include amounts reported on lines 6b, 10, 28, 98, 98, and 10 of Part VIII   1.00 of Part VIII   1			_		ımn (A).
1.   First and other assistance to demestic organizations and domestic operations and other assistance to domestic organizations and domestic operations are domestic organizations and domestic operations are domestic individuals. See   1.181,747   1.181,74					<u> ⊔</u>
Comestic povernments, See Part IV, Ine 21   1,181,747   1,181,747   2   3   3   3   3   3   3   3   3   3			Program service	Management and	Fundraising
Part IV, line 22   3   Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.		16,524,982	16,524,982		
governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Other salaries and wages  8 Parsion plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  1		1,181,747	1,181,747		
5 Compensation of current officers, directors, trustees, and level problems   1,483,853   558,266   702,243   223; weimployees   1,483,853   558,266   702,243   223; weimployees   1,483,853   558,266   702,243   223; weimployees   1,483,853   358,266   702,243   223; weimployees   1,483,853   358,266   702,243   223; weimployer contribution of the control of the	governments, and foreign individuals. See Part IV, lines 15				
Company continued   Company contributions   Company	<b>4</b> Benefits paid to or for members				
defined under section 4958(P(13)) and persons described in section 4958(c)(3)(8)   3   3321,599   2,090,544   366,453   864,6   8   Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   534,422   361,896   76,728   115,7		1,483,853	558,266	702,243	223,344
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits	defined under section $4958(f)(1)$ ) and persons described in				
(k) and 403(b) employer contributions)	<b>7</b> Other salaries and wages	3,321,599	2,090,544	366,453	864,602
10 Payroll taxes		554,422	361,896	76,728	115,798
11 Fees for services (non-employees): a Management	9 Other employee benefits	302,142	157,910	84,804	59,428
a Management	<b>10</b> Payroll taxes	387,413	217,022	81,603	88,788
b Legal	11 Fees for services (non-employees):				
c Accounting	a Management	1,106,519	485,430	273,747	347,342
d Lobbying	<b>b</b> Legal				
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 .  67,152	c Accounting				
f Investment management fees	<b>d</b> Lobbying				
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	e Professional fundraising services. See Part IV, line 17				
(A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion	<u>_</u>				
13 Office expenses					
14 Information technology          15 Royalties          16 Occupancy        683,312       449,468       20,659       213,117         17 Travel        57,418       39,725       3,359       14,114         18 Payments of travel or entertainment expenses for any federal, state, or local public officials <td>12 Advertising and promotion</td> <td>67,152</td> <td>12,653</td> <td></td> <td>54,499</td>	12 Advertising and promotion	67,152	12,653		54,499
15 Royalties       Goccupancy       683,312       449,468       20,659       213,7         17 Travel       57,418       39,725       3,359       14,7         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       57,418       39,725       3,359       14,7         19 Conferences, conventions, and meetings       210,598       75,542       35,433       99,6         20 Interest       314,182       101,535       98,729       113,9         22 Depreciation, depletion, and amortization       72,367       3,853       65,929       2,5         23 Insurance       168,960       43,589       54,765       70,6         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.)       425,342       233,134       180,801       11,6         b TELEPHONE       91,036       33,739       48,045       9,3         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	13 Office expenses	42,200	16,571	22,989	2,640
16 Occupancy     683,312     449,468     20,659     213,117       17 Travel     57,418     39,725     3,359     14,518       18 Payments of travel or entertainment expenses for any federal, state, or local public officials     210,598     75,542     35,433     99,618       20 Interest     314,182     101,535     98,729     113,618       21 Payments to affiliates     314,182     101,535     98,729     113,618       22 Depreciation, depletion, and amortization     72,367     3,853     65,929     2,518       23 Insurance     168,960     43,589     54,765     70,618       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.)     425,342     233,134     180,801     11,62       b TELEPHONE     91,036     33,739     48,045     9,368       c SUBSCRIPTIONS     39,724     4,587     7,401     27,740	14 Information technology				
17 Travel       57,418       39,725       3,359       14,3         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       210,598       75,542       35,433       99,6         20 Interest       314,182       101,535       98,729       113,6         21 Payments to affiliates       314,182       101,535       98,729       113,6         22 Depreciation, depletion, and amortization       72,367       3,853       65,929       2,5         23 Insurance       168,960       43,589       54,765       70,6         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.)       425,342       233,134       180,801       11,6         b TELEPHONE       91,036       33,739       48,045       9,6         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	15 Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .       210 Conferences, conventions, and meetings       210,598       75,542       35,433       99,64         20 Interest	<b>16</b> Occupancy	·	•	•	213,185
federal, state, or local public officials .	<b>17</b> Travel	57,418	39,725	3,359	14,334
20 Interest					
21 Payments to affiliates	19 Conferences, conventions, and meetings	210,598	75,542	35,433	99,623
22 Depreciation, depletion, and amortization .       72,367       3,853       65,929       2,5         23 Insurance       168,960       43,589       54,765       70,6         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.)       425,342       233,134       180,801       11,4         b TELEPHONE       91,036       33,739       48,045       9,2         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	<b>20</b> Interest				
23 Insurance       168,960       43,589       54,765       70,6         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.)       425,342       233,134       180,801       11,4         b TELEPHONE       91,036       33,739       48,045       9,2         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	21 Payments to affiliates	314,182	101,535	· ·	113,918
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.)       425,342       233,134       180,801       11,4         b TELEPHONE       91,036       33,739       48,045       9,2         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	22 Depreciation, depletion, and amortization		,		2,585
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)       425,342       233,134       180,801       11,4         b TELEPHONE       91,036       33,739       48,045       9,2         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	23 Insurance	168,960	43,589	54,765	70,606
b TELEPHONE       91,036       33,739       48,045       9,2         c SUBSCRIPTIONS       39,724       4,587       7,401       27,7	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c SUBSCRIPTIONS 39,724 4,587 7,401 27,7	a BUILDING MAINTENANCE	425,342	233,134	180,801	11,407
	b TELEPHONE	91,036	33,739	48,045	9,252
d MEMBERSHIP DUES 27,460 8,029 16,061 3.3	c SUBSCRIPTIONS	39,724	4,587	7,401	27,736
, , , , , , , , , , , , , , , , , , , ,	d MEMBERSHIP DUES	27,460	8,029	16,061	3,370
<b>e</b> All other expenses 31,943 17,967 6,751 7,2	e All other expenses	31,943	17,967	6,751	7,225
<b>25 Total functional expenses.</b> Add lines <b>1</b> through 24e 27,094,371 22,618,189 2,146,500 2,329,6	25 Total functional expenses. Add lines 1 through 24e	27,094,371	22,618,189	2,146,500	2,329,682
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2019)

(B)

End of year

6

7

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9

10c

11

12 13

14

10.000

79,673

259,908

1,944,760

6,216,172

8,205,900

7,501,937

15,707,837

21,924,009

26

27

28

29

30

31

32

33

Page 11

110,375

244,908

2,136,106

10.793.866

3.950,379

7,874,327

11,824,706

22,618,572

Form 990 (2019)

Check	if	Schedule

entity or family member of any of these persons . . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11

Investments-program-related. See Part IV, line 11

**Total liabilities.** Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	3,582,786	2	8,647,760
3	Pledges and grants receivable, net	4,517,144	3	2,885,785
4	Accounts receivable, net	1,978,398	4	1,207,046
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		_	1

693,694

448,786

Beginning of year

O contains a response or note to any line in this Part IX .

10a

10b

Assets 10a Land, buildings, and equipment: cost or other

11

12

13

14

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

	15	Other assets. See Part IV, line 11	9,551,340	15	7,386,592
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,924,009	16	22,618,572
	17	Accounts payable and accrued expenses	1,929,415	17	2,128,429
	18	Grants payable		18	
	19	Deferred revenue	356,379	19	37,368
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
abilitie	21 22 23	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>:</u>	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	3,930,378	25	8,628,069

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

Software Version:

ACTIVITIES AND FUNDING TO SOLVE THE PROBLEM. IN FY 2020, UWTC FUNDED 12 SCALABLE COMMUNITY CHANGE AND 4 SYSTEM CHANGE INITIATIVES.

**EIN:** 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

Form 990 (2019)

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 AFFECT 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

# 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 STATE OF TEXAS LEGISLATURE. LOCAL VOLUNTEERS IN TARRANT COUNTY PLAN FOR SERVICE 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 HAS PROVEN TO HELP OLDER ADULTS REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE. ADDITIONAL FUNDING IS PROVIDED BY THE US ADMINISTRATION FOR COMMUNITY LIVING, US HEALTH RESOURCES AND SERVICES

Form 990, Part III, Line 4b:

ADMINISTRATION AND TEXAS HEALTH RESOURCES.

# AGENCY ALLOCATIONS: UNITED WAY OF TARRANT COUNTY FINANCIALLY SUPPORTS NUMEROUS EFFORTS TARGETING AND ADDRESSING THE FIVE FOCUS AREAS OF NEED OUTLINED IN OUR LATEST COMMUNITY ASSESSMENT. THROUGH MONITORING AND CAREFUL EXAMINATION OF PROGRAM OUTCOMES, UNITED WAY OF TARRANT COUNTY DETERMINES THE SPECIFIC LEVEL OF FUNDING FOR EACH OF THESE PROGRAMS, BASED ON TOTAL FUNDS AVAILABLE THROUGH OUR ANNUAL WORKPLACE

Form 990, Part III, Line 4c:

CAMPAIGN.TOTAL NUMBER OF GRANTEES: 36 (COVERS 47 PROGRAMS)

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

						(W- 2/1099-	organization and			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	employee Key employee Officer		Former	(W- 2/1099- MISC)	MISC)	related organizations
TD SMYERS PARTIAL YEAR PRESIDENT & CEO	40.00			х				271,884	0	21,739
LEAH KING PARTIAL YEAR PRESIDENT & CEO	40.00			х				179,456	0	25,782
BEVERLY BOYD CORPORATE SECRETARY	40.00			х				70,030	0	5,520
MICHELLE BLEIBERG EVP & CCMO	40.00			х				125,416	0	18,152

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174,269

65,700

9,132

125,846

102,645

100,042

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12,994

4,005

667

18,027

16,526

16,117

40.00

40.00

40.00

40.00

40.00

40.00

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CORPORATE SECRETARY	
MICHELLE BLEIBERG	
EVP & CCMO	
JEFFREY ALLISON	
EVP & CFO	

......

CAROLYN GALVAN PARTIAL YEAR

SOMMER STEELEPARTIAL YEAR

VP COMMUNITY INVESTMENT

VP COMMUNITY INVESTMENT

CHRISTOPHER ALVARADO

.......

VP & CONTROLLER

VP & CONTROLLER

EVP & CHRO

DONALD SMITH

**ELIZABETH WATSON** 

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and Independent Contractors

PAT LINARES

SCOTT HICKSON

JOSH MCNAMARA

JILL LYTTLE

COMMITTEE

JUSTIN CHAPA

VICE CHAIR, ANNUAL CAMPAIGN

VICE CHAIR, AUDIT & FINANCE COMMITTEE

VICE CHAIR, BENEFITS AND COMPENSATION

VICE CHAIR, INVESTMENT COMMITTEE

VICE CHAIR, GOVERNANCE COMMITTEE

......

	any hours	and				ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PEGGY BEAULIEU SVP COMMUNITY INVESTMENT & DEVELOPMENT	40.00			х				104,050	0	16,109
KENNETH ANDERSON PARTIAL YEAR VP COMMUNITY INVESTMENT	40.00			х				35,254	0	2,403
REGINA WILLIAMS VP COMMUNITY INVESTMENT	40.00			х				95,154	0	15,840
VICKIE ALLEN PARTIAL YEAR SVP COMMUNITY INVESTMENT & DEVELOPMENT	40.00			x				50,281	0	8,082
JAMES POWELL CHAIR OF THE BOARD	1.00	Х						0	0	0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

MELINDA M JOHNSTON

**EXECUTIVE COMMITTEE** 

BRIAN GOLDEN

**BOARD MEMBER** 

HADLEY WOERNER

AMANDA ROBBINS

**OLIVIA TEMPLETON** 

BOARD MEMBER

**BOARD MEMBER** 

PATRA STROEMER

BOARD MEMBER

CO-CHAIR ANNUAL CAMPAIGN

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALLISON MULLIS VICE CHAIR, STRATEGIC PLANNING COMMITTEE	1.00	Х						0	0	0
SHANNON FLETCHER VICE CHAIR, DIVERSITY COMMITTEE CHAIR	1.00	Х						0	0	0
KRISTY ODOM  CO-CHAIR, COMMUNITY INVESTMENT COMMITTEE	1.00	х						0	0	0

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VICE CHAIR, DIVERSITY COMMITTEE CHAIR		Х			(	D .
KRISTY ODOM CO-CHAIR, COMMUNITY INVESTMENT COMMITTEE	1.00	Х			(	
C COREY FICKES EXECUTIVE COMMITTEE	1.00	Х			(	
MELTNDA M JOHNSTON	1.00					

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from related from the compensation

and Independent Contractors

EARNEST BOONE

**BOARD MEMBER** 

BOARD MEMBER

BRIAN COLTHARP

BOARD MEMBER

**BOARD MEMBER** 

JOSEPH DELEON

BOARD MEMBER

JUNE DAVIS

.........

CARLO CAPUA

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KRISTEN JAMES BOARD MEMBER	1.00	Х						0	0	0	
MONA BAILEY BOARD MEMBER	1.00	Х						0	0	0	
DAN BERCE	1.00	Х						0	0	0	

	•••••	I X			1 0	
BOARD MEMBER					J	
DAN BERCE	1.00	v			0	
BOARD MEMBER		^			Ü	
STEVAN BOBB	1.00	v			0	
BOARD MEMBER		_ ^				
BRIDGET BLAISE-SHAMAI	1.00					

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DAN BERCE	1.00	X				0	0	
BOARD MEMBER		^					Ĭ	
STEVAN BOBB	1.00	×				0	0	
BOARD MEMBER							Ŭ	
BRIDGET BLAISE-SHAMAI	1.00	V					0	
BOARD MEMBER		Х				١	U	l

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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours		a dir	ecto	r/tr	ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SEAN DONOHUE	1.00	Х						0	0	0	
BOARD MEMBER											
JOHN FLACK II	1.00	Х						0	0	0	
BOARD MEMBER								_		_	
MELODY JOHNSON BOARD MEMBER	1.00	Х						0	0	0	

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JOHN FLACK II	1.00	X				0	
BOARD MEMBER		.,					
MELODY JOHNSON	1.00	X				0	
BOARD MEMBER		Α.					
DR PETER JORDAN	1.00	X				0	
BOARD MEMBER		^					

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and Independent Contractors

CHERYL MOBLEY

BOARD MEMBER

BOARD MEMBER

BRIAN O'NEILL

**BOARD MEMBER** 

BOARD MEMBER

**BOARD MEMBER** 

TOM STALLINGS

BOARD MEMBER

GLORIA STARLING

**GLEN SIRLES** 

MARTIN NOTO

and Independent Contractors (A) Name and Title

DANNY TORRES BOARD MEMBER

JEFF WHITFIELD

BOARD MEMBER

BOARD MEMBER

DARWIN WINFIELD

week (list any hours for related organization below dotte line)
1
1.

(B)

Average

than one box, unless person is both an office and a director/trustee)								
Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee				
Х								
Х								
Х								

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

(C)

(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

Position (do not check more hours ner .00 .00 1.00 . . . . . . . . . . . . . . . . . .

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 9	DLN: 93493074003221			
SCI		ULE A	- Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
(Form 990 or 990EZ) Con			Complete if the or	rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019
Department of the Treasury  Internal Revenue Service			► Go to <u>www.irs</u>	Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Nam	e of th	ne organiza OF TARRANT (					Employer identific	ation number
							75-0858360	
Pa Thom			for Public Charity State a private foundation because				See instructions.	
1	rgariiz		onvention of churches, or as	•	•		(A)(i)	
2		•	r					
3		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
4		·	·	_			-	ntor the beenitel's
7	Ш	name, city,	esearch organization operate and state:	ed in conjunction with	a nospital descri	ped in <b>section</b> .	170(D)(1)(A)(III). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives a <b>(O(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. So					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See <b>section 509(a)(2).</b> (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations on through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
a		organizatio	supporting organization oper n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this	box if the organization received Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			· · · · · · · · · · ·	-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(	s).			
	(i) N	lame of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir					

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	,		, ,	•	•		
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received. (Do not	26,644,009	24,612,851	19,593,315	22,128,074	2.	2,463,438	115,441,687
	include any "unusual grant.")							
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	<b>Total.</b> Add lines 1 through 3	26,644,009	24,612,851	19,593,315	22,128,074	2:	2,463,438	115,441,687
	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	<b>Public support.</b> Subtract line 5 from line 4.							115,441,687
S	ection B. Total Support			l				
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
	(or fiscal year beginning in) ▶	. ,	` '	` '	` '			
7	Amounts from line 4.	26,644,009	24,612,851	19,593,315	22,128,074	2.	2,463,438	115,441,687
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	42,450	65,257	222,524	1,068,395		590,061	1,988,687
	and income from similar sources	·						
_	Nick in come for me considered							
9	Net income from unrelated business activities, whether or not							
	the business is regularly carried on							
	11.							
10	Other income. Do not include gain or loss from the sale of capital	2,907	25,142	191,494	32,543		21,549	273,635
	assets (Explain in Part VI.).	2,907	25,142	191,494	32,343		21,349	273,033
11	<b>Total support.</b> Add lines 7 through							117,704,009
	10							117,704,009
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is f	-			•		· · · · · <u>-</u>	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						▶⊔	
S	ection C. Computation of Publi							
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14		98.080 %
15	Public support percentage for 2018 So					15		98.660 %
<b>16</b> a	<b>33 1/3% support test—2019.</b> If the	e organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	
	and stop here. The organization qual	ifies as a publicly	supported organiza	ition				. ▶ 🗹
b	33 1/3% support test—2018. If the	_						
	box and <b>stop here.</b> The organization	n qualifies as a pub	olicly supported org	ganization				. ▶□
<b>17</b> a	10%-facts-and-circumstances tes	t-2019. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line	14	
	is 10% or more, and if the organization Part VI how the organization meets							
				-	•			►□
	organization							▶ ⊔
D	15 is 10% or more, and if the organi						na mie	
	Explain in Part VI how the organization						icly	
	supported organization							▶□
18	Private foundation. If the organizat	ion did not check a	a box on line 13, 16	6a, 16b, 17a, or 1	7b, check this box	and see		

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

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 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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 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

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 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
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> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	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 <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.					
o∨ide					
10 Line 8 amount divided by Line 9 amount					
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019				
derdistributions	Distributable				
0	vide				

8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions						
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2019:						
a From 2014						
<b>b</b> From 2015						
c From 2016						
<b>d</b> From 2017						

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

## Software ID: Software Version:

**EIN:** 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493074003221

OMB No. 1545-0047

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

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

2019

4	p	en	to	H	ij.	Ш	C
		ns	pec	ti	01	1	
	-			-			

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Na	me of the organization TED WAY OF TARRANT COUNTY	Employer identification number					
UIVI	TED WAT OF TARRAINT COUNTY			75-0858360			
Pā	ort I Organizations Maintaining Donor Advi			or Accounts.			
	Complete if the organization answered "Ye	es" on Form 990, Par (a) Donor ad		(b) Funds and other accounts			
	Total number at end of year	(a) Dollor au	ivised fullus	(b) Fullus and other accounts			
,	Aggregate value of contributions to (during year)						
2	Aggregate value of grants from (during year)						
1	Aggregate value at end of year						
	,	ers in writing that the as	ssets held in donor as	lyiced funds are the			
	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?						
•	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?						
Pa	rt III Conservation Easements.						
	Complete if the organization answered "Ye						
L	Purpose(s) of conservation easements held by the orga	` _	1				
	Preservation of land for public use (e.g., recreation	n or education) $\qquad \qquad \Box$	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 easement on the last day of the tax year.	qualified conservation	contribution in the fo				
а	Total number of conservation easements			Held at the End of the Year			
a b	Total acreage restricted by conservation easements			2b			
C	Number of conservation easements on a certified histori			2c			
d	Number of conservation easements included in (c) acqu		` '	2d			
u	structure listed in the National Register	11 ca arter 7/25/00, and	Thou on a mistoric	Zu			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►						
1	Number of states where property subject to conservation	on easement is located	<b>&gt;</b>				
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			
5	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  • \$						
3	Does each conservation easement reported on line 2(d)	above satisfy the requ	irements of section 1	70(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.						
aı	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
La	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							
(	(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, histori following amounts required to be reported under SFAS			ncial gain, provide the			
а	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			<b>&gt;</b> \$			
_							

d Equipment .

Sche	edule D (Form 990) 2019						Page <b>2</b>
Par	t IIII Organizations Maii	ntaining Collections o	of Art, Histo	orical Treas	sures, or Other	Similar Assets (d	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):						collection
а	Public exhibition		C	Loa	n or exchange prog	grams	
b	Scholarly research		e	· 🗆 Oth	ner		
С	Preservation for future g	generations					
4	Provide a description of the org Part XIII.	ganization's collections and	explain how	they further t	he organization's e	xempt purpose in	
5	During the year, did the organ assets to be sold to raise funds						s 🗆 No
Pa		dial Arrangements. Inization answered "Yes"	" on Form 9	90, Part IV,	line 9, or reporte	ed an amount on F	orm 990, Part
<b>1</b> a	Is the organization an agent, t included on Form 990, Part X?						s 🗌 No
b	If "Yes," explain the arrangem	· ·		-		Amount	
C	Beginning balance						
d	Additions during the year						
e	Distributions during the year .						
f	Ending balance				<b>1</b> f		
2a	Did the organization include ar	n amount on Form 990, Par	t X, line 21, f	or escrow or	custodial account li	ability? 🗌 <b>Y</b> e	s 🗌 No
b	If "Yes," explain the arrangeme	ent in Part XIII. Check here	e if the explan	ation has bee	en provided in Part	хии 🗆	
Pa	rt V Endowment Funds						
	Complete if the orga	nization answered "Yes				(A) =	(-) F
1 a	Beginning of year balance .	(a) Currer	,446,362	Prior year 15,281,347	(c) Two years back 14,826,689		(e) Four years back 14,288,772
	Contributions		7110,502	10,201,01,	11,020,000	15/15//112	22,722
	Net investment earnings, gains,	and losses	12,803	-798,299	1,149,662	2,019,793	-180,443
	Grants or scholarships		,151,553	6,474,331	695,004	680,516	643,639
	Other expenditures for facilities		,101,000	97.7.1,001	330,00	333,023	
£	and programs Administrative expenses						
	•		,307,612	9,446,362	15,281,347	14,826,689	13,487,412
_	End of year balance					14,020,009	15,407,412
2	Provide the estimated percenta	-	l balance (line	lg, column i	(a)) held as:		
a	Board designated or quasi-end						
b	***************************************	6.350 %					
С	Temporarily restricted endown	***************************************	20/				
За	The percentages on lines 2a, 2 Are there endowment funds no organization by:			hat are held a	and administered fo	r the	Yes No
	(i) unrelated organizations .					3a	a(i) Yes
	(ii) related organizations .					<u> </u>	(ii) No
b	If "Yes" on 3a(ii), are the relat	ed organizations listed as r	equired on So	hedule R? .		3	Bb
4	Describe in Part XIII the intend	ded uses of the organizatio	n's endowmer	nt funds.			
Pa	rt VI Land, Buildings, ar Complete if the orga	nd Equipment. Inization answered "Yes"	" on Form 9	90, Part IV,	line 11a. See Fo	rm 990, Part X, lin	e 10.
	Description of property	(a) Cost or other basis (investment)		ner basis (other			<b>d)</b> Book value
1a	Land				+		
	Buildings						
	Leasehold improvements			264,79	17	258,477	6,320

428,897

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

238,588

244,908

190,309

	:ments—Other Securities. ete if the organization answered "Yes" on Form 990, l	Part IV	ine 11 <sup>1</sup>	a.See Form aan i	Part X line	: 12.
Сопіріє	(a) Description of security or category (including name of security)	(b) Book value	ING 11L		d of valuation	on:
) Financial derivati	ves		L			
Closely-held equi Other						
1						
)						
)						
)						
)						
1)						
	equal Form 990, Part X, col. (B) line 12.)	•				
	tments—Program Related. ete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11c	c. See Form 990,	Part X, line	e 13.
	(a) Description of investment	· ·		(b) Book value	(c) Meth	nod of valuation: nd-of-year market value
L)						
)						
)						
)						
)						
)						
)						
)						
)						
	equal Form 990, Part X, col.(B) line 13.)		•			
art IX Other Comple	<b>Assets.</b> ete if the organization answered 'Yes' on Form 990, P	art IV, lir	ne 11d	. See Form 990, Par	t X, line 15.	
)LEGACY I FUND	(a) Description				(b)	Book value 2,491,537
)LEGACY II FUND						1,743,480
)WOMEN'S LEADER						851,558
1)BARNETT SHALE F 5)457 PLAN ASSETS						1,490,381 78,980
ALEXIS DE TOCQU						730,656
7)						
8)						
9)						7 222
	nust equal Form 990, Part X, col.(B) line 15.)			<u> ▶</u>		7,386,592
Comple	ete if the organization answered 'Yes' on Form 990, P  (a) Description of liability	art IV, lii	ne 11e	or 11f.See Form	990, Part : (b) Book	X, line 25.
1) Federal income to					value	
	TED ORGANIZATIONS				2,369,477	
	RETIREMENT BENFITS				178,280	
	CITY OF FORT WORTH				5,000,000	
LOAN					1,080,312	
)						
)						
3)						
9)						
10)	Annual Farm 200 Part V I (EV)				0.635.5	
. , ,	equal Form 990, Part X, col.(B) line 25.)  ain tax positions. In Part XIII, provide the text of the footnot	te to the o	rganizat		8,628,069 ments that i	reports the organiz
	is under FIN 48 (ASC 740). Check here if the text of the footier $\frac{1}{2}$		_			

2

а

b

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-162,017

18,726,553

4,659,543

23,386,096

22,447,667

68,022

22,379,645

4,714,726

27.094.371

Schedule D (Form 990) 2019

#### d Other (Describe in Part XIII.) 2d -12.803e 2e Subtract line **2e** from line **1** . . . . . . . . 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

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

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements . . . . . .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . .

Add lines **4a** and **4b** . . . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Recoveries of prior year grants . . . . . .

4a

-149.214

4,659,543

68,022

4,714,726

4c

5

2e

3

4c

5

2a

2b

2c

4b

2a 2b

2c

2d

4a

4b

Explanation

chedule D (Form 990) 2019				
Part XIII Supplemental Information (continued)				
Return Reference	Explanation			

Schedule D (Form 990) 2019

### Additional Data

Software ID: Software Version:

EIN: 75-0858360

Name: UNITED WAY OF TARRANT COUNTY

ame: UNITED WAY OF TARRANT COUNTY

### Supplemental Information

# Return Reference Explanation PART V, LINE 4: \$6,318,684 OF BOARD DESIGNATED FUNDS UNDERWRITES A PORTION OF UNITED WAY'S OPERATING COSTS . \$1,055,518 OF QUASI-ENDOWMENT FUNDS ARE DESIGNATED FOR COMMUNITY PROGRAMS. \$500,125 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 INTERN AL REVENUE CODE, AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION, THEREFORE, NO PROVISI ON FOR INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FOL LOWS U.S. GAAP, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINANCIAL STATEMENT RECOGNI TION, MEASUREMENT, PRESENTATION, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECT ED TO BE TAKEN IN INCOME TAX RETURNS. MANAGEMENT BELIEVES THAT IT HAS NOT TAKEN A TAX POSI TION THAT, IF CHALLENGED, WOULD HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STA TEMENTS. 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, 2020 AND 2019.				

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	OTHER CHANGES IN ASSETS HELD BY OTHERS -12,803.

upplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 4,727,565. FUNDRAISING EXPENSES -68,022.

Sι

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 68,022.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED FUNDS 4,712,014. PENSION PLAN ADJUSTMENT 2,712.

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493074003221 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization UNITED WAY OF TARRANT COUNTY 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

oss receipts greater than \$5		9.000	1 990-EZ, lines 1 and	8, or reported more 6b. List events with
	<del>r'</del>	(1) 5 + #2	( ) ( )	T
İ	(a)Event #1  GOLF	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
	TOURNAMENTS (event type)	(event type)	(total number)	col. <b>(c)</b> )
receipts	231,958			231,958
Contributions	231,958			231,958
rizes				
sh prizes	22,848			22,848
acility costs	33,689			33,689
nd beverages	2,032			2,032
inment				
direct expenses   expense summary. Add lines 4 t	9,453		<u> </u>	9,45
ome summary. Subtract line 10				68,022
aming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	-68,022 d more than \$15,000
n Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
evenue				
rizes				
sh prizes				
acility costs				
direct expenses				
eer labor	☐ Yes <u></u>	<ul><li>☐ Yes</li></ul>	<ul><li>☐ Yes  %</li><li>☐ No</li></ul>	
'	through 5 in column (d)		<b>.</b>	
avnense summary Add lines 2 t		n (d)		
expense summary. Add lines 2 t ming income summary. Subtract				1
ming income summary. Subtract		des		☐ Yes ☐ No
ming income summary. Subtract state(s) in which the organization ganization licensed to conduct ga xplain:	aming activities in each of			
	نظ مسائما مساعد مساعل عامان عاديد	which the organization conducts gaming activi	which the organization conducts gaming activities:  censed to conduct gaming activities in each of these states?	censed to conduct gaming activities in each of these states?

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

document, please select landscape mode (11" x 8.5") when printing

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493074003221

**ZUT9**Open to Public

Inspection

UNITED WAY OF TARRANT COUNTY							Employer identification number		
							858360		
Part I General Inform	ation on Grants	and Assistance							
Does the organization main the selection criteria used to						ce, and		☐ Yes	☑ No
2 Describe in Part IV the orga	<u>'</u>								
Part III Grants and Other I that received more	<b>Assistance to Dom</b> than \$5,000. Part II	nestic Organizations a can be duplicated if add	nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990,	Part IV, line 2	1, for any recipi	ient
(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) Descri noncash as		(h) Purpose of or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of secti</li><li>3 Enter total number of othe</li></ul>	. , . ,	-					<u> </u>		169
For Paperwork Reduction Act Notice				Cat. No. 50055				ule I (Form 990	) 2019

Schedule I (Form 990) 2019

(5)

(6)

(7)

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

Part IV

**Return Reference** 

Explanation

## Additional Data

13625 NEUTRON ROAD

209 NORTH INDUSTRIAL

**BOULEVARD 241** 

BEDFORD, TX 76021

6 STONES MISSION NETWORK

24-4829432

## 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

14,031

PROVIDES MENTAL

EMERGENCY RELIEF

PROVIDE EMERGENCY

RELIEF AND DONOR DIRECTED FUNDS

FUND GRANT TO

VETERANS

WELLNESS PROGRAMS AND THERAPIES FOR

22KILL 47-3864997 501(C)(3) 30,000

501(C)(3)

DALLAS, TX 75244			

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance AB CHRISTIAN LEARNING 27-0141151 501(C)(3) 5.000 EMERGENCY RELIEF CENTER FUND GRANT TO PO BOX 51078 PROVIDE EMERGENCY FORT WORTH, TX 76105 RELIEF ACH - CHILD & FAMILY 75-0818140 501(C)(3) 115.582 5.803 COST PERSONAL PROTECTIVE PROVIDES SUPPORT EOUIPMENT SERVICES AND EDUCATION TO 1424 SUMMIT AVENUE THOSE AND THEIR FAMILIES WITH FORT WORTH, TX 76102

DEVELOPMENTAL DISABILITIES.

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

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) 45-4872620 501(C)(3) 5.808 ACTS 4 OTHERS IDONOR DIRECTED PO BOX 811 FUNDS TRANSFERRED TO DESIGNATED ICHARITY

AND HEALING - CLIENT

INTERVENTION AND CASE MANAGEMENT

DECATUR, TX 76234 75-2139336 501(C)(3) 76.125 PROMOTING HEALTH

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

AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) ALZHEIMER'S ASSOCIATION 75-1984152 501(C)(3) 240,318 PROVIDES SENIOR OF NORTH CENTRAL TEXAS SUPPORT AND CARE TO

TRANSPORTATION TO PREVENT ISOLATION.

2630 WEST FREEWAY SUITE 100 FORT WORTH, TX 76102					PREVENT SENIOR ISOLATION
AMERICAN RED CROSS - CHISHOLM TRAIL CHAPTER 1515 SOUTH SYLVANIA	53-0196605	501(C)(3)	75,613		PROVIDES CLIENT INTERVENTIONS AND CASE MANAGEMENT.

1515 SOUTH SYLVANIA FORT WORTH, TX 76111 PROVIDES DISASTER RELIEF AND

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

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 75-2868621 501(C)(3) 25.000 APARTMENT LIFE IEMERGENCY RELIEF

FUND GRANT TO

TO DESIGNATED CHARITY

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

610 S INDUSTRIAL

FORT WORTH, TX 76104

BOULEVARD SUITE 170 EULESS, TX 76040					PROVIDE EMERGENCY RELIEF
ARISE AFRICA 1628 FAIRMOUNT AVENUE	27-2014915	501(C)(3)	10,002		DONOR DIRECTED FUNDS TRANSFERRED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) ARLINGTON CHARITIES INC 75-1668092 501(C)(3) 21,500 TEMERGENCY RELIEF

DESIGNATED FUNDS

811 SECRETARY DRIVE ARLINGTON, TX 760151626					FUND GRANT TO PROVIDE ACCESS TO FOOD
ARLINGTON LIFE SHELTER	75-2235099	501(C)(3)	21,184		EMERGENCY RELIEF

325 WEST DIVISION STREET

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

FUND GRANT TO ARLINGTON, TX 760117415 PROVIDE EMERGENCY RELIEF AND DONOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 15.000l ARLINGTON URBAN 75-2959884 TEMERGENCY RELIEF MINISTRIES FUND GRANT TO PROVIDE EMERGENCY RELIEF

RELIEF

701 DUGAN STREET ARLINGTON, TX 760101220 BEAUTIFUL FEET MINISTRIES 75-2316728 501(C)(3) 10.000

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

IEMERGENCY RELIEF 1709 EAST HATTIE STREET FUND GRANT TO FORT WORTH, TX 76104 PROVIDE EMERGENCY

organization if applicable (book, FMV, appraisal, grant cash non-cash assistance or assistance or government assistance other) BIG BROTHERS BIG SISTERS 75-0800632 501(C)(3) 92,055 PROVIDE CHILDREN OF NORTH TEXAS WITH STRONG AND 205 WEST MAIN STREET IENDURING. PROFESSIONALLY ADDINGTON TV 76010

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

PROVIDE EMERGENCY

RELIEF

ARLINGTON, TX 70010				SUPPORTED ONE-TO- ONE RELATIONSHIPS THAT CHANGES LIVES
				FOR THE BETTER

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

BURLESON.TX 76028

(b) EIN

ATIONSHIPS ANGES LIVES BETTER 81-5438694 501(C)(3) 5,000 EMERGENCY RELIEF BLUE FAMILY FUND INC 760 FLAMINGO CIRCLE FUND GRANT TO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PROFIT BOARD

FUNDS TRANSFERRED

TO DESIGNATED

CHARITY

SYSTEMS INC 1500 NORTH MAIN SUITE 200 FORT WORTH, TX 76164	83-1151273	501(C)(3)	103,371		MEMBER TRAINING
BOY SCOUTS OF AMERICA	75-0800614	501(C)(3)	55,072		DONOR DIRECTED

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

BOY SCOUTS OF AMERICA LONGHORN COUCIL DENTON

PO BOX 54190

HURST, TX 76054

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 75-1046644 501(C)(3) 15.890 PROVIDES SOCIAL ARLINGTON IDEVELOPMENT PROGRAMS FOR

484 COST

86.727

CHILDREN

CHILDREN

PROVIDES SOCIAL

DEVELOPMENT

IPROGRAMS FOR

PERSONAL PROTECTIVE

LEOUIPMENT

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

501(C)(3)

608 NORTH ELM ARLINGTON, TX 76011
BOYS & GIRLS CLUBS OF GREATER FORT WORTH INC

3218 EAST BELKNAP

FORT WORTH, TX 76111

75-0808785

Or government assistance other)

CAMP FIRE USA FIRST TEXAS
COUNCIL INC
2700 MEACHAM BOULEVARD
FORT WORTH, TX 76137

PROVIDES SCHOOL AGE
CHILD CARE. ALSO
PROVIDES CREATIVE
SOLUTIONS TO
CONNECT FAMILIIES

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

TO DESIGNATED CHARITY

(d) Amount of cash

grant

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

(c) IRC section

if applicable

(a) Name and address of

organization

DALLAS, TX 75252

(b) EIN

					TOGETHER AND PROVIDE SUPPORT SERVICES. ALSO PROVIDES ADMINISTRATIVE AND CLASSROOM MENTORING AND TRAINING SERVICES TO THE KIDS WAY CHILD CARE QUALITY ENHANCEMENT PROGRAM PARTICIPANTS.
CAMP SUMMIT 17210 CAMPBELL ROAD 180	75-2488486	501(C)(3)	10,130		DONOR DIRECTED FUNDS TRANSFERRED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CANCER CARE SERVICES 75-1025511 501(C)(3) 286,276 PROVIDES FINANCIAL 623 SOUTH HENDERSON ASSISTANCE FOR FORT WORTH, TX 76104 HEALTHCARE NEEDS CATHOLIC CHARITIES 75-0808769 501(C)(3) 565.459 INCREASING SELF-PO BOX 15610 SUFFICIENCY-FORT WORTH, TX 79119 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

SUPPORTIVE SERVICES

TO PROVIDE

FOR 36 HIGH INTENSITY CLIENTS.

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

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CENTER FOR TRANSFORMING 75-0829389 501(C)(3) 180,375 1,638 COST PERSONAL PROTECTIVE PROVIDES CHILDREN EQUIPMENT DEVELOPMENT LIVES 512 WEST 4TH STREET PROGRAMS. G IN

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CHARITY

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

FORT WORTH, TX 76102					SUPPORTIVE LIVING IN TRANSITIONAL HOUSING ARRANGEMENTS, AND MY OWN PLACE PROGRAM WHICH PROVIDE YOUNG ADULT WOMEN AGING OUT OF FOSTER CARE INTO INDEPENDENT LIVING. RUNS THE READY FOR SCHOOL INITIATIVE.
CENTER OF HOPE PO BOX 190 WEATHERFORD, TX 76086	75-2762501	501(C)(3)	6,318		DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHILD CARE ASSOCIATES 84-0587601 501(C)(3) 128,436 10.400 COST PERSONAL PROTECTIVE PROVIDES EARLY EQUIPMENT TARRANT COUNTY CHILDHOOD DEVELOPMENT 3000 EAST BELKNAP 3RD FLOOR PROGRAMS FORT WORTH, TX 76111 CHILD STUDY CENTER INC 501(C)(3) 63,909 75-1099536 PROVIDES PEDIATRIC 1300 W LANCASTER MEDICAL SERVICES. FORT WORTH, TX 76102 | 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.

1300 W LANCASTER FORT WORTH, TX 7610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 75-1929755 501(C)(3) 30.279 CHRISTIAN COMMUNITY TEMERGENCY RELIEF

PROVIDE EMERGENCY

RELIEF AND DONOR DIRECTED FUNDS

STOREHOUSE PO BOX 1321 KELLER, TX 76244					FUND GRANT TO PROVIDE ACCESS TOOD
CHRIST'S HAVEN FOR	23-7164673	501(C)(3)	12 990		EMERGENCY RELIE

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

PO BOX 467

KELLER, TX 75248

DE ACCESS TO EMERGENCY RELIEF 201(6)(2) 12,990 CHILDREN IFUND GRANT TO

(b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (a) Name and address of (c) IRC section (f) Method of valuation (book, FMV, appraisal, organization if applicable cash non-cash assistance or assistance grant or government assistance other)

CITY OF FORT WORTH LA GRAN PLAZA 2200 4200 SOUTH FREEWAY FORT WORTH, TX 76115	75-6000528	GOVERNMENT	77,819		INCREASING SELF- SUFFICIENCY- FINANCIAL ASSISTANCE AND EMPLOYMENT; PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT 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.

160,000

SCALEABLE

GRANT

COMMUNITY CHANGE

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

501(C)(3)

75-1485951

CLAYTON YOUTH ENRICHMENT 1215 COUNTRY CLUB LANE

FORT WORTH, TX 76112

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLC - COMMUNITY LEARNING 75-2866735 501(C)(3) 80,000 DONOR DIRECTED CTR FUNDS TRANSFERRED 555 NORTH GRANTS LANE TO DESIGNATED FORT WORTH, TX 76108 CHARITY

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

POTENTIAL.

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

COMMUNITIES IN SCHOOLS 75-2411238 501(C)(3) 184.907 PROVIDES CASE 6707 BRENTWOOD STAIR MANAGEMENT FOR **ROAD SUITE 510** CHILDREN AND THEIR FAMILIES, AS WELL AS 510 FORT WORTH, TX 76112 SUPPORT IN THEIR EDUCATIONAL AND SOCIAL DEVELOPMENT. TO HELP CHILDREN REACH THEIR FULL IEDUCATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

COMMUNITY ENDICHMENT	75 2224604	E04(C)(2)	04 330	464	COCT	DEDCOMAL DEGTECTIVE	DDOUGDEC ADULE
1349 EMPIRE CENTRAL BOULEVARD 400 DALLAS, TX 75247							
COMMUNITY COUNCIL OF GREATER DALLAS	75-0800631	GOVERNMENT	25,800				HEALTH LITERACY

COMMUNITY ENRICHMENT 75-2231694 501(C)(3) 81,238 464 COST PERSONAL PROTECTIVE IPROVIDES ADULT LEOUIPMENT CENTER LITERACY PROGRAMS 6250 NE LOOP 820

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

FORT WORTH, TX 76180

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-2267767 501(C)(3) 6,251 EARLY LEARNING COMMUNITY FOUNDATION OF NORTH TEXAS ALLIANCE BUILDS THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

IFOUNDATION TO

PROVIDE ACCESS TO

IFOOD

FORT WORTH, TX 76102					IMPROVE EARLY LEARNING TO HELP CHILDREN SUCCEED II SCHOOL
COMMUNITY FRONTLINE OF FORT WORTH	82-1299722	501(C)(3)	11,500		EMERGENCY RELIEF FUND GRANT TO

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

306 W 7TH STREET 1045

824 GREEN HEATH AVENUE

FORT WORTH, TX 76120

(b) EIN

(b) EIN (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 75-2231694 501(C)(3) 33.528 COMMUNITY LINK MISSION IEMERGENCY RELIEF 200 DELMONT CEDEET IFUND GRANT TO

SAGINAW, TX 761791617					PROVIDE EMERGENCY RELIEF AND DONOR DESIGNATED FUNDS
COMO LIONS HEART INC	47-3486169	501(C)(3)	15,000		EMERGENCY RELIEF

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

LIEF AND DONOR SIGNATED FUNDS 1ERGENCY RELIEF 4840 BELLFLOWER WAY IFUND GRANT TO FORT WORTH, TX 76123 PROVIDE EMERGENCY

IRELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 75-0939911 501(C)(3) 6.016 CONNELL BAPTIST CHURCH DONOR DIRECTED 4736 BRUCE AVENUE FUNDS TRANSFERRED TO DESIGNATED

PROVIDE EMERGENCY

RELIEF

FORT WORTH, TX 76107

COOK CHILDREN'S HEALTH
CARE SYSTEM

FORDS IRANSFERRE
FORDS SIGNATED
TO DESIGNATED
CHARITY

EMERGENCY RELIEF
FUND GRANT TO

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

801 SEVENTH AVENUE

FORT WORTH, TX 76104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 75-2051646 501(C)(3) 6.674 COOK CHILDREN'S MEDICAL DONOR DIRECTED CTR FUNDS TRANSFERRED TO DESIGNATED ICHARITY

FUND GRANT TO

IRELIEF

PROVIDE EMERGENCY

801 SEVENTH AVENUE FORT WORTH, TX 76104 75-2625043 501(C)(3) 10.000 IEMERGENCY RELIEF

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

CROWLEY HOUSE OF HOPE PO BOX 300 CROWLEY, TX 76036

organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) DALLAS FOUNDATION 75-2890371 501(C)(3) 20,336 IDONOR DIRECTED

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

PROGRAM.

3963 MAPLE AVENUE SUITE 390 DALLAS, TX 75219					FUNDS TRANSFERRED TO DESIGNATED CHARITY
DENTAL HEALTH FOR ARLINGTON	75-2467366	501(C)(3)	60,422		RUNS THE ALLAN SAXE CLINIC WHICH

PO BOX 1542 ARLINGTON, TX 76004

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

INKOVIDES FREE TO LOW COST DENTAL SERVICES. AS WELL AS THE SMILES SCHOOL-BASED PREVENTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-4685664 501(C)(3) 15.000l DFW ASYLUM SEEKER TEMERGENCY RELIEF

HOUSING NETWORK IFUND GRANT TO PROVIDE EMERGENCY PO BOX 470783 FORT WORTH, TX 76147 IRELIEF

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

PIGEON FORGE, TN 37863

DOLLYWOOD FOUNDATION 62-1348105 501(C)(3) 27.310 FUNDING FOR BOOKS 1020 DOLLYWOOD LANE FOR IMAGINATION

LIBRARY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 11,936 DONOR DIRECTED DOXOLOGY BIBLE CHURCH 75-1446859 4805 ARBORLAWN DRIVE FUNDS TRANSFERRED FORT WORTH, TX 76109 TO DESIGNATED ICHARITY EASTER SEALS NORTH TEXAS 75-0827419 501(C)(3) 43.246 PROVIDES OUTPATIENT REHAB, CLIENT INTERVENTION AND ICASE MANAGEMENT. IALSO PROVIDES

HOMEMAKER AND RESPITE CARE, HELPS CLIENTS WITH JOB IPLACEMENT.

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

1424 HEMPHILL STREET FORT WORTH, TX 76104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EDUCATION SERVICE CENTER 75-1246000 501(C)(3) 117.000 **TEDUCATION IMPACT** 

TO DESIGNATED

CHARITY

1451 S CHERRY LANE WHITE SETTLEMENT, TX 76108		, , , ,	, i		GRANT
EMERGENCY ASSISTANCE	45-1813056	501(C)(3)	15,371		DONOR DIRECTED

FOUNDATION FUNDS TRANSFERRED

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

700 S DIXIE HIGHWAY 200

WEST PALM BEACH, FL 33401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 73-1643384 501(C)(3) 427.169 FAMILY PATHFINDERS OF IPROVIDES ASSET TARRANT COUNTY IDEVELOPMENT FOR

PO BOX 470869 FORT WORTH, TX 76147

CLIENTS FEEL THE COLOR 84-3929225 501(C)(3) 12.500

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

KERNEL AWARD 10709 KITTERING TRAIL HASLET, TX 76052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EIDCT COMMAND 75-1072904 E01/C1/21 26 651 DONOR DIRECTED TRANSFERRED

TO DESIGNATED

CHARITY

EDUCATIONAL FDN 1 FIRST COMMAND PLAZA	75-1975094	301(0)(3)	30,031		FUNDS T
FORT WORTH, TX 76109					CHARITY
FIRST PRESBYTERIAN CHURCH	75-0818160	501(C)(3)	5 000		DONOR I

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

1000 PENN STREET

FORT WORTH, TX 76102

SIGNATED DIRECTED 301(0)(3) OF FORT WORTH FUNDS TRANSFERRED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FIRST STREET METHODIST 56-2570858 501(C)(3) 5,000 TEMERGENCY RELIEF GRANT TO DE EMERGENCY

IGRANT

MISSION 801 WEST 1ST STREET FORT WORTH, TX 76102					FUND GRANT TO PROVIDE EMERGENCY RELIEF
FORT WORTH DROWNING PREVENTION COALITION	47-3716924	501(C)(3)	12,000		SCALEABLE COMMUNITY CHANGE

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

PO BOX 11813

FORT WORTH, TX 76110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501(C)(3) 25.000 FORT WORTH HOPE CENTER 01-0801061 TEMERGENCY RELIEF FUND GRANT TO

3625 E LOOP 820 S FORT WORTH, TX 76119 RELIEF

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

PO BOX 430

FORT WORTH, TX 76101

PROVIDE EMERGENCY 501(C)(3) 100.357 FORT WORTH HOUSING 75-6001818

HOMELESSNESS GRANT AUTHORITY

(f) Method of valuation (a) Name and address of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

(e) Amount of non-

(a) Description of

FUND GRANT TO

IFOOD AND OTHER EMERGENCY RELIEF

PROVIDE ACCESS TO

(d) Amount of cash

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

(c) IRC section

(b) EIN

DEVELOPMENT CENTER 712 STELLA STREET

FORT WORTH, TX 76104

FORT WORTH JUNIOR GOLF FDN PO BOX 4767 FORT WORTH, TX 76164	20-5545252	501(C)(3)	5,31/		FUNDS TRANSFERRED TO DESIGNATED CHARITY
FORTRESS YOUTH	42-1588482	501(C)(3)	10,000		EMERGENCY RELIEF

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or government assistance other)

HOUSTON, TX 772042020

FOUNDATION COMMUNITIES 3036 SOUTH FIRST STREET SUITE 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.
FOUNDATION FOR EDUCATION & RESEARCH IN VISION 4901 CALHOUN ROAD	76-0216422	501(C)(3)	10,363		DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED

(h) Purpose of grant

or assistance

CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

GATEHOUSE PROJECT HANDUP PO BOX 398 GRAPEVINE, TX 76099	90-0705496	501(C)(3)	85,040		LIVING COMMUNITY FOR WOMEN - WHETHER SINGLE OR WITH CHILDREN - LEAVING A CRISIS, SUCH AS ABUSE,

500 S NOLEN DRIVE SUITE

SOUTHLAKE, TX 760929171

300

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

POVERTY. HOMELESSNESS, TRAGIC DIVORCE OR OTHER REASONS GATEWAY CHURCH 75-2870806 501(C)(3) 10,139 DONOR DIRECTED

FUNDS TRANSFERRED

TO DESIGNATED CHARITY

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) GEMS CAMP 46-3363376 501(C)(3) 11.562 IDONOR DIRECTED 5404 BEXAS STREET FUNDS TRANSFERRED DALLAS, TX 75215 TO DESIGNATED ICHARITY GIRL SCOUTS OF TEXAS 75-0818162 501(C)(3) 75.010 DONOR DIRECTED

FUNDS TRANSFERRED

TO DESIGNATED CHARITY

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

4901 BRIARHAVEN

FORT WORTH, TX 76109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1514683 501(C)(3) 225.605 PROVIDES SCHOOL AGE GIRLS INCORPORATED CHILD CARE

TARRANT CTY 2820 MATLOCK ROAD ARLINGTON, TX 76015

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

GRAPEVINE, TX 76099

75-2195702 501(C)(3) 160.752 GRAPEVINE RELIEF & COMMUNITY EXCHANGE LEDUCATION

PROVIDES DIABETIC PO BOX 412

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 25.000 HARVESTING INTERNATIONAL 74-2510566 IEMERGENCY RELIEF MINISTRY CENTER FUND GRANT TO 150 S SIXTH AVENUE PROVIDE ACCESS TO MANSFIELD, TX 76063 IFOOD AND OTHER EMERGENCY RELIEF 501(C)(3) 22,175 43-2087946 PARTNERSHIP TO BUILD HEALTHIER

POLICIES THAT
SUPPORT HEALTH

HEALTHY TARRANT COUNTY
COLLABORATION
POBOX 8040
FORT WORTH, TX 76124

EMERGENCY RELIEF

22,175

PARTNERSHIP TO BUIL
HEALTHIER
COMMUNITIES
THROUGH ACCESS TO
HEALTHY FOODS,
INCREASING LOCAL

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 5.452 HOPE COTTAGE INC 75-0800652 DONOR DIRECTED FUNDS TRANSFERRED

TO DESIGNATED

ICHARITY

PO BOX 140459 DALLAS, TX 75214 TO DESIGNATED

ICHARITY 75-6005028 501(C)(3) 40.017 DONOR DIRECTED FUNDS TRANSFERRED

HULEN STREET BAPTIST CHURCH

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

7100 SOUTH HULEN STREET

FORT WORTH, TX 76133

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) HUMANE SOCIETY OF NORTH 75-1245911 501(C)(3) 6.168 DONOR DIRECTED

(e) Amount of non-

(a) Description of

IRELIEF

TEXAS 1840 EAST LANCASTER AVENUE FORT WORTH, TX 76103					FUNDS TRANSFERRED TO DESIGNATED CHARITY
I CAN STILL SHINE PROGRAM	27-4672450	501(C)(3)	5,000		EMERGENCY RELIEF

729 GRAPEVINE HIGHWAY IFUND GRANT TO PROVIDE EMERGENCY HURST, TX 76054

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 7.111 JEWISH FEDERATION FORT 75-0808797 IPROVIDES CLIENT WORTH INTERVENTION AND CASE MANAGEMENT TO LOCAL FAMILIES

IDONOR DIRECTED

TO DESIGNATED ICHARITY

FUNDS TRANSFERRED

19.122

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

501(C)(3)

4049 KINGSRIDGE ROAD FORT WORTH, TX 76109 JPS FOUNDATION

1223 S MAIN STREET

FORT WORTH, TX 76104

75-2717782

(b) EIN (e) Amount of non-(f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) KANSAS STATE UNIV 48-0667209 501(C)(3) 6,744 DONOR DIRECTED COLUNIO ATTONI LEUNIDO TO ANGEEDRED

(a) Description of

TO DESIGNATED ICHARITY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FORT WORTH, TX 76104

1800 KIMBALL AVENUE SUITE 200 MANHATTAN, KS 66502					TO DESIGNATED CHARITY
LADDER ALLIANCE 1100 HEMPHILL STREET 302	06-1674011	501(C)(3)	8,193		DONOR DIRECTED FUNDS TRANSFERRED

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LEARNING CENTER OF NORTH 75-2905243 501(C)(3) 49.000 PROVIDES PRACTICAL, TEXAS ACCESSIBLE, AND 101 SUMMIT AVENUE 612 AFFORDABLE TESTING FORT WORTH, TX 76102 AND RESOURCES TO ENHANCE THE SUCCESS

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AND CLINICAL COUNSELING. ALSO RUNS FORT WORTH FAMILY SUPPORT CENTER

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FORT WORTH, TX 76107

(b) EIN

					OF THOSE WITH LEARNING DIFFERENCES AND DISABILITIES
LENA POPE HOME 3131 SANGUINET STREET	75-6003583	501(C)(3)	118,487		PROVIDES DAY TREATMENT CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04(6)(3) 45 000

PO BOX 508

MALKOFF, TX 75148

MARRIAGE MANAGEMENT 1061 MEADOW SCAPE DRIVE BURLESON, TX 76028	56-2591161	501(C)(3)	15,000		VETERANS FUND GRANT
MARY QUEEN OF HEAVEN	75-2662685	501(C)(3)	10,000		DONOR DIRECTED

TO DESIGNATED

CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 75-1528075 501(C)(3) 13.500 MASONIC HOME & SCHOOL OF IEMERGENCY RELIEF TEXAS FUND GRANT TO 1240 KELLER PARKWAY SUITE PROVIDE EMERGENCY 200 IRELIEF KELLER. TX 76248

IDEAS, CLP.

501(C)(3) 2,653,360 5.223 COST PERSONAL PROTECTIVE MEALS ON WHEELS INC OF 75-1568798 TRANSPORTATION EOUIPMENT TARRANT COUNTY VOUCHERS & HOME 320 SOUTH FREEWAY DELIVERED MEALS &

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

FORT WORTH, TX 76104 PARTICIPANT ASSESSMENT, HEALTHY

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MENTAL HEALTH AMERICA OF 75-0983834 501(C)(3) 34,545 PROVIDES PEER

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

DONOR DIRECTED

TO DESIGNATED

CHARITY

FUNDS TRANSFERRED

3136 WEST 4TH STREET FORT WORTH, TX 76107				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.
TARRANT COUNTY				SUPPORT THROUGH
3136 WEST 4TH STREET				CRISIS INTERVENTION
FORT WORTH, TX 76107				AND CASE
•				MANAGEMENT, MENTAL
				HEALTH EDUCATION.
				AS WELL AS A
				1
				1
				HOMELESSNESS GRANT
				TO PROVIDE
				SUPPORTIVE SERVICES
				TO 8 HIGH INTENSITY
				1
				INTENSITY CLIENTS.

21,500

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

MENTAL HEALTH CONNECTION

OF TARRANT COUNTY

3131 SANGUINET STREET

FORT WORTH, TX 76107

(b) EIN

75-2659610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

					<u> </u>
MERCY CLINIC OF FORT WORTH	45-3841621	501(C)(3)	5,000		EMERGENCY RELIEF FUND GRANT TO
PO BOX 11557					PROVIDE ACCESS TO
FORT WORTH, TX 76110					FOOD AND OTHER
					EMERGENCY RELIEF

501(C)(3) 148,600 4,672 COST PERSONAL PROTECTIVE 75-2890731

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

MHMR OF TARRANT COUNTY ISAFETY NET GRANT LEOUIPMENT PO BOX 2603 AND DONOR DIRECTED FORT WORTH, TX 76113 FUNDS FOR

HOMELESSNESS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 15.000l MIDWEST FOOD BANK 80-2980367 TEMERGENCY RELIEF PO BOX 1321 FUND GRANT TO

KELLER, TX 76244

PROVIDE ACCESS TO IFOOD 75-2354962 501(C)(3) 29.874 DONOR DIRECTED FUNDS TRANSFERRED

MISSION ARLINGTONMETROPLEX TO DESIGNATED 210 WEST SOUTH STREET ARLINGTON, TX 76010 ICHARITY

(b) EIN (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) MISSION CENTRAL OF 06-1709651 501(C)(3) 20.648 IEMERGENCY RELIEF TARRANT CO IFUND GRANT TO

(e) Amount of non-

(a) Description of

IRELIEF

740 EAST PIPELINE ROAD HURST, TX 76053					PROVIDE ACCESS TO FOOD AND OTHER EMERGENCY RELIEF
MONCRIEF CANCER INSTITUTE	75-2655008	501(C)(3)	40,000		EMERGENCY RELIEF

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FOOD AND OTHER EMERGENCY RELIEF EMERGENCY RELIEF 400 W MAGNOLIA AVENUE FUND GRANT TO FORT WORTH, TX 76104 PROVIDE EMERGENCY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) ICY RELIEF ANT TO **EMERGENCY** 80-0789676 501(C)(3) 7.500l NEW DAY INC IEMERGENCY RELIEF

FUND GRANT TO

IRELIEF

PROVIDE EMERGENCY

NEURO ASSISTANCE	26-2464596	501(C)(3)	10,000		EMERGENCY
FOUNDATION					FUND GRAN
2320 BRIDGEWOOD DRIVE					PROVIDE EN
KELLER, TX 76262					RELIEF

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

PO BOX 171722

ARLINGTON, TX 760031722

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 75-6049012 GOVERNMENT 140.203 IGRANT NORTH CENTRAL TEXAS SUBCONTRACTOR FOR

CHARITY

COUNCIL OF GOVERNMENTS 616 SIX FLAGS DRIVE I AREA AGENCY ON ARLINGTON, TX 76011 LAGING

NORTH TEXAS AREA 54-2117989 501(C)(3) 20.000

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

2100 NORTH MAIN STREET

FORT WORTH, TX 76164

DONOR DIRECTED COMMUNITY HEALTH CENTERS FUNDS TRANSFERRED TO DESIGNATED

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

PO BOX 1376

HURST, TX 76053

NORTH TEXAS COMMUNITY TABLE IN 7530 APRIL LANE N RICHLAND HILLS,TX 76182	81-4810991	501(C)(3)	25,515		EMERGENCY RELIEF FUND GRANT TO PROVIDE ACCESS TO FOOD AND DONOR DIRECTED FUNDS
NORTHEAST EMERGENCY DISTRIBUTION	75-1928662	501(C)(3)	25,000		EMERGENCY RELIEF FUND GRANT TO

PROVIDE ACCESS TO

FOOD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 75-1554285 501(C)(3) 8.194 LEMERGENCY NORTHSIDE INTER-COMMUNITY AGENCY ASSISTANCE, 1600 CIRCLE PARK PROFESSIONAL SOCIAL BOULEVARD WORK SERVICES FOR FORT WORTH, TX 76164 LOW-INCOME CLIENTS. PROVIDES FOOD. CLOTHING, AND

SERVICES.

FINANCIAL ASSISTANCE 501(C)(3) 44,985 PARENTING CENTER 23-7454254 2928 WEST FIFTH STREET

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

PROVIDES FAMILY LIFE EDUCATION, CHILD ABUSE PREVENTION, FORT WORTH, TX 76107 CRISIS INTERVENTION AND CASE MANAGEMENT AS WELL AS COUNSELING

organization or government if applicable grant cash or government or government or government assistance or description or government cash assistance or ass

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FOR 40 HIGH INTENSITY AND 20 MEDIUM INTENSITY

DONOR DIRECTED

TO DESIGNATED CHARITY

FUNDS TRANSFERRED

CLIENTS.

(d) Amount of cash

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

501(C)(3)

(c) IRC section

PRESBYTERIAN NIGHT	75-1985591	501(C)(3)	153,226		PROVIDES SHELTER
SHELTER TC					CARE. RECEIVED PART
PO BOX 2645					OF THE HOMELESSNESS
FORT WORTH, TX 76113					GRANT TO PROVIDE
·					CASE MANAGEMENT
					FOR 100 CLIENTS;
					SUPPORT SERVICES

6,267

(b) EIN

82-3446280

(a) Name and address of

PROJECT BELOVED THE MOLLY

2930 BLESOE STREET 124

FORT WORTH, TX 76107

JANE MISSION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

IGRANT

75-2180083 501(C)(3) 10.205 PROMISE HOUSE IDONOR DIRECTED 224 WEST PAGE AVENUE FUNDS TRANSFERRED DALLAS, TX 75208

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

DALLAS, TX 75204

TO DESIGNATED ICHARITY READING PARTNERS 77-0568469 501(C)(3) 64.000l ISCALEABLE 2910 SWISS AVENUE COMMUNITY CHANGE

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) RECOVERY RESOURCE 75-6005093 501(C)(3) 283,426 PROVIDES CLIENT COUNCIL INTERVENTION AND 2700 AIRPORT FREEWAY CASE MANAGEMENT. FORT MORTH TV 76111 GENERAL DRUG AND

10.613

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ALCOHOL EDUCATION PROGRAMS, PARENT CONNECTION CLASSES, AND RUNS THE SUNSHINE CLUB WHICH

PROVIDING DRUG AND ALCOHOL EDUCATION AND SUPPORT TO CHILDREN IN HIGH RISK AREAS. RECEIVED

HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 75 CLIENTS; STORAGE SPACE FOR 150 ICLIENTS DAILY.

DONOR DIRECTED
FUNDS TRANSFERRED

TO DESIGNATED CHARITY

IS AIMED AT

PART OF THE

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(b) EIN

81-4297002

FORT WORTH, TX	76111
ROLL CALL OF NO PO BOX 35052 FORT WORTH, TX	

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (a) Description of if applicable (book, FMV, appraisal, organization cash non-cash assistance or assistance grant or government assistance other) 75-1670281 501(C)(3) 446,009 PROVIDES EMERGENCY SAFEHAVEN OF TARRANT COUNTY CRISIS SHELTER, 1100 HEMPHILL STREET 303 TRANSITIONAL LIVING FORT WORTH, TX 76104 ARRANGEMENTS. PREGNANCY/PARENTING TEENS SERVICES, MEN'S NON-VIOLENCE **EDUCATIONAL** PROGRAMS, AND FILIAL THERAPY WHICH **PROVIDES** ALTERNATIVE **EMOTIONAL SUPPORT** FOR ABUSED CHILDREN. ALSO PROVIDES A MULTI-DISIPLINARY TEAM WITH CPS AND A COLLABORATIVE COMMUNITY RESPONSE TO CHILD WITNESSES OF DOMESTIC VIOLENCE. SALVATION ARMY 75-0800678 501(C)(3) 153,839 PROVIDES A FORT PO BOX 2333 WORTH AND

RECEIVED PART OF THE HOMELESSNESS GRANT TO PROVIDE CASE MANAGEMENT FOR 60-

SUPPORTIVE SERVICES FOR 8 HIGH INTENSITY AND 20 MEDIUM INTENSITY CLIENTS.

70 CLIENTS;

FORT WORTH, TX 76113 ARLINGTON SHELTER. **EMERGENCY** ASSISTANCE, AND SHELTER CARE.

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SEASONS OF CHANGE INC. 22-1212020 E01/C)/3) 10 0001 EMEDGENCY DELTER

DALLAS, TX 75214

1008 W MAIN STREET ARLINGTON, TX 76013	33-1212039	301(0)(3)	10,000		FUND GRANT TO PROVIDE ACCESS TO FOOD AND OTHER EMERGENCY RELIEF
SEED EFFECT PO BOX 141223	46-0639137	501(C)(3)	13,024		DONOR DIRECTED

TO DESIGNATED CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SERENITY TRANSFORMATION 47-4418825 501(C)(3) 5.605 DONOR DIRECTED

240 154

FORT WORTH, TX 76179

HOME I 1425 STAFFORD DRIVE FORT WORTH, TX 76134			·		FUNDS TRANSFERRED TO DESIGNATED CHARITY
SHAKEN BABY ALLIANCE 8101 BOAT CLUB ROAD SUITE	75-2758611	501(C)(3)	5,000		EMERGENCY RELIEF FUND GRANT TO

PROVIDE ACCESS TO

FOOD AND OTHER EMERGENCY RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(C)(3)

SHARED WORTH OF TARRANT	84-2/30988	501(C)(3)	5,000		KERNEL AWARD
COUNTY					
1459 ARBOR RIDGE DRIVE					
FORT WORTH, TX 76112					

PROVIDES SICKLE CELL

DISEASE EDUCATIONAL

PROGRAM

15.520l

FORT WORTH, TX 76112

SICKLE CELL DISEASE ASSOC
PO BOX 570817

DALLAS, TX 753570817

75-1384657

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 75-1251339 501(C)(3) 1,513,497 90 COST PERSONAL PROTECTIVE SIXTY AND BETTER INC INUTRITION EQUIPMENT 1400 CIRCLE DRIVE 300 EDUCATION, PHYSICAL FORT WORTH, TX 76119 FITNESS, MATTER OF

BALANCE CLASSES. CONGREATE MEALS,

THEALTHY IDEAS. SOCIETY OF ST VINCENT DE 75-2887696 501(C)(3) 17.558 EMERGENCY RELIEF PAUL FW DIOCESAN COUNCIL IFUND GRANT TO

EMERGENCY RELIEF

PROVIDE ACCESS TO

1912 NORWOOD LANE

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

ARLINGTON, TX 76013 FOOD AND OTHER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 75-6002547 501(C)(3) 54.262 SOUTHWESTERN DIABETIC IRUNS CAMP SWEENEY FND WHICH PROVIDES A DO BOY 018 RESIDENTIAL DIABETIC KILLS TRAINING RAM FOR

TO DESIGNATED

CHARITY

GAINESVILLE, TX 76241				LIFE SKILLS TRAIN PROGRAM FOR CHILDREN WITH DIABETES.
				IDIABETES.

ST JUDE CHILDREN'S 62-0646012

501 ST JUDE PLACE

MEMPHIS.TN 38105

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

501(C)(3) 7.107

TES. DONOR DIRECTED FUNDS TRANSFERRED RESEARCH HOSPITAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 90-0578693 501(C)(3) 10.000 STEPPING STONES IEMERGENCY RELIEF FOUNDATION FUND GRANT TO PROVIDE ACCESS TO 905 BOURLAND ROAD KELLER, TX 762483809 FOOD AND OTHER

CHARITY

KELLER, TX 762483809

SUSAN G KOMEN BREAST 75-2844652 501(C)(3) 5,216

CANCER FOUNDATION MARGO LUCERO

FOOD AND OTHER
EMERGENCY RELIEF

DONOR DIRECTED
FUNDS TRANSFERRED
TO DESIGNATED

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

5005 LBJ FREEWAY 250

DALLAS, TX 75244

**(b)** EIN (d) Amount of cash non-cash assistance organization if applicable (book, FMV, appraisal, or assistance grant cash or government assistance other) TARRANT AREA FOOD BANK 75-1822473 501(C)(3) 49,518 DONOR DIRECTED 2600 CULLEN STREET FUNDS TRANSFERRED FORT WORTH, TX 76107 TO DESIGNATED CHARITY TARRANT COUNTY COLLEGE 75-2277475 501(C)(3) 25,000 INCREASING SELF-1500 HOUSTON STREET SUFFICIENCY-FINANCIAL ASSISTANCE FORT WORTH, TX 76102 AND EMPLOYMENT: PROMOTING HEALTH & HEALING-HEALTH SERVICES; PROVIDES CHILD CARE, COUNSELING AND FAMILY SERVICES, AND SUPPORT SERVICES. ALSO PROVIDED DISASTER RESPONSE

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

SERVICES WHICH PROVIDES LONG-TERM RECOVERY CASE MANAGEMENT TO SURVIVORS OF HURRICANES KATRINA AND RITA. RECEIVED PART OF THE

HOMELESSNESS GRANT

SUPPORTIVE SERVICES

TO PROVIDE

FOR 36 HIGH INTENSITY CLIENTS.

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

(c) IRC section

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-2277475 501(C)(3) 12.000l DONOR DIRECTED TARRANT COUNTY COLLEGE FDN FUNDS TRANSFERRED TO DESIGNATED

ICHARITY

KERNEL AWARD

1500 HOUSTON STREET FORT WORTH, TX 76102 TARRANT COUNTY FURNITURE 83-1957997 501(C)(3) 7.500 BANK

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

3717 CAROLYN ROAD FORT WORTH, TX 76109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance TARRANT COUNTY HOMELESS 75-2331643 501(C)(3) 418.492 SCALABLE COMMUNITY COALITION CHANGE GRANT AND PO BOX 471638 VETERANS FUND GRANT FOR HOMELESSNESS THE PROGRAM OFFERS

THAT IS CLOSELY

SUPERVISED BY THE JUDICIARY

FORT WORTH, TX 761471406 50.000 TARRANT COUNTY VETERANS GOVERNMENT TREATMENT COURT ACCUSED VETERANS A 100 E WEATHERFORD SUITE TREATMENT OPTION

501 FORT WORTH, TX 76196

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

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

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

TARRANT COUNTY YOUTH COLLABORATION 6707 BRENTWOOD STAIR ROAD FORT WORTH, TX 76112	75-1761497	501(C)(3)	11,250		DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY
TARRANT COUNTY YOUTH	75-2890731	501(C)(3)	76,500		DONOR DIRECTED

RECOVERY CAMPUS(MHMR) FUNDS TRANSFERRED 1527 HEMPHILL STREET 622 TO DESIGNATED FORT WORTH, TX 76104 CHARITY

TARRANT LITERACY
COALITION
PO BOX 123537
FORT WORTH, TX 76124

THE COALITION IS
DEDICATED TO
ADVANCING THE
ABILITY OF ADULTS TO
READ, WRITE, SPEAK,

25,000

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

COMPUTE, AND SOLVE PROBLEMS IN ENGLISH.

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

FEED PEOPLE IN THE

WHAT-YOU-CAN RESTAURANT, EMERGENCY RELIEF

IGRANT

COMMUNITY AT A PAY-

COALITION IS

or assistance

(d) Amount of cash

grant

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

501(C)(3)

(c) IRC section

if applicable

(b) EIN

45-5471587

(a) Name and address of

organization

TASTE PROJECT

1200 S MAIN STREET

FORT WORTH, TX 76104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 75-0800691 501(C)(3) 7.916 TEXAS WESLEYAN UNIVERSITY DONOR DIRECTED 1201 WESLEYAN STREET FUNDS TRANSFERRED

ICHARITY

FORT WORTH, TX 76105 TO DESIGNATED 82-3832813 501(C)(3) 27.145 THE COOPER MAX

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

2520 CR 531 BURLESON.TX 76028

ICHARITY DONOR DIRECTED FOUNDATION FUNDS TRANSFERRED TO DESIGNATED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 81-1116926 501(C)(3) 6.750 DIRECTS SURPLUS THE WELMAN PROJECT 2232 IRWIN STREET MATERIAL FROM FORT WORTH, TX 76110 BUSINESSES TO CLASSROOMS FOR CREATIVE REUSE

SUPPORT AND EDUCATION, AND SCHOOL AGE CARE.

23-7122922 501(C)(3) 44,745 1,814 COST PERSONAL PROTECTIVE UNITED COMMUNITY CENTERS PROVIDE CLIENT EQUIPMENT 1200 E MADDOX AVENUE INTERVENTION, ADULT FORT WORTH, TX 76104 LITERACY PROGRAMS. SOCIAL DEVELOPMENT PROGRAMS FOR CHILDREN, CHILD ABUSE PREVENTION, CHILDHOOD OBESITY

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

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

COUNTY 710 E GARFIELD STREET SUITE 240 LARAMIE, WY 820703986	83-0186/32	501(C)(3)	8,300		FUNDS TRANSFERRED TO DESIGNATED CHARITY
LINITED WAY OF BRAZORIA	74-1362982	501(C)(3)	7 901		DONOR DIRECTED

CHARITY

UNITED WAY OF BRAZORIA /4-1362982 201(C)(3) 7,901 IDONOR DIKECTED COUNTY FUNDS TRANSFERRED PO BOX 1959 TO DESIGNATED

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

ANGLETON, TX 775161959

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF CENTRAL 73-0589829 501(C)(3) 12.239 DONOR DIRECTED DS TRANSFERRED

FUNDS TRANSFERRED

TO DESIGNATED

CHARITY

OKLAHOMA PO BOX 248919 OKLAHOMA CITY, OK 73124			·		FUNDS TRANSFERRE TO DESIGNATED CHARITY
UNITED WAY OF DENTON	75-1251128	501(C)(3)	73,743		DONOR DIRECTED

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

UNITED WAT OF DENTON COUNTY

625 DALLAS DRIVE 525

DENTON, TX 76205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 58-0566194 501(C)(3) 8.126 DONOR DIRECTED UNITED WAY OF GREATER

13.982

FUNDS TRANSFERRED

FUNDS TRANSFERRED

TO DESIGNATED

DONOR DIRECTED

TO DESIGNATED

ICHARITY

CHARITY

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

501(C)(3)

ATLANTA
100 EDGEWOOD AVE NE
ATLANTA, GA 30303
UNITED WAY OF GREATER

HOUSTON, TX 772533247

HOUSTON

PO BOX 3247

74-1167964

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LINITED WAY OF GTR ALISTIN 74-1193439 501(C)(3) 34 741 DONOR DIRECTED FUNDS TRANSFERRED

TO DESIGNATED CHARITY

DONOR DIRECTED

TO DESIGNATED

CHARITY

FUNDS TRANSFERRED

2000 EAST MLK JR BOULEVARD AUSTIN, TX 78702	, , , , , , , , , , , , , , , , , , , ,	332(3)(4)	J.,,,		
UNITED WAY OF HOOD	75-2794263	501(C)(3)	5.170		

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

COUNTY

PO BOX 1611

GRANBURY, TX 76048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) LINITED WAY OF HUNT 75-0971619 501(0)(3) 10 0001 DONOR DIRECTED

TO DESIGNATED

CHARITY

COUNTY PO BOX 224 GREENVILLE, TX 75401	75-0371013	301(0)(3)	10,000		FUNDS TRANSFERRED TO DESIGNATED CHARITY
UNITED WAY OF JOHNSON	75-1101239	501(C)(3)	29.437		DONOR DIRECTED

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

PO BOX 31

CLEBURNE, TX 76033

ESIGNATED RITY OR DIRECTED COUNTY FUNDS TRANSFERRED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 136.333 UNITED WAY OF 75-6005352 DONOR DIRECTED METROPOLITAN DALLAS FUNDS TRANSFERRED 1800 NORTH LAMAR TO DESIGNATED DALLAS.TX 75202 ICHARITY 501(C)(3) 7.420 UNITED WAY OF MID-SOUTH 56-1010742 IDONOR DIRECTED 1005 TILLMAN STREET FUNDS TRANSFERRED

TO DESIGNATED CHARITY

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

MEMPHIS.TN 38112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) LINITED WAY OF MOJAVE 95-2431051 501(0)(3) 6 762 DONOR DIRECTED

FUNDS TRANSFERRED

TO DESIGNATED

CHARITY

VALLEY PO BOX 362 BARSTOW, CA 92312	93-2431031	301(0)(3)	0,702		FUNDS TRANSFERRED TO DESIGNATED CHARITY
UNITED WAY OF PARKER	75-2867921	501(C)(3)	79,965		DONOR DIRECTED

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

COUNTY

PO BOX 1476

WEATHERFORD, TX 76086

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 74-1272381 501(C)(3) 13,874 UNITED WAY OF SAN ANTONIO IDONOR DIRECTED DS TRANSFERRED

TO DESIGNATED

ICHARITY

PO BOX 898 SAN ANTONIO, TX 78293					FUNDS TO DE CHARI
LINITED WAY OF THE COASTAL	74-1207552	501(C)(3)	6 562		חטאטו

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

4659 FBFRHART ROAD

CORPUS CHRISTI, TX 78411

DESIGNATED RITY IDONOR DIRECTED /4-120/332 201(C)(3)1 0,203 BEND FUNDS TRANSFERRED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF WACO-74-1189027 501(C)(3) 10 0001 DONOR DIRECTED S TRANSFERRED

TO DESIGNATED

CHARITY

MCLENNAN CO 1516 AUSTIN AVENUE STE 2 WACO, TX 76710	711103027	301(0)(3)	10,000		FUNDS TO DES CHARIT
UNITED WAY OF WISE	75-1748583	501(C)(3)	16,876		DONOR

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

PO BOX 213

DECATUR, TX 76234

ESIGNATED OR DIRECTED COUNTY FUNDS TRANSFERRED

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNITED WAY LUBBOCK AREA 75-0961812 501(C)(3) 5.327 DONOR DIRECTED

(e) Amount of non-

(d) Amount of cash

(f) Method of valuation

(a) Description of

(h) Purpose of grant

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

(c) IRC section

(a) Name and address of

PHOENIX, AZ 850182328

(b) EIN

1655 MAIN STREET 101 LUBBOCK, TX 794014592	75 6561612	301(0)(3)	3,327		FUNDS TRANSFERRED TO DESIGNATED CHARITY
UNITED WAY VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD 375	86-0104419	501(C)(3)	8,119		DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 10.000 UT SOUTHWESTERN MEDICAL 75-2556007 IRESEARCH GRANT CENTER 501(C)(3) 10.000

IEMERGENCY RELIEF

PROVIDE EMERGENCY

FUND GRANT TO

RELIEF

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

PO BOX 910888 DALLAS.TX 753910888 VOLUNTEERS OF AMERICA

300 E MIDWAY DRIVE

EULESS.TX 76039

75-0827469

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 04 4000465 E04(6)(3) 40 000

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

OF HOPE 9516 CAMP BOWIE WEST SUITE A FORT WORTH, TX 76116	84-1890465	501(C)(3)	10,000		FUND GRANT TO PROVIDE EMERGENCY RELIEF
WHAT ABOUT REMEMBERING	75-2220859	501(C)(3)	5,055		DONOR DIRECTED

FORT WORTH, TX 76116

WHAT ABOUT REMEMBERING ME DBA THE WARM PLACE 809 LIPSCOMB TONDES TRANSFERRED TO DESIGNATED FORT WORTH, TX 761043121

RELIEF

RELIEF

RELIEF

RELIEF

RELIEF

RELIEF

CHARITY

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) WHOLY WORKS CDC 81-5131144 501(C)(3) 10,000 OUTREACH AND PEER SUPPORT FOR WOMEN 12280 BUD CROSS ROAD

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

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

(c) IRC section

(b) EIN

(a) Name and address of

FORT WORTH, TX 76179					VETERANS
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL FORT WORTH, TX 76110	75-1501868	501(C)(3)	915,328		PROVIDES ADULT LITERACY EDUCATION PROGRAMS, SUPPORT AND SECURITY TO RAPED ADULTS AND CHILDREN, EMPLOYMENT PREPARATION, AND COUNSELING. ADULT LITERACY EVALUATION PROGRAM.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or aovernment assistance other) WORLD RELIEF CORPORATION 23-6393344 501(C)(3) 5.000 EMERGENCY RELIEF OF NAT'L ASSOC OF FUND GRANT TO **EVANGELICALS** PROVIDE ACCESS TO 7 EAST BALTIMORE STREET FOOD AND OTHER BALTIMORE, MD 21202 EMERGENCY RELIEF 571 COST PERSONAL PROTECTIVE YMCA OF ARLINGTON 75-1000839 501(C)(3) 32,867 PROVIDES SCHOOL AGE EQUIPMENT 1148-H WEST PIONEER CHILDCARE, SOCIAL PARKWAY DEVELOPMENT ARLINGTON, TX 76013 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.

if applicable organization cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) YMCA OF METRO FORT WORTH 75-0827471 501(C)(3) 184,437 2,066 COST PERSONAL PROTECTIVE PROVIDES SCHOOL AGE EQUIPMENT 512 LAMAR STREET 400 CHILDCARE, SOCIAL DEVELOPMENT FORT WORTH, TX 76102

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

					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.
YOUNG LIFE PO BOX 100996 FORT WORTH,TX 761850996	84-0385934	501(C)(3)	5,578		DONOR DIRECTED FUNDS TRANSFERRED TO DESIGNATED CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501(C)(3) 10.000 YOUNG LIVES REDEEMED 47-1849084 DONOR DIRECTED 1105 E COMMONWEALTH AVE FUNDS TRANSFERRED STE A2 TO DESIGNATED FULLERTON, CA 92831 ICHARITY YOUNG WOMEN'S LEADERSHIP 46-4264052 501(C)(3) 15.000l I ENHANCE ACADEMIC ACADEMY ACHIEVEMENT AND OFFER LEADERSHIP

OPPORTUNITIES THAT I PROMOTE THE SUCCESS OF THE STUDENTS

401 E 8TH STREET FORT WORTH, TX 76102

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 23-1977514 501(C)(3) 10.000 TEMERGENCY RELIEF

PROVIDE EMERGENCY

IRELIEF

YOUTH ADVOCATE PROGRAM IFUND GRANT TO

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

2007 NORTH THIRD STREET

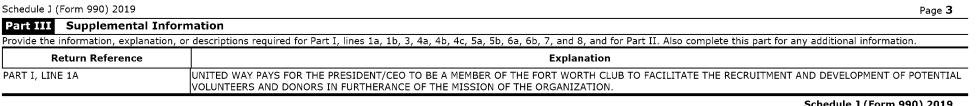
HARRISBURG, PA 17102

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49307	74003	221			
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047			
(Form 990)		For certain Officer	For certain Officers, Directors, Trustees, Key Employees, and Highest								
		➤ Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019					
Б			▶ Attach	to Form 990. instructions and the latest inforn		Open					
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	7 <u>1 01111990</u> 101	matructions and the latest mion	nation:		ectio				
	me of the organiza TED WAY OF TARRAI				Employer identifica	tion nu	ımber				
					75-0858360						
Pa	rt I Questi	ons Regarding Compensat	ion				l				
<b>1</b> a				the following to or for a person liste y relevant information regarding thes			Yes	No			
		or charter travel		,							
		companions	= =	Housing allowance or residence for Payments for business use of person	•						
	_	nification and gross-up payments	<u>~</u>	Health or social club dues or initiation							
	Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)						
<b>L</b>	Tf any of the hay	raa an Lina 1a aya ahaalkad did H	hi==#i	follow a written policy regarding pay							
b				ve? If "No," complete Part III to expl		1b	Yes				
2				or allowing expenses incurred by all		2	Yes				
	directors, truste	es, officers, including the CEO/EX	(ecutive Director	r, regarding the items checked on Lir	ne la?						
3				ed to establish the compensation of the not check any boxes for methods	ne						
				CEO/Executive Director, but explain i	n Part III.						
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract							
		ent compensation consultant	<u> </u>	Compensation survey or study							
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee						
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a						
а	Receive a sever	ance payment or change-of-contr	rol payment? .			4a		No			
b	Participate in, o	receive payment from, a supple	mental nonqual	ified retirement plan?		4b	Yes				
С	•			nsation arrangement?		4c		No			
	If "Yes" to any o	if lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	: 111.						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.							
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any							
а	•	1?				5a		No			
b						5b		No			
	If "Yes," on line	5a or 5b, describe in Part III.									
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any							
а	-	1?				6a		No			
b						6b		No			
-	•	6a or 6b, describe in Part III.	A 11mm 4 = -1111	bla	a.						
7				the organization provide any nonfixed rt III		7		No			
8				red pursuant to a contract that was							
				section 53.4958-4(a)(3)? If "Yes," de				NI -			
9				presumption procedure described in		8		No			
9						9					
For F	Paperwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	l (Forn	1 990)	2019			

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

Note. The sum of column	s (B	)(i)-(iii) for each listed in	dividual must equal the to	tal amount of Form 990				
(A) Name and Title		(i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
1 TD SMYERS PARTIAL YEAR	(i)	217,709	54,175	0	21,739	0	293,623	0
DDECIDENT & CEO	(ii)	0	0	0	0	0	0	0
<b>2</b> LEAH KING PARTIAL YEAR PRESIDENT & CEO	(i)	149,456	30,000	0	15,103	10,679	205,238	0
	(ii)	0	0	0	0	0	0	0
3 JEFFREY ALLISON EVP & CFO	(i)	146,269	28,000	0	12,994	0	187,263	0
	(ii)	0	0	0	0	0	0	0
		ı	ı		1		Schedule	J (Form 990) 2019



DLN: 93493074003221 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** UNITED WAY OF TARRANT COUNTY 75-0858360 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household 37,619 FMV Х goods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( CELL PHONES ) 60,000 FMV 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>			
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, colu complete this part for an	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.			
Return Reference	Explanation			
	Schedule M (Form 990) (2019)			

efile GRAPH	IC print - DO N	93493074003221						
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  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.  So to www.irs.gov/Form990 for the latest information.						2019 Open to Public Inspection		
UNITED WAY OF TARRANT COUNTY					Employer identification number 75-0858360			
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.							

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE ORGANIZATION. BOARD MEMBERS MAKE AN AN
PART VI,	NUAL DECLARATION IDENTIFYING OTHER ORGANIZATIONS AND BUSINESSES IN WHICH THEY HAVE AN INTE
SECTION B,	REST. THESE ARE THEN REVIEWED AGAINST THE VARIOUS INTERESTS OF THE ORGANIZATION TO IDENTIF
LINE 12C	Y ANY POTENTIAL CONFLICTS.

990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, DOES AN ANNUAL REVIEW OF ALL KEY EMP LOYEE'S COMPENSATION. THEY BENCHMARK CURRENT COMPENSATION AGAINST THE MARKET AS WELL AS UN ITED 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 A PPROVES THE PRESIDENT/CEO'S RECOMMENDATIONS FOR OTHER HIGHLY COMPENSATED EMPLOYEES' PAY AD JUSTMENTS.

Explanation

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990, PART VI, SECTION C, LINE 18

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE, OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

LINE 19

990 Schedule O, Supplemental Information

Doturn

Reference	Explanation
FORM 990, PART XI.	OTHER CHANGES IN ASSETS HELD BY OTHERS -12,803. TIMING DIFFERENCES FOR DONOR DESIGNATED FUNDS -15,551, PENSION ADJUSTMENT 2,712.
LINE 9:	-10,001.1 ENGION ADGOOTMENT 2,7 12.

Evalanation

SCHEDULE R

(Form 990)

Related

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

DLN: 93493074003221 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury	
Internal Revenue Service	
Name of the organization	

Name, address, and EIN of related organization   Primary activity   Legal domicile (state   Exempt Code section   Public charity status   Direct controlling   Section	it had one or more
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling entity  Primary activity  Legal domicile (state or foreign country)  Total income End-of-year assets  Direct controlling entity  Or entity	
related tax-exempt organizations during the tax year.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  Name, address, and EIN of related organization  Primary activity  Legal domicile (state Exempt Code section Public charity status Direct controlling Section	
related tax-exempt organizations during the tax year.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  Name, address, and EIN of related organization  Primary activity  Legal domicile (state Exempt Code section Public charity status Direct controlling Section	
related tax-exempt organizations during the tax year.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  Name, address, and EIN of related organization  Primary activity  Legal domicile (state Exempt Code section Public charity status Direct controlling Section	
related tax-exempt organizations during the tax year.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  Name, address, and EIN of related organization  Primary activity  Legal domicile (state Exempt Code section Public charity status Direct controlling Section	
(a) (b) (c) (d) (e) (f) (g Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section	
ent	512(b) ntrolled ity?
(1)BOARD DEVELOPMENT SYSTEMS INC 1500 NORTH MAIN STREET SUITE 200 TX 501(C)(3) LINE 12A, I	_
FORT WORTH, TX 76164 83-1151273	
	_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Cat. No. 50135Y  Schedule R (Form 990) 20	110

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	<b>/</b> -	- 000)	

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	. 1c		No
d Loans or loan guarantees to or for related organization(s)		Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	i	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	i	No
o Sharing of paid employees with related organization(s)	<b>1</b> 0	Yes	

g	Sale of assets to related organization(s)	<b>1</b> 9	NO
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	1o Ye	s
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No					
Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No					
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				1o Yes						
${f p}$ Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No					
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No					
${f r}$ Other transfer of cash or property to related organization(s)				1r	No					
${f s}$ Other transfer of cash or property from related organization(s)				1s	No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	. including covered re	elationships and tra	nsaction thresholds.	•						
= 1. In I am in the desire to the mediane for manner of who made complete this inte	,									
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount involved	I					
(a) Name of related organization	(b) Transaction	Amount involved	(d) Method of determining am	ount involved	l					
(a)	(b) Transaction type (a-s)	Amount involved	Method of determining am	ount involved						
(a) Name of related organization  1)BOARD DEVELOPMENT SYSTEMS	(b) Transaction type (a-s)	11,819 123,371	Method of determining am	ount involved						
(a) Name of related organization  1)BOARD DEVELOPMENT SYSTEMS  2)BOARD DEVELOPMENT SYSTEMS	(b) Transaction type (a-s) D B	11,819 123,371	Method of determining am  COST  COST	ount involved	    					
(a) Name of related organization  1)BOARD DEVELOPMENT SYSTEMS  2)BOARD DEVELOPMENT SYSTEMS	(b) Transaction type (a-s) D B	11,819 123,371	Method of determining am  COST  COST	ount involved						

q	Reimbursement paid by related organization(s) for expenses				14	NO			
r	Other transfer of cash or property to related organization(s)				1r	No			
s	Other transfer of cash or property from related organization(s)				1s	No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	relationships and tra	nsaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	(d) Method of determining amount involved				
(1)BOARD DEVELOPMENT SYSTEMS D 11,819 COST									
<b>(2)</b> B	OARD DEVELOPMENT SYSTEMS	В	123,371	COST					
<b>(3)</b> B	OARD DEVELOPMENT SYSTEMS	0	829,997	COST					
				Schedule R (I	orm 99	0) 2019			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation							